Familiarisation Training

GP and Practice Manual

Better Outcomes in Mental Health Care initiative

Australian Divisions of General Practice

Fourth Edition

April 2006

Familiarisation Training GP and Practice Manual

Fourth Edition, April 2006

Better Outcomes in Mental Health Care Program

Funded by the Commonwealth Department of Health and Ageing

Developed by the Australian Divisions of General Practice Limited
25 National Circuit, Forrest, ACT 2603.

Australian Divisions of General Practice has made every effort to ensure that, at the date of publication, the Familiarisation Training GP and Practice Manual is free from errors and omissions and that all opinions, advice and information drawn upon to complete them have been provided in good faith. The information is considered to be consistent with applicable law at the time of publication. However, it does not constitute legal advice. General practitioners concerned about their legal rights and obligations should seek their own independent legal advice.

Special thanks must be extended to Julian Thomas, Professional Development Officer – Mental Health, RACGP, for his ongoing support to the national Primary Mental Health Care Network and Divisions of General Practice.

Further information on the Better Outcomes in Mental Health Care Program can be obtained by referring to the following website, www.adgp.com.au

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GP Views

On the Better Outcomes in Mental Health Care Program

"I've only just starting using the program. It's been six months since I went to the training, I wasn't sure what was involved and was too busy to get started. When a GP colleague mentioned it was easy and worth doing, I decided I better give it a try. Now I'm on a roll, I don't find it difficult to integrate into my practice. I find it useful, well accepted by my patients and it allows me to reflect on what I and other providers are doing"

GP, Hobart

"I have found the program very useful for patients who wouldn't ordinarily be able to access allied health professionals. I have referred several patients to a psychologist with good results. Patients are thrilled as they are receiving access to treatment they have needed for years and, as a GP, I have found them easier to manage because of their improved mental health".

GP, Brisbane

I would definitely say to GPs who are thinking about taking up the new mental health initiative, to give it a go. It is well worth it, it is certainly not difficult, it is a very well thought out logical way of dealing with mental health in general practice and it can be fitted into most ways of practising for most patients.

GP, rural New South Wales

Foreword

More than one in ten of all general practitioner consultations in Australia are for mental health related problems and these numbers are only going to increase with rising rates of illness and the willingness of people to seek help for their problems.

The Better Outcomes in Mental Health Care Program is an important first step in addressing the problems identified by general practitioners in the delivery of primary mental healthcare to their patients. These problems include better remuneration for general practitioners, and increased access to allied health services.

The process of obtaining better systems to support general practitioners however, is one of evolution and it takes time. We would welcome your input on how we can make improvements to this program so that general practitioners can continue to deliver quality primary mental healthcare to their patients.

Dr Jenny Thomson
Chair, Australian Divisions of General Practice

The Australian Divisions of General Practice is a member of the Better Outcomes Implementation Advisory Group, the body responsible for overseeing the implementation and review of the Better Outcomes in Mental Health Care Program. To raise your ideas and concerns about making this program work for general practice, please contact the Australian Divisions of General Practice by email, mentalhealth@adgp.com.au or phone, 02 6228 0800.

Development of the program

The 2001 Federal Budget initiative: Better Outcomes in Mental Health Care, seeks to improve the mental health care available to Australians by building a strong system of primary mental health care. General Practitioners (GPs) are important providers of this care.

The findings from a number of national and international research projects conducted throughout the 1990s positioned mental health as a major focus of health policy development and implementation. A case in point is the 'Global Burden of Disease' study conducted by the World Health Organisation (WHO) (Murray & Lopez 1996). The WHO study predicted that by the year 2020 mental illness will account for 15% of disease burden worldwide and that, in the future, depression will be a leading cause of disease burden, second only to ischemic heart disease. This indicates an increase in the prevalence of mental health disorders worldwide (Murray & Lopez 1996).

Two Australian studies, the National Profile of Mental Health & Well Being (Australian Bureau of Statistics 1997) and the Australian Burden of Disease Study (Mathers & Stevenson 1997), confirmed the high incidence of mental health morbidity for the Australian community and the associated high degree of disability caused, in particular, by depressive disorders. For example, data from the National Profile of Mental Health & Well-Being study indicated that approximately 20% of the Australian population over the age of 18 years met the criteria for a mental health problem or disorder (Australian Bureau of Statistics 1997). Importantly, the data from the ABS study showed that only 38% of these people sought help and most of those who did seek help (75%) sought help in the first instance from a GP (Andrews et al. 1999, p. 37). This research confirmed the important role of GPs as providers of mental health care.

However, in the past there have been many obstacles, which have made it difficult for GPs to provide effective mental health care. Some of these obstacles include the time constraints in general practice, insufficient training in mental health care and the difficulty GPs experience when trying to access services from other mental health care providers.

ADGP is one of nine peak national organisations that have been working collaboratively with the Department of Health and Ageing on the development of reforms to primary mental health care. The aim is to make it easier for GPs to provide mental health care by removing many of these obstacles. The collaborating organisations are:

- The Australian Divisions of General Practice
- The Rural Doctors' Association of Australia
- The Australian College of Rural and Remote Medicine
- The Royal Australian College of General Practitioners
- The Mental Health Council of Australia
- The Australian Psychological Society
- *beyondblue: the national depression initiative*
- The Royal Australian and New Zealand College of Psychiatrists
- The Australian Medical Association.

The program : in a snap shot

The Better Outcomes in Mental Heath Care Program

The Australian Government provided $120.4 million over four years for the Better Outcomes in Mental Health Care Program. This funding has been extended for the years 2005-2008. The program aims to support GPs in improving the quality of care provided through general practice to Australians with a mental health disorder. This will be achieved through the provision of mental health education and training for GPs and more support for them from allied health professionals and psychiatrists.

This program has five major components. Together, the components form a comprehensive system of primary mental health care, which is focused on continuity of care and quality mental health outcomes. The 3 Step Mental Health Process offers time and a process for managing care through an assessment, a Mental Health Plan and a review.

The 3 Step Mental Health Process forms the basis of the program from which further components can be accessed.

The five components are:

1. **3 Step Mental Health Process** – a Service Incentive Payment (SIP) is provided to encourage effective management of mental health problems by GPs through a 3 Step Mental Health Process that includes an assessment, a Mental Health Plan and a review.

2. **Education and Training for GPs** – to familiarise GPs with the program and to increase the mental health skills of GPs.

3. **Focussed Psychological Strategies** – to encourage appropriately trained GPs to provide evidence based focussed psychological strategies (FPS) through the provision of Medicare Benefits Schedule (MBS) rebates.

4. **Access to Allied Psychological Services** – (formally known as Access to Allied Health Services) to enable GPs to access psychological and other allied health services to support their patients with mental health disorders.

5. **Access to Psychiatrist Support** – to better enable psychiatrists and GPs to participate in case conferencing and for psychiatrists to provide timely patient management advice.

Eligibility

Which doctors are eligible to participate?

The doctors eligible to participate in the Better Outcomes in Mental Health Care Program are medical practitioners including GPs, but excluding specialists and consultant physicians. For the purposes of brevity, future references in this manual to GPs include Other Medical Practitioners (OMPs) unless otherwise specified. These doctors need also to have completed the relevant training requirements and to be working from a PIP or accredited practice to register for the program.

Which patients are eligible to participate?

Under the Better Outcomes in Mental Health Care Program the patient group eligible for care is:

> *'all patients with a mental health disorder, including those with co-morbidity, who present in the general practice setting.'*

A *mental health disorder* has been defined as, 'a significant impairment of an individual's cognitive, affective and/or relational abilities which may require intervention and may be a recognised, medically diagnosable illness or disorder.' The ICD-10 PHC version informs this definition[1].

The following disorders, taken from the ICD-10 PHC version can be treated under this initiative.

- Alcohol use disorders
- Chronic psychotic disorders
- Bipolar disorder
- Phobic disorders
- Generalised anxiety
- Adjustment disorder
- Unexplained somatic complaints
- Eating disorders
- Sexual disorders
- Conduct disorder
- Bereavement disorders
- Drug use disorders
- Acute psychotic disorders
- Depression
- Panic disorder
- Mixed anxiety and depression
- Dissociative (conversion) disorder
- Neurasthenia
- Sleep problems
- Hyperkinetic (attention deficit)
- Enuresis
- Mental disorder, not otherwise specified

Please note, dementia, delirium, tobacco use disorder and mental retardation are excluded.

1. World Health Organisation International Statistical Classification of Diseases and Related Health Problems: Chapter V, Classification of Mental and Behavioural Disorders: Primary Health Care Version.

The 3 Step Mental Health Process

The 3 Step Mental Health Process

I found the 3 Step Process has enhanced my therapeutic relationship with my patients and it has been quite flexible in terms of adapting it to normal GP consultations, with a little bit of planning and it's not difficult at all. Originally, mental health problems would often come up in a normal consult and I would often feel constrained to leap in and try and deal with it at that consultation which was often only a 15 minute consultation.

What the 3 Step Mental Health Process has made me realise is that slowing down is not only much more comfortable but a lot more information isn't missed by actually devoting half an hour to just a mental health problem.

I have been surprised to find sometimes patients I have known for a number of years, we have uncovered without too much difficulty, hidden sorts of problems, like Obsessive Compulsive Disorder, substance abuse problems or social phobia and I feel quite embarrassed that they have had these things for years and have never thought to mention them.

Dr Di Symmonds, GP Darwin

What is the 3 Step Mental Health Process?

The 3 Step Mental Health Process component of the Better Outcomes in Mental Health Care Program has been introduced to better remunerate GPs who take the time to effectively manage and provide quality mental health care, using the 3 step process.

The 3 Step Mental Health Process comprises:

1) assessment and formulation or diagnosis
2) preparation of a Mental Health Plan
3) a review of the Mental Health Plan.

What must the 3 Step Mental Health Process include?

Based on the MBS item descriptors, the 3 Step Mental Health Process must include:

- at least 2 consultations of more than 20 minutes each (ie level C or D) for a patient with a mental health disorder
- at least one consultation (the review) to be a planned visit
- an assessment and formulation or diagnosis of the mental health disorder/s
- provision of a written Mental Health Plan and appropriate education for the patient and/or carer (with patient's agreement)
- a review of the patient's progress against the goals outlined in the Mental Health Plan, to be conducted a minimum of 4 weeks and a maximum of 6 months after the completion of the Mental Health Plan.

The patient's medical record should include documentation of each of these requirements and the clinical content of the patient-held Mental Health Plan. All consultations conducted as part of the 3 Step Mental Health Process must be rendered by the GP claiming the incentive payment.

Refer to
Appendix G to review a copy of the MBS item descriptors for the 3 Step Mental Health Process

How many consultations are required to complete the 3 Step Mental Health Process?

Multiple consultations may be required for any or all steps. At a minimum, two consultations (one of which must be planned) of more than 20 minutes (ie level C or D) are required to complete the process.

What must be included in the assessment?

Assessment of a patient for the 3 Step Mental Health Process must include:

- taking a detailed biological, psychological and social history including the presenting complaint
- a mental state examination
- a risk assessment
- a diagnosis and/or formulation
- administration of an outcome tool, except where it is considered clinically inappropriate.

A formulation is important for the development of a Mental Health Plan and includes an assessment of the biological, psychological and social factors predisposing, precipitating, perpetuating and/or protecting against a mental health problem.

Where the patient has a carer, the GP may find it useful to have the carer present for the assessment or components thereof (subject to patient agreement).

How should the assessment be billed?

Consultations conducted as part of the assessment (Step 1) should be billed under the normal Attendance items. At a minimum one consultation of more than 20 minutes (ie

level C or D) may be conducted to complete the assessment and plan, or a GP may choose to complete the assessment and plan over more than one visit.

What is an outcome tool and why should I use it?

An outcome tool measures symptoms, quality of life, level of functioning and a patient's condition and change over time, all of which are essential in an evidence-based approach to mental health care. Outcome tools are used to maintain high standards of patient mental health care and are important to both the patient and the clinician. For consumers, they are able to monitor progress; for clinicians, they can monitor the patient's progress and their own performance as a clinician.

An outcome tool should be utilised during the assessment and the review stages of the 3 Step Mental Health Process, except where it is considered clinically inappropriate.

What outcome tools can I use?

The choice of outcome tools to be used is at the clinical discretion of the GP. The following are examples of outcome tools available at no cost:

- Kessler Psychological Distress Scale (K10)
- Depression Anxiety Stress Scale (DASS)
- Sphere Depression Scale
- Edinburgh Post Natal Depression Questionnaire
- Alcohol Use Disorder.

For further information on outcome tools talk to your Division of General Practice or refer to the ADGP website, www.adgp.com.au. For further information on accessing the ADGP website refer to **Appendix L**

GPs using outcome tools should be familiar with their appropriate clinical use, and if they are not, they should seek the appropriate education and training. It should be noted that outcome tools are not diagnostic tools.

GP experiences using the K10

"I find it easy to use, the patients are quite comfortable with the questions and I think for GPs as opposed to specialist psychiatrists, the questions are really quite relevant and they fit in well with the normal mental health assessment that we are used to doing and it seems to be reasonably accurate as well, so I don't find a problem with it at all. I think it is quite appropriate and quite easy to use."
Dr Trina Gregory, GP rural NSW

"The only outcome tool that I have used with the initiative so far is the K10 and I find it a terrific adjunct to clinical expertise. The patients love it, they just love filling out surveys and I have never had anybody refuse to do it and I have had some surprises in the results that I have obtained. Well some of the surprises have been when patients who I have thought were profoundly depressed have in fact come up with quite good scores after a couple of weeks of treatment which has shown that the treatment is much more effective and more quickly than we would have assumed and another one is when patients actually read their own scores and you give them the score and they actually change their earlier answers and acknowledge how depressed they have actually been when it is proven to them".
Dr David Monash, GP, rural Victoria

What is the K10 and how is it scored?

A copy of the K10 can be photocopied from **Appendix B** of this manual and retrieved electronically from the ADGP website.

The K10 is widely recommended as a simple measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders. It can be patient or GP administered.

The K10 uses a five value response option for each question – all of the time, most of the time, some of the time, a little of the time and none of the time which can be scored from five through to one. The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no distress.

Questions 3 and 6 are not asked if the preceding question was 'none of the time' in which case questions 3 and 6 would automatically receive a score of one.

For further information on the K10 please refer to www.crufad.org or the following article:
Andrews, G., Slade, T. 'Interpreting Scores on the Kessler Psychological Distress Scale (K10)'. Australian and New Zealand Journal of Public Health: 2001; 25:6: 494-497.

What should be included in the Mental Health Plan?

The development of a Mental Health Plan must include:

- discussion with the patient about the mental health formulation and/or diagnosis;
- discussion with the patient on treatment options including appropriate support services;
- provision of psycho-education;
- a written Mental Health Plan which includes a plan for treatment of the assessed mental health disorder/s and crisis intervention where appropriate; and
- a plan for relapse prevention if appropriate at this stage.

Options could include psychological and pharmacological treatments, referral to and coordination with community support and rehabilitation agencies, mental health services and other professionals.

Who needs to be involved in the development of the Mental Health Plan?

Preparation of the Mental Health Plan should be in consultation with the patient and/or carer and have the agreement of the patient. A written copy of the Mental Health Plan must be provided to the patient and/or carer (where appropriate) and a copy kept in the patient's medical records.

The Mental Health Plan is a plan between the GP and patient and does not require input from other professionals. However, if an assessment shows that it would be beneficial to involve other health professionals in the patient's care, GPs may refer patients to the Division's Access to Allied Psychological Services (ATAPS) program. ATAPS programs are administered by Divisions of General Practice. A Division's Directory is located on the ADGP website at www.adgp.com.au.

Alternatively, where a multi-disciplinary approach is required for a complex condition extending beyond a mental health condition, a GP can coordinate a CDM Team Care Arrangement. Refer to page 30. Referral to Allied Health Providers registered with Medicare Australia, can be arranged using a Team Care Arrangement.

How should the Mental Health Plan be billed?

Consultations conducted as part of the Mental Health Plan (Step 2) should be billed under the normal Attendance items. At a minimum one consultation of more than 20 minutes (ie level C or D) may be used to complete the assessment and plan or a GP may choose to conduct the assessment and plan over more than one visit.

What should be included in the review?

The review stage must include:

- a review of the patient's progress against the goals outlined in the Mental Health Plan;
- modification of the Mental Health Plan if required;
- check, reinforce and expand education;
- a plan for relapse prevention if not previously provided; and
- re-administration of the outcome tool used in the assessment stage, except where considered clinically inappropriate.

Note: This review is a formal review point only and it is expected that there may be further consultations between the patient and the GP.

When should the review occur?

This step (Step 3) must take place a minimum of 4 weeks and a maximum of 6 months after the completion of the Mental Health Plan.

How should the review be billed?

At the review (the only consultation at which the SIP payment is triggered), bill the MBS item numbers for the 3 Step Mental Health Process. Refer to the table on **page 17** for details. The review must be billed between 4 weeks and six months after completion of the Mental Health Plan.

What resources have been developed to support GPs in conducting the 3 Step Mental Health Process?

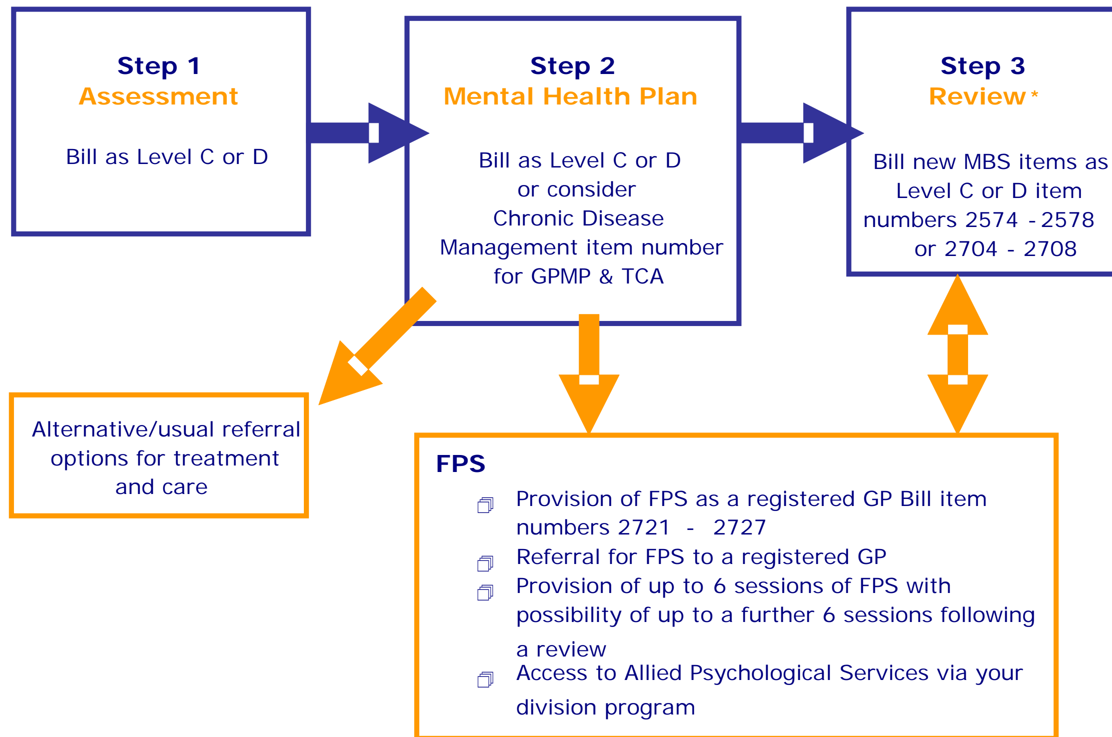
A checklist highlighting the requirements for conducting the 3 Step Mental Health Process has been developed as a guide for GPs completing the 3 Step Mental Health Process.

Proformas have been developed for GPs to use as part of the clinical notes when conducting an assessment, a mental health plan and a review. These proformas are examples only and GPs are free to modify them to suit their own needs. The proformas have also been provided to software companies for incorporation into medical software programs.

Copies of the checklist and the proformas are included at **Appendix C** and **Appendix D** of this manual. Electronic copies can be downloaded from the ADGP website. Refer to **Appendix L** for information on accessing the ADGP website.

The checklist and the proformas are based on the requirements detailed under the MBS item descriptors for the 3 Step Mental Health Process. A copy of the descriptors is provided in
Appendix G.

Figure 1. The 3 Step Mental Health Process



Review to occur between 4 weeks and 6 months

*When the Review item is claimed, a SIP payment of $150 is triggered. This SIP is paid once per patient, per year.

Please Note: Step 1 and Step 2 can be accomplished in the same consultation if considered appropriate.

Incentive Payments and Billing

What incentive payments does the 3 Step Mental Health Process attract?

There are two incentive payments:

- a sign-on payment of $150 when GPs register with Medicare Australia for the initiative; and
- a Service Incentive Payment (SIP) of $150 per 3 Step Mental Health Process per patient per year on completion of the review step.

What is the Sign-On Payment?

When a GP has successfully met the pre-requisite criteria and is registered with Medicare Australia for Level One (3 Step Mental Health Process), the GP will receive a one-off payment of $150.

What is the Service Incentive Payment (SIP)?

A SIP of $150 per 3 Step Mental Health Process per patient per year, will be available to eligible GPs on completion of the review step. The Service Incentive Payment is a payment made directly to the GP - not the practice - unless the practice has established other arrangements.

Is there a maximum annual SIP per GP?

The maximum annual SIP for GPs per financial year that was in place at the commencement of the program was abolished in February 2006.

Why one SIP payment per patient per year?

Benefits are payable for one 3 Step Mental Health Process per patient in any 12 month period unless another is indicated. The 3 Step Mental Health Process encourages ongoing management of a patient's mental health condition, with revision to the Mental Health Plan over the year, rather than repeating the complete 3 Step Mental Health Process.

What if the patient's condition changes?

If the patient has received a 3 Step Mental Health Process in the last 12 months, but there has been a significant change in the patient's condition requiring a new 3 Step Mental Health Process (for example, diagnosis of a new condition), the GP may decide another 3 Step Mental Health Process is clinically indicated. In such cases the patient's invoice or Medicare voucher should be annotated to indicate that the 3 Step Mental Health Process was required to be provided within 12 months of another 3 Step Mental Health Process.

How do I bill for the 3 Step Mental Health Process?

The Assessment and Mental Health Plan should be billed under the normal Attendance items (ie for a Level C or D). At the review (the only consultation at which the SIP payment is triggered), bill the MBS item numbers for the 3 Step Mental Health Process. Refer Figure 2 for details.

Billing the MBS item numbers for the 3 Step Mental Health Process triggers the SIP payment of $150 and attracts the usual Medicare rebate for the patient for a normal Level C or Level D.

Figure 2 *Better Outcomes in Mental Health Care Program | MBS Item Numbers*

3 Step Mental Health Process

	Vocationally Registered	Non Vocationally Registered*
Assessment	usual level C or D	equivalent Level C or D
Plan	usual level C or D	equivalent Level C or D
Review – Level C (in surgery)	2574	2704
Review – Level C (out of surgery)	2575	2707
Review – Level D (in surgery)	2577	2705
Review – Level D (out of surgery)	2578	2708

* For non-vocationally registered GPs the reference to Cs and Ds in the Familiarisation Training materials is intended as a guide only with the equivalent of a Level C being a long consultation and a Level D, a prolonged consultation.

Focussed Psychological Strategies

	Vocationally Registered	Non Vocationally Registered*
FPS (in surgery 30-40 min)	2721	2721
FPS (out of surgery, 30-40 min))	2723	2723
FPS – extended attendance (in surgery, >40 min)	2725	2725
FPS – extended attendance (out of surgery, > 40 min)	2727	2727

*Same numbers for VR and non VR GPs

Medical Practitioner Case Conference

Conference Time	GP Organises	GP Participates
15 – minutes	740	759
30-45 minutes	742	762
More than 45 minutes	644	765

*Same numbers for VR and non VR GPs

How will the SIPs be paid?

SIPs will be paid by Medicare Australia to eligible GPs' nominated bank accounts, in conjunction with each quarterly PIP payment. This will also apply to GPs practising in accredited practices that are not participating in the PIP. These payments are generally made in February, May, August and November by Electronic Funds Transfer (EFT).

Do I need to provide my bank details?

GPs currently working from a PIP practice and registered in any of the Asthma, Diabetes or Cervical Screening SIPs do not need to provide their bank account details. GPs not currently registered in the other SIPs, or practising from accredited practices not participating in the PIP, will need to provide additional practice information, such as bank account details for payment of the incentives. Medicare Australia will seek this information from GPs when they register for the initiative.

Which doctors are eligible to claim the SIP?

The doctors eligible to participate in the Better Outcomes in Mental Health Care Program are medical practitioners including GPs, but excluding specialists and consultant physicians, that have completed the relevant training requirements, are registered with Medicare Australia and practising from an accredited practice. This includes registrars and overseas trained doctors who have an unrestricted provider number and are claiming Medicare items in the normal way.

Do I need to be practising from a PIP or accredited practice?

To claim the 3 Step Mental Health Process MBS item numbers, GPs are required to conduct their consultations from a practice that is either participating in the PIP or accredited by either AGPAL or GP Accreditation Plus. For GPs practising from accredited practices that are not participating in the PIP, evidence of practice accreditation will be required.

Registering for the program

How do I register with Medicare Australia for Level One?

GPs interested in registering for Level One (3 Step Mental Health Process) will need to meet the education and training requirements referred to on **pages 20-24** of the manual, complete the registration form for Level One and forward it to the General Practice Mental Health Standards Collaboration (GPMHSC). Copies of the registration form are available from the ADGP website, www.adgp.com.au and the GPMHSC website, www.racgp.org.au/mentalhealth.

The GPMHSC then assesses the GP's mental health skill status listed on the registration form and then notifies Medicare Australia and the individual GP of the GP's eligibility to register for the initiative.

Medicare Australia will advise GPs when they have successfully registered. GPs should note that patient rebate claims may be rejected if claims for the 3 Step Mental Health Process MBS item are made before Medicare Australia advises that you are registered for the incentive payments..

Applicant GPs should allow 2-3 weeks for the registration process; longer where there are difficulties verifying training or in cases where GPs are seeking an exemption from training.

How do I register with Medicare Australia for Level Two?

GPs interested in registering for Level Two (Focussed Psychological Strategies) will need to first meet the requirements and register for Level One and meet the education and training requirements referred to on **pages 20-24** of the manual, complete the registration form for Level Two with a certificate of completion for Level Two Mental Health Skills Training and forward it to the General Practice Mental Health Standards Collaboration (GPMHSC) for assessment and referral to Medicare Australia.

Registration forms are available from the ADGP website, www.adgp.com.au and GPMHSC website, www.racgp.org.au/mentalhealth.

As for Level One, applicant GPs should allow 2-3 weeks for the registration process, and longer where there are difficulties verifying training or in cases where GPs are seeking an exemption from training.

Education and Training for GPs

What training do I need to complete?

To participate in the Better Outcomes in Mental Health Care Program GPs need to meet specified training requirements. The training requirements are:

- Familiarisation Training *(essential)*
- Mental Health Skills Training *(Level 1 – essential)*
- Mental Health Skills Training *(Level 2 - optional)*
- Ongoing learning in mental health.

What is the Familiarisation Training and where do I access it?

The Familiarisation Training is the compulsory 'business case' training which aims to familiarise GPs with each of the key components of the Better Outcomes in Mental Health Care Program. The training includes information on the following five steps:

- 3 Step Mental Health Process
- Education and Training for GPs
- Focussed Psychological Strategies
- Access to Allied Psychological Services
- Access to Psychiatrist Support

GPs are required to complete the two hour Familiarisation Training Program (plus Level One Mental Health Skills Training) to register with the initiative.

To access Familiarisation Training, contact your local Division of General Practice or the state-based office (SBO) in your state or territory, or complete the Self-Directed Familiarisation Training.

GPs can complete the two hour program by:

- participating in a facilitated workshop or practice visit; or
- completing the training on line at www.adgp.com.au.

The Familiarisation Training has been approved by the RACGP QA & CPD program (allocated 2 points per hour for 2 hours) and the ACRRM Professional Development Program (allocated 1 point per hour for 2 hours). Total RACGP CPD points: 4 (Category 2). Total ACRRM Professional Development: 2 points.

- RACGP QA&CPD Program Activity Number: 715642
- ACRRM PD Program Activity Code: EEACR-001-ADGP

What is Mental Health Skills training?

Two levels of Mental Health Skills training have been established under the program. GPs must complete training courses that have been accredited by the General Practice Mental Health Standards Collaboration (GPMHSC) to register with the program. Level One training is an essential requirement (coupled with Familiarisation Training) for registration. Level Two training is optional and is aimed at GPs who want to deliver focused psychological strategies to patients requiring this level of treatment.

Level One Mental Health Skills Training

Level One Mental Health Skills Training aims to equip GPs with the clinical knowledge and skills underpinning the 3 Step Mental Health Process. Accredited programs are at least 6 hours in duration, (many are longer) highly interactive and developed with input from GPs, mental health professionals, consumers and carers.

If you are not already registered for the Better Outcomes in Mental Health Care Program, completion of Level One Skills Training, plus 2 hours of Familiarisation Training, enables registration at Level One of the program. It also enables access to new service incentive payments for completing a Three Step Mental Health Process and access to the Allied Psychological Service programs coordinated by Divisions of General Practice. To register with the program, GPs must be working from an accredited general practice. GPs already registered at Level One can meet their 2005-2007 ongoing CPD requirement by completing this type of training

Level Two Mental Health Skills Training

If GPs are already Level One registered, then completion of Level Two Mental Health Skills training enables them to 'upgrade' to Level Two registration, which means access to higher rebates for providing brief psychological therapies, such as cognitive behaviour therapy or interpersonal therapy. Accredited programs are at least 20 hours in duration (more in some cases), are highly skills focussed and have been developed by GPs, mental health professionals, consumers and carers. If GPs are already registered for Level Two, then undertaking a Level Two Mental Health Skills Training program (eg as a 'refresher') is one of the ways that ongoing 2005-2007 CPD requirements for mental health can be met

Ongoing Training Requirements for Registered GPs

General Practitioners who have attained Level One or Level Two registration for the Better Outcomes in Mental Health Care Program are required to demonstrate a commitment to ongoing Continuing Professional Development in the delivery of mental health services, through engagement with their peers in interactive learning activities.

It is important to note that for the 2005-2007 education triennium, Level One and Level Two GPs have different requirements; however, these requirements are not cumulative (ie Level Two GPs need only meet the Level Two requirements to maintain both Level One and Level Two registration).

Ongoing requirements for Level One GPs

The minimum requirements for the 2005-2007 education triennium is completion of a single 'Category 1' type activity (6hrs+) within the RACGP QA&CPD program, or equivalent within the ACRRM PD program which relates substantially to the range of conditions that can be treated under the Better Outcomes in Mental Health Care Program, and/or are clearly transferable to the context of the mental health consumer presenting in general practice (see **page 8**) ie any program accredited by the GPMHSC as:

- Level One Mental Health Skills Training
- Level One Ongoing CPD
- Level Two Mental Health Skills Training (if a GP chooses not to formally register for Level Two) or
- Level Two Ongoing CPD

Ongoing requirements for Level Two GPs:

The minimum requirements for the 2005-2007 education triennium is completion of a single 'Category 1' type activity (6hrs+) within the RACGP QA&CPD Program, or equivalent within the ACRRM PD program, which relates substantially to the delivery of the focussed psychological strategies approved for the use under the Better Outcomes in Mental Health Care Program (see **Appendix I**) ie any program accredited by the GPMHSC as:

- Level Two Mental Health Skills Training: or
- Level Two Ongoing CPD

QA & CPD Program (RACGP)	PD Program (ACRRM)
▪ Completion of an **Active Learning Module**	▪ Completion of **Interactive Workshops****
▪ Completion of a **Clinical Audit**	▪ Completion of a **Clinical Audit**
▪ Completion of a **Small Group Learning**	▪ Completion of a **Peer Review Group**
▪ Completion of a **Supervised Clinical Attachment**	▪ Completion of a **Clinical Attachment**
▪ Completion of a **GP Research Module**	▪ Completion of a formal **Research Project**
▪ Other **Category 1 activities** recognised by the GPMHSC	▪ **Other activities** recognised by the GPMHSC
▪ Completion of any **Level One Mental Health Skills Training** after 1 January 2005 automatically meets a Level One GP's 2005-2007 Triennium CPD requirements.	
▪ Completion of any **Level Two Mental Health Skills Training** after 1 January 2005 automatically meets a Level Two GP's 2005-2007 Triennium CPD requirements.	

** **Interactive Workshops** 'Interactive Workshops' completed within the ACRRM PDP program should be generally equivalent to Category One RACGP Active Learning Modules. Although the 'Interactive Workshops' may be split over several instances of training, they must be clearly part of a single, coherent program delivered by either a single provider or providers in partnership. If the program of activities is not provided by a single provider or providers in clear partnership, then the GP participant will need to demonstrate how the components are thematically linked.

All training must be of at least 6 hours in duration or as specified within CPD Program requirements for the type of education activity, whichever is greater (e.g. Supervised Clinical Attachment = 10 hours). All training must meet the requirements of the "Category 1" type activities above, as specified by the RACGP QA&CPD Program, or their equivalents as defined within the ACRRM PD Program.

Exemptions

No exemptions are granted for GPs who:

- registered via training completed in a previous triennium
- successfully apply for an Individual Exemption from Level One Mental Health Skills Training (formerly the 'Recognition of Prior Learning' pathway)
- are GP registrars but will complete their formal vocational training (ie. final supervised term) before 1 January 2008.

Full exemption from the mental health Level One CPD requirement may be granted to GPs who are awarded a substantial university qualification in clinical mental health after 1 January 2005 and before 31 December 2007, which require a minimum of 12 months full time study (or part time equivalent)

Part exemptions are not granted.

A beginners guide to accessing the Better Outcomes in Mental Health Care Program, which also includes information about registration requirements, the 3 step process and focussed psychological strategies is included at **Appendix J**.

Who sets the Standards for training?

The General Practice Mental Health Standards Collaboration (GPMHSC) has been established under the Better Outcomes in Mental Health Program to be the adjudicating body responsible for establishing Standards for the accreditation of mental health education activities and/or training.

The GPMHSC is under the auspices of the RACGP, but is a joint collaboration of the following groups:

- The Australian College of Rural and Remote Medicine
- The Royal Australian College of General Practitioners
- The Mental Health Council of Australia
- The Australian Psychological Society
- The Royal Australian and New Zealand College of Psychiatrists.

The GPMHSC can be contacted by email, gpmhsc@racgp.org.au or by phone on (03) 8699 0554. The website address is www.racgp.org.au/mentalhealth.

How do I access an education activity accredited by the GPMHSC?

Education activities that have been accredited by the GPMHSC for Level One, Level Two and ongoing learning can be accessed from the following websites:

- www.racgp.org.au/mentalhealth (course dates for Levels One and Two Skills Training)
- www.racgp.org.au/qacalendars
- www.rrmeo.com and
- www.adgp.com.au (provides links to the above sites).

For information on locally based education and training activities, check with your Division of General Practice.

What records do I need to keep?

GPs will be required to maintain records of their current training status, whether this is through personal storage of documents or through records maintained at the RACGP, ACRRM or other organisations.

How should registrars and members of ACRRM keep their records?

Registrars are very welcome to undertake the Mental Health Skills Training and apply for registration for the program. Registrars, who do not currently participate in the RACGP QA Program or the ACRRM PD Program, will need to verify their attendance at training. Therefore Registrars must attach supporting documentation to their registration form (ie Certificates of Attendance at Familiarisation Training and approved

Skills Training) and keep their own, verifiable and complete records for ongoing learning for adjudication at the end of each triennium.

ACRRM's Professional Development Program is now recognised for the purposes of maintaining Vocational Registration. Members can search for accredited activities on www.rrmeo.com and claim credit for events which have not been prospectively accredited by keeping a record of participation or by contacting ACRRM with details.

How may I apply for exemption from skills training in 2005-2007?

New standards and application forms came into effect from 1 January 2005 for GPs seeking to have prior training recognised in lieu of completing formally accredited Levels One and Two Mental Health Skills Training.

Level One Exemption
Applicants for Level One registration will need to complete the 'Individual Application' form, in addition to the usual registration form, both of which are available at the GPMHSC website: www.racgp.org.au/mentalhealth .

Applicants seeking a Level One exemption will need to demonstrate coverage of the learning outcomes expected of Level One Mental Health Skills training through other training not formally recognised in 2005 – 2007 by the GPMHSC.

Training must have been completed within 3 years of the date of application; the only exception being tertiary level qualifications in clinical mental health.

Level Two Exemption
Applicants seeking a Level Two exemption must have completed a substantial program of, at least, 15 hours duration, plus additional training totalling a minimum of 20 hours training specifically in focussed psychological strategies.

Applicants will need to clearly identify links between the training they have undertaken and the expected coverage of a Level Two accredited training program, and - as for Level One – the training must have been completed within the preceding 3 years.

Support for Exemption Applications
Both Level One and Level Two applicants for exemption will also need to provide contact details for a mental health professional or GP reference to support the veracity of their applications.
For further information on making an individual application and to download the relevant application forms, visit the GPMHSC website: www.racgp.org.au/mentalhealth.

Focussed Psychological Strategies

An element of the Better Outcomes in Mental Health Care Program is the introduction of MBS rebates for Focussed Psychological Strategies (FPS) that can be provided by GPs who satisfy the relevant education requirements set by the GPMHSC.

What are Focussed Psychological Strategies (FPS)?

FPS are specific mental health care treatment strategies, derived from evidence based psychological therapies. They have been shown to integrate the best research evidence of clinical effectiveness with general practice clinical expertise.

What strategies can be provided by GPs under the MBS item numbers for FPS?

The strategies and treatments that have been approved for use by GPs under the Better Outcomes in Mental Health Care Program are limited to:

1. **Psycho-education**
2. **Cognitive-behavioural therapy including:**
    - Behavioural interventions
        - Behaviour modification (especially for children, including behaviour analysis and contingency management)
        - Exposure techniques
        - Activity scheduling (including pleasant events, mastery and time management)
    - Cognitive interventions
        - Cognitive analysis, challenging and restructuring
        - Self-instructional training
        - Attention regulation
    - Relaxation strategies
        - Guided imagery, deep muscle and isometric relaxation
    - Skills training
        - Problem-solving skills training
        - Anger management
        - Stress management
        - Communication training
        - Social skills training
        - Parent management training
        - Motivational interviewing
3. **Interpersonal therapy (especially for depression)**

Hypnosis and family therapy have not been approved for use under the FPS item numbers. The major FPS that are shown to be evidence based for a number of psychological disorders are provided in **Appendix I**

What do I need to know about FPS?

The FPS are time limited, being deliverable, in up to 6 planned sessions and, in some instances, following a review by the referring GP, up to another 6 sessions in any year to an individual patient.

A session should last for a minimum of 30 minutes and include two time bands:

1. 30 to 40 minutes
2. longer than 40 minutes.

How do I bill for the MBS rebates for FPS?

Bill using the item numbers for FPS, which include item numbers 2721 – 2727 (refer to Figure 2 – Better Outcomes in Mental Health Care Program MBS Item Numbers).

When should I refer my patient for FPS?

The decision to refer a patient for FPS must be made in the context of the 3 Step Mental Health Process. In the process of developing the Mental Health Plan, or even at the review stage, it may be determined that FPS is the preferred treatment. The 3 Step Mental Health Process does not have to be completed prior to claiming for FPS.

Who completes the 3 Step Mental Health Process Review if referring GP to GP?

If GPs are not registered for FPS (Level Two), they can refer their patients to other registered GPs for the provision of FPS. The referring GP remains as the manager or coordinator of care and will need to complete the 3 Step Mental Health Process by conducting the review following the provision of FPS. The referring GP will need to indicate this to the GP providing the FPS.

What if there are multiple consultations on the same day?

Where a patient is seen for FPS, in addition to another condition, on one occasion or on the same day, the GP may, at his/her clinical discretion, consider the two conditions separately and charge for two consultations.

The rationale for separating the two conditions is to ensure that the FPS session is not compromised by the other condition and that the rebate level is higher for the FPS session.

The patient's account is to be annotated to this effect before presentation to Medicare Australia . The FPS item descriptor will reflect this requirement.

What are the requirements for access to the MBS items for FPS?

GPs are required to complete a course accredited by the GPMHSC that covers a minimum of four focussed psychological strategies. The course must be a minimum of twenty hours duration. GPs can apply for Individual Exemption from this training. Refer to **page 22** of this GP and Practice Manual for details.

In addition to meeting the above education requirements, GPs must register with Medicare Australia for Level One (3 Step Mental Health Process) and Level Two and provide services from either PIP participating and/or accredited practices.

Access to Allied Psychological Services

The Access to Allied Psychological Services program is administered through Divisions of General Practice to support a more integrated primary care system adapted to local needs.

This component of the Better Outcomes in Mental Health Care Program is designed to provide GPs with support from allied health professionals in treating people with a mental health disorder.

What does the Access to Allied Health Services program provide?

The services that can be provided by allied health professionals under the program are the same focussed psychological strategies that can be provided by GPs through the FPS MBS items. In addition, some programs have provisions for referral for diagnostic assessment. Refer to **page 25** of this 'GP and Practice Manual' for the list of focussed psychological strategies that can be provided.

Generally, these services are deliverable:

- in up to 6 time-limited sessions (minimum requirement of 30 minutes per session)
- with an option for up to a further 6 sessions following a mental health review by the referring GP.

What allied health professional disciplines can provide these services?

For the purposes of thisprogram, the allied health professional disciplines that can provide services include:

- psychologists
- social workers
- mental health nurses
- occupational therapists
- Aboriginal and Torres Strait Islander health workers.

When will I have an Access to Allied Psychological Services program in my Division?

By February 2006, over 4,500 GPs were eligible for registration with the Better Outcomes in Mental Health Care Program, representing 20.4% nationally. 116 of the 119 Divisions of General Practice are now covered by an Access to Allied Psychological Services program. In February and September 2005, all funded Divisions were given the opportunity to apply for additional funding to expand service delivery.

How might the Access to Allied Psychological Services programs differ?

Each program has been tailored to adapt and respond to local needs, and programs will vary from Division to Division in the following areas:

- the allied health professionals available
- the patient target group that can be referred for services
- the location for the provision of services

- the communication system between the GP and allied health professional
- whether a small co-payment is charged to increase the spread of services.

Who is eligible to access the Allied Psychological Services program?

Only GPs who are registered with Medicare Australia for the Better Outcomes in Mental Health Care Program and working from an accredited practice are eligible to access the Access to Allied Psychological Services program.

How can consumers and carers access this program?

Consumers will require a referral from their GP to participate in this program.

When should I refer my patient for FPS?

A referral should be conducted in the context of the 3 Step Mental Health Process. In the process of developing the Mental Health Plan or even at the review stage, it may be determined that referral to an allied health professional for FPS would be appropriate.

For the purposes of evaluation you will require a unique identifier number. Talk to your Division of General Practice to obtain this number, as well as the specifics of the services available through your Division's program, and how to refer.

Where can I find more information about the allied psychological services programs currently operating?

There are currently 116 Divisions with programs running. To access information about the programs running in your division and others, check with your local division via the ADGP Divisional Directory (http://www.adgp.com.au/site/index.cfm?display=301) or the Primary Mental Health Care Development and Liaison Officer in your state-based organisation:. Further information can also be obtained by going to the Primary Mental Health Care Australian Resource Centre (PARC) website at www.parc.net.au or the Department of Health and Ageing website at (http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mentalhealth-boimhc-list.htm).

Access to Psychiatrist Support

As part of the National Mental Health Strategy and the Better Outcomes in Mental Health Care Program, the Australian government has funded the establishment of a national urgent advice line for GPs seeking advice on management of patients. The GP PsychSupport Service includes all states and territories.

GPs can access psychiatrist advice by phone, fax or email, as follows:

Phone: Call 1800 200 588. GPs will be asked some brief questions concerning their enquiry, and given a time when a psychiatrist will phone back within 24 hours.

Fax: Fax (02) 9425 3879. Faxes from GPs will need to include details regarding the issue for discussion. A psychiatrist will then fax or phone to discuss case details.

Email: www.psychsupport.com.au is a secure, password protected website. GPs simply phone 1800 026 965 to obtain a username and password prior to accessing psychiatrist advice for the first time. They then log onto www.psychsupport.com.au to register their question. A psychiatrist will email a response.

Further information can be obtained from the Department of Health and Ageing and ADGP websites, www.mentalhealth.gov.au and www.adgp.com.au.

What other support mechanisms are there for Chronic Conditions and Complex Care needs?

- Consultant Psychiatrist, referred patient assessment and management plan
- Chronic Disease Management – GP Management Plans and Team Care Arrangements
- Strengthening Medicare
- Enhanced Primary Care – case conferencing component since November 2005 superseded by Chronic Disease Management

Consultant Psychiatrist, referred patient assessment and management plan

New MBS item numbers for GPs seeking psychiatrist support were introduced in May 2005. GPs are able to refer their patients to a psychiatrist for an assessment, diagnosis and the development of a 12 month management plan. The management plan, which includes recommendations regarding the management of biological, psychological and social issues, should be provided to the GP within 2 weeks the psychiatrist completing the assessment. A review of the management plan may be conducted by the psychiatrist within a 12 month timeframe.

MBS item numbers to be claimed by the psychiatrist:

Item number 291 – assessment and management plan; attendance of more than 45 minutes.
1 per patient per 12 months

Item number 293 – review of management plan; attendance of more than 30 minutes but less than 45 minutes. 1 per patient per 12 months.

Further information can be obtained from the Department of Health and Ageing, ADGP and RANZCP websites, www.mentalhealth.gov.au and www.adgp.com.au and www.ranzcp.org.

Chronic Disease Management (CDM)

From 1 July 2005, new MBS item numbers became available for GPs to manage the health care of patients with chronic medical conditions, including patients needing multidisciplinary care. The new items replaced the Enhanced Primary Care MBS Item numbers for multidisciplinary care planning services which were phased out by 1 November 2005.

GP Management Plan (GPMP)

The CDM Item numbers include a service for 'GP only' care planning – GP Management Plan (GPMP) for patients who have a chronic or terminal condition without multidisciplinary care needs. The GP (who may be assisted by their practice nurse or other health professional) assesses the patient, agrees to management goals, identifies treatment and ongoing services to be provided and documents these in the GP Management Plan.

Team Care Arrangement (TCA)

A Team Care Arrangement (TCA) service is available for patients with complex care needs. The rebate provides for a GP to coordinate the preparation of a TCA for patients with a chronic or terminal medical condition who also requires ongoing care from a multidisciplinary team of at least three health or care providers. The TCA involves a GP (who may be assisted by their practice nurse or other health professional) collaborating with the participating providers on required treatment/services and documenting this in the patient's TCA.

The CDM Item numbers also provide rebates for reviewing the GPMP and the TCA and for a GP to contribute to a multidisciplinary care plan being prepared by another health or care provider, and for contributing to a multidisciplinary care plan being prepared for a resident of an aged care facility.

It is important to note that the GPs do not have to be registered with the Better Outcomes Program to access CDM Item numbers, nor do they need to be practicing from a PIP registered practice.

Can I use the new CDM Items and also claim a 3-step Mental Health SIP payment for the same patient?

The SIP payment for mental health incorporates the development of a plan to help the patient manage their condition. It would not be appropriate to claim both the SIP and an item number for the preparation of a GP Management Plan for the same patient. However, where a patient has complex, multidisciplinary needs that extend beyond the management of their mental health condition, as part of the 3-step process, it may be appropriate to develop a GP Management Plan as well as a Team Care Arrangement for the patient. In such a case, the CDM items can be claimed in addition to the 3-step process, provided the requirements of all services are met.

Accessing allied health through Strengthening Medicare

Changes to Strengthening Medicare from 1 July 2005 include Medicare rebates for a maximum of 5 allied health and 3 dental services per patient per 12 month period. Patients must have both a GP Management Plan and a Team Care Arrangement in place. Patients need to be referred by their GP for services recommended in their care plan on an *EPC Program Referral Form for Allied Health Services under Medicare.* Where the GP is referring a patient to more than one allied health professional, s/he will need to use a separate form for each referral. The form can be found at www.hic.gov.au/providers/incentivesallowances/medicareinitiatives/alliedhealth.htm or by calling 1800 068 307. The allied health provider will also need to be registered with Medicare Australia.

How do I find out more about CDM planning?

More detailed information on the CDM Items can be found at www.health.gov.au – use the A-Z Index to go to chronic diseases management or call (02) 6289 8735. Additional information can be found on the ADGP website, www.adgp.com.au

Appendices

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Appendix A

Learning Outcomes for Level One Mental Health Skills Training

To access incentive payments, on completion of education and training, General Practitioners should demonstrate knowledge and competence in the use of the 3 step mental health process when meeting the following learning outcomes.

An understanding of the contextual issues that affect General Practitioners such as time limitations, competing demands and undifferentiated clinical presentations in the recognition and treatment of mental disorders in General Practice is assumed.

The Mental Health Assessment

- Demonstrate an understanding of the epidemiology and aetiology of common mental health conditions and the complexities of comorbidity.
- Demonstrate an understanding of the need for systematic assessment including the importance of interview skills, the fundamentals of psychiatric history taking, mental status assessment, risk assessment and comorbidity; and the ability to undertake such an assessment.
- Demonstrate skills in detecting the common, disabling and treatable mental health disorders in general practice (e.g. depression, anxiety disorders and somatisation).
- Demonstrate appropriate use of psychometric instruments to aid assessment and to identify change.
- Demonstrate a capacity to reassess people in their care with a known mental disorder.

The Mental Health Plan

- Demonstrate ability to negotiate a shared understanding of a mental health problem with consumers that culminates in an agreed care plan;
- Demonstrate understanding of the importance of consumer and carer education and access to accurate and consumer friendly educational materials.
- Demonstrate awareness and knowledge of local mental health care providers in public and private systems and non government organisations, e.g. self help groups.
- Demonstrate knowledge of and rationale for the appropriate use of effective pharmacological and psychological therapies (alone or in combination) for treatment of common mental disorders.
- Demonstrate ability to introduce consumer and carer self help strategies.

The Mental Health Review

- Demonstrate understanding of the need for systematic monitoring of the effectiveness of the Mental Health Plan.
- Demonstrate knowledge of how to assist people with self-monitoring strategies to identify recurrence and to increase proactive steps in response to early warning signs;
- Demonstrate knowledge of how to assist a consumer and carer to develop a personal relapse prevention plan.

Appendix B

Outcome Tool (K10)

K10

For all questions, please fill in the appropriate response circle.

The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no distress.	**1**	**2**	**3**	**4**	**5**
In the past 4 weeks:	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**
1. About how often did you feel tired out for no good reason?	○	○	○	○	○
2. About how often did you feel nervous?	○	○	○	○	○
3. About how often did you feel so nervous that nothing could calm you down?	○	○	○	○	○
4. About how often did you feel hopeless?	○	○	○	○	○
5. About how often did you feel restless or fidgety?	○	○	○	○	○
6. About how often did you feel so restless you could not sit still?	○	○	○	○	○
7. About how often did you feel depressed?	○	○	○	○	○
8. About how often did you feel that everything is an effort?	○	○	○	○	○
9. About how often did you feel so sad that nothing could cheer you up?	○	○	○	○	○
10. About how often did you feel worthless?	○	○	○	○	○

SCORE: ______________________ Today's date: ☐☐/☐☐/☐☐☐☐

Appendix C

Check list for the 3 Step Mental Health Process

The 3 Step Mental Health Process Check List

Step 1: Assessment

Make sure the assessment includes:

- ☐ The presenting complaint
- ☐ A detailed, biological, psychological and social history
- ☐ A mental state examination
- ☐ A diagnosis and/or formulation
- ☐ The administration of an outcome tool (except where clinically inappropriate)

Bill as a normal Level C or D. The assessment may take more than one consultation.

Step 2: Mental Health Plan

Make sure the plan

- ☐ Is prepared in consultation with the patient and/or carer
- ☐ Has the approval of the patient
- ☐ Is provided to the patient and/or carer (as appropriate)
- ☐ Is kept as part of the patient's medical records

And includes:

- ☐ A discussion of the diagnosis and/or formulation
- ☐ A discussion of the treatment options
- ☐ A written plan for treatment of the assessed mental health disorder and crisis intervention
- ☐ The provision of psycho-education
- ☐ A plan for relapse prevention, if appropriate at this stage

#Bill as a normal Level C or D. The Mental Health Plan may take more than one consultation.

Step 3: Review

Make sure the review

- ☐ Checks progress against the goals of the mental health plan
- ☐ Has modifications of the mental health plan (if necessary)
- ☐ Has education reinforced and explained
- ☐ A plan for relapse prevention if not previously provided
- ☐ Readministers the same outcome tool used in the assessment (Step 1)
- ☐ **Is conducted between 1-6 months from when the mental health plan was prepared**

#Bill under the new MBS incentive items for completion of the 3 Step Mental Health Process. Refer to Group A18 (item numbers 2574-2578) and Group A19 for (item numbers 2704-2708) of the Medical Benefits Schedule.

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Department of Health
and Ageing

Better Outcomes in Mental Health Care

Note: From May 2005, if appropriate the Assessment and Plan may be completed in one planned Level C or D consultation.

Appendix D

Proformas for the 3 Step Mental Health Process

MENTAL HEALTH ASSESSMENT

Patient name				**Date of Birth**	
Address					
Post Code		**Phone**		**Gender**	
Aboriginal or Torres Strait Islander origin	No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Unknown ☐				
GP				**Practice postcode**	
Date of Assessment		**Outcome Tool**		**Result**	

Problem	**Diagnosis**
1.	
2.	
3.	
Mental Health History / Treatment	

Allied Health Referral Data	**Has the person ever received specialist mental health care:** Yes ☐ No ☐ Unknown ☐ Language spoken at home: English ☐ Italian ☐ Greek ☐ Cantonese ☐ Mandarin ☐ Arabic ☐ Vietnamese ☐ Other ☐ Please specify: .... **How well does the person speak English**: Very well ☐ Well ☐ Not well ☐ Not at all ☐

Medications	**Allergies**
Family History of Mental Illness	
Medical Conditions	
Social History	

Allied Health Referral Data	**Does the person live alone:** Yes ☐ No ☐ Unknown ☐ **Is the person a low income earner (A judgment by GP)** Yes ☐ No ☐
Abuse history – substance / sexual / physical	
Alcohol use: Tobacco: BMI:	

Personal History (eg childhood, education, relationship history, coping with previous stressors)

Allied Health Referral Data	**Highest education level completed:** Primary or below ☐ Secondary Year 10 or equivalent ☐ Secondary Year 11 or equivalent ☐ Secondary Year 12 or equivalent ☐ Tertiary ☐

Relevant Physical and Mental Examination	Investigations

Mental Status Examination	
Appearance and General Behaviour	**Mood** (Depressed / Labile)
Thinking (Content / Rate / Disturbances)	**Affect** (Flat / Blunted)
Perception (Hallucinations etc)	**Sleep** (Initial Insomnia / Early Morning Wakening)
Cognition (Level of Consciousness / Delirium / Intelligence)	**Appetite** (Disturbed Eating Patterns)
Attention / Concentration	**Motivation / Energy**
Memory (Short & Long term)	**Judgement** (Ability to make rational decisions)
Insight	**Anxiety Symptoms** (Physical & Emotional)
Orientation (Time / Place / Person)	**Speech** (Volume / Rate / Content)

Risk Assessment			
Suicidal ideation		Suicidal intent	
Current plan		Risk to Others	
Key Family/ Support Contact			

FORMULATION – Main problem / diagnosis	ICD – 10 Provisional Diagnosis
(risk / protective factors)	F1 Alcohol & Drug Use disorder ☐
	F2 Psychotic Disorder ☐
	F3 Depression ☐
	F4 Anxiety Disorder ☐
	F5 Unexplained Somatic Disorder ☐
	Other / Unknown:
Patient Education Yes ☐ No ☐	**Date for Mental Health Plan**
Eligibility for the Better Outcomes in Mental Health Care Program Yes ☐ No ☐	

Notes

MENTAL HEALTH PLAN & REVIEW

Patient Name		**Date of Birth**	
		GP Name	
Date of Mental Health Plan		**Actual Date of Mental Health Review**	

Outcome Tool		**Result at assessment**		**Result at review**	

	GOAL	ACTION / TASK
Problem / Issue	(eg. Reduce symptoms, improve functioning)	(eg. Referral for Allied Health, or pharmacological treatment, or engagement of family/other supports)
1.		
2.		

Allied Health Referral Data

Intervention Requested		**Cognitive Behavioural Therapy (CBT):**	
Diagnostic assessment	Yes ☐ No ☐	Behavioural interventions	Yes ☐ No ☐
Psycho-education	Yes ☐ No ☐	Cognitive interventions	Yes ☐ No ☐
Interpersonal Therapy	Yes ☐ No ☐	Relaxation strategies	Yes ☐ No ☐
Other (specify)		Skills training	Yes ☐ No ☐
		Other CBT interventions	Yes ☐ No ☐
		Consent form signed by patient (to share clinical notes)	Yes ☐ No ☐

Follow Up / Relapse Prevention Plan (if Appropriate)

Emergency Care

Notes

Patient Education given	Yes ☐ No ☐	**Copy of MH plan given to patient**	Yes ☐ No ☐

I understand the above Mental Health Plan and agree to the outlined goals / actions

Patient Signature	**GP Signature**

Proposed date for Mental Health Review (between 4 weeks – 6 months)	

Review (Progress on actions and tasks)

Appendix E

Completed Pro forma

MENTAL HEALTH ASSESSMENT

Patient name	*Tessa Speed*			**Date of Birth**	*02/11/1943*
Address	*1101 Attfield Street, Fremantle*				
Post Code	*6160*	**Phone**	*9336 1123*	**Gender**	*F*
Aboriginal or Torres Strait Islander origin	No ☑ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Unknown ☐				
GP	*Dr M Field*			**Practice postcode**	
Date of Assessment	*07/03/03*	**Outcome Tool**	*K10*	**Result**	*40*

Problem	**Diagnosis**
1. *No energy*	*Lassitude ? Depression*
2. *Very lonely - recent move to area*	*Social isolation*
3.	

Mental Health History / Treatment

Mild depression with first child

Allied Health Referral Data	**Has the person ever received specialist mental health care:** Yes ☐ No ☐ Unknown ☐ Language spoken at home: English ☐ Italian ☐ Greek ☐ Cantonese ☐ Mandarin ☐ Arabic ☐ Vietnamese ☐ Other ☐ Please specify:... **How well does the person speak English**: Very well ☐ Well ☐ Not well ☐ Not at all ☐

Medications	**Allergies**
Nil	*Nil*

Family History of Mental Illness

Nil

Medical Conditions

On HRT for menopausal symptoms (flushing)
Nil else significant

Social History

Separated from husband 5 years ago
Two adult children living interstate
Moved for a new start

Allied Health Referral Data	**Does the person live alone**: Yes ☑ No ☐ Unknown ☐ **Is the person a low income earner (A judgment by GP)** Yes ☑ No ☐

Abuse history – substance / sexual / physical

Alcohol use: *1-2 glasses of wine per night* Tobacco: *nil* BMI: *26*

Personal History (eg childhood, education, relationship history, coping with previous stressors)
Happy childhood – usual life crises

Allied Health Referral Data	**Highest education level completed:** Primary or below ☐ Secondary Year 10 or equivalent ☐ Secondary Year 11 or equivalent ☐ Secondary Year 12 or equivalent ☐ Tertiary ☐

Relevant Physical and Mental Examination	**Investigations**
BP 140/90 – slightly overweight *Euthyroid*	*CBC U&Es, LFTs BS*

Mental Status Examination	
Appearance and General Behaviour *Normal*	**Mood** (Depressed / Labile) *De[ressed*
Thinking (Content / Rate / Disturbances) *Normal*	**Affect** (Flat / Blunted) *Flat*
Perception (Hallucinations etc) *Normal*	**Sleep** (Initial Insomnia / Early Morning Wakening) *erratic*
Cognition (Level of Consciousness / Delirium / Intelligence) *Normal*	**Appetite** (Disturbed Eating Patterns) *Little interest*
Attention / Concentration *Difficulty concentrating*	**Motivation / Energy** *low*
Memory (Short & Long term) *Bit forgetful*	**Judgement** (Ability to make rational decisions) *Feels overloaded*
Insight *good*	**Anxiety Symptoms** (Physical & Emotional) *Tense/headaches*
Orientation (Time / Place / Person) *OK*	**Speech** (Volume / Rate / Content) *Normal*

Risk Assessment			
Suicidal ideation	*Minor. All seems hopeless*	Suicidal intent	*No*
Current plan	*None at present*	Risk to Others	*Nil*
Key Family/ Support Contact	*None at present*		

FORMULATION – Main problem / diagnosis	**ICD – 10 Provisional Diagnosis**
(risk / protective factors)	F1 Alcohol & Drug Use disorder ☐
	F2 Psychotic Disorder ☐
Depression associated with social isolation and readjustment after move *Check bloods – exclude other causes for tiredness*	F3 Depression ☑
	F4 Anxiety Disorder ☐
	F5 Unexplained Somatic Disorder ☐
	Other / Unknown:
Patient Education Yes ☑ No ☐	Date for Mental Health Plan
Eligibility for the Better Outcomes in Mental Health Care Program Yes ☑ No ☐	*07/03/03*

Notes

MENTAL HEALTH PLAN AND REVIEW

Patient Name	*Tessa Speed*	**Date of Birth**	*02/11/43*
		GP Name	*Dr M Field*
Date of Mental Health Plan	*07/03/03*	**Actual Date of Mental Health Review**	

Outcome Tool	*K10*	**Result at assessment**	*40*	**Result at review**	

	GOAL	**ACTION / TASK**
Problem / Issue	(eg. Reduce symptoms, improve functioning)	(eg. Referral for Allied Health, or pharmacological treatment, or engagement of family/other supports)
1. *Lassitude*	*Get motivated by developing interests and goals*	*Refer to counsellor*
2. *Loneliness*	*Get involved with other adults*	*Join local group (radio club)*

Allied Health Referral Data

Intervention Requested			**Cognitive Behavioural Therapy (CBT):**		
Diagnostic assessment	Yes ☐	No ☑	Behavioural interventions	Yes ☐	No ☐
Psycho-education	Yes ☑	No ☐	Cognitive interventions	Yes ☐	No ☐
Interpersonal Therapy	Yes ☑	No ☐	Relaxation strategies	Yes ☐	No ☐
Other (specify)			Skills training	Yes ☐	No ☐
			Other CBT interventions	Yes ☐	No ☐
			Consent form signed by patient (to share clinical notes)	Yes ☑	No ☐

Follow Up / Relapse Prevention Plan (if Appropriate)

See following counsellor or earlier if needed

Emergency Care

Contact GP – emergency phone number given

Notes

Patient Education given	Yes ☐ No ☐	**Copy of MH plan given to patient**	Yes ☐ No ☐

I understand the above Mental Health Plan and agree to the outlined goals / actions

Patient Signature	**GP Signature** *M Field*

Proposed date for Mental Health Review (between 4 weeks – 6 months)	

Review (Progress on actions and tasks)

Appendix F

Privacy and Discrimination

Patient Privacy and potential for discrimination through insurance claims

"I think initially I was quite hesitant about using the three step process and the mental health items because of concerns about privacy from a patient perspective. I was concerned that labelling a patient with a mental illness may lead to discrimination in the future for the patient, particularly around aspects of application for insurance, personal income protection and life insurance. Fortunately I have been involved in some of the discussions that the mental health stakeholders have been holding over the last year or more with their peak insurance body IFSA and now that we have signed a memorandum of understanding with IFSA, I am feeling a lot more confident that the benefits of the whole process can be seen for the patients".

Dr Marli Watt, GP Queensland

"The potential that patients be discriminated against when applying for life insurance is a problem that has been happening for a long time but is actually nothing to do with the new mental health item numbers because the insurance companies rely almost entirely on GP reports and not on accessing Medicare Australia records. We have been working with the insurance companies to make sure patients are not discriminated against and that underwriting and claims management of insurance is evidence based. "

Dr Tori Wade, ADGP GP Representative

No, I don't have problem with getting a Medicare bill that says, 3 Step Process, I'm just glad that my problem is being taken seriously, that I've had treatment and now I'm getting better"

Lucy, Consumer

Is my patient's information secure using the MBS items for mental health?

All information collected by Medicare Australia is confidential and its staff must abide by the secrecy provisions of legislation including the Privacy Act 1998 and the Health Insurance Act 1973. Medicare Australia (now Medicare Australia) has implemented strict policies and procedures to ensure it complies with its legal obligation in dealing with personal information.

Patients at the time of purchasing an insurance product or at the time of making a claim are usually asked to sign a document giving the insurance company consent to access medical records. Patients should be aware that such consent enables the insurance company to access Medicare Australia data. This is a common practice for companies selling or processing insurance products and is not unique to patients suffering mental illness.

What does the MoU mean for my patients?

Mental health conditions will now be treated in the same way as other high prevalence, treatable medical conditions with underwriting and claims management of income protection and life insurance to be evidence based. Revised underwriting and claims guidelines were launched during the 2003/04 financial year. Other resources developed under the MoU have included consumer advice tools such as a web-based insurance industry Frequently Asked Questions fact sheet, advice on how to appeal a decision on life insurance and income protection, and a Mental Illness Fact Sheet.

These resources can be found on the Mental Health Counsel of Australia's website at http://www.mhca.org.au/Resources/Insurance/InsurancePractices.html

Representatives from this consortium group including beyond blue, the Mental Health Council of Australia, ADGP, the Royal Australian and New Zealand College of Psychiatrists and the AMA now sit on the Investment and Financial Services Association working groups, and the MoU commits all parties to cooperate on this issue until at least February 2006. A new MoU is expected to be signed in May 2006. This world first Australian MoU blueprint is now being sought by other countries (USA, UK, NZ).

Appendix G

MBS Item Descriptors for the 3 Step Mental Health Process

<table>
<tr><th colspan="2">INCENTIVE ITEMS</th><th>GENERAL PRACTITIONER</th></tr>
<tr><td></td><td colspan="2">GROUP A18 – GENERAL PRACTITIONER ATTENDANCE ASSOCIATED WITH PIP INCENTIVE PAYMENTS</td></tr>
<tr><td></td><td colspan="2">SUBGROUP 4 – COMPLETION OF THE 3 STEP MENTAL HEALTH PROCESS</td></tr>
<tr><td>2574</td><td colspan="2">Note: Benefits included Subgroup 4, A18 or A19, are payable for one 3 Step Mental Health Process per patient only in a 12-month period, unless a further 3 Step Mental Health Process is clinically indicated
At a minimum the 3 Step Mental Health Process must include:
- at least 2 consultations of more than twenty minutes each for a patient with an assessed mental health disorder;
- at least one of the consultations to be a planned visit – (the review step)
- an assessment and formulation or diagnosis of the mental health disorder/s
- provision of a written mental health plan and appropriate education to the patient and /or the carer (with patient's agreement)
- a review of the patient's progress against the goals included in the mental health plan. This review to have been conducted a minimum of 4 weeks and a maximum of 6 months from the consultation in which the mental health plan was prepared
- utilising an outcome tool in the assessment and review stages except where considered clinically inappropriate.
The 3 Step Mental Health Process can only be provided by a general practitioner, who practices in general practice and has been notified to Medicare Australia as having the required credentials.
LEVEL C
Professional attendance involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to one or more problems and lasting at least 20 minutes OR a professional attendance of less than 40 minutes duration involving components of a service to which item 44, 47, 48, 50 or 51 applies;
AND which <u>completes</u> the requirements of the 3 Step Mental Health Process.
SURGERY CONSULTATION
(Professional attendance at consulting rooms)
(See para A.31 of explanatory notes to this Category)
Fee: $59.70 Benefit: 100% = 59.70</td></tr>
<tr><td>2575</td><td colspan="2">OUT-OF –SURGERY CONSULTATION
(Professional attendance at a place other than consulting rooms)
Derived Fee: the fee for item 2574, plus $21.55 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients – the fee for item 2574 plus $1.55 per patient</td></tr>
<tr><td>2577</td><td colspan="2">LEVEL D
Professional attendance involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasing at least 40 minutes, OR a professional attendance of at least 40 minutes duration for implementation of a management plan;
AND which <u>completes</u> the requirements of the 3 Step Mental Health Process.
SURGERY CONSULTATION
(Professional attendance at consulting rooms)
Fee: $87.90 Benefit: 100% = $87.90</td></tr>
<tr><td>2578</td><td colspan="2">OUT-OF-SURGERY CONSULTATION
(Professional attendance at a place other than consulting rooms)
Derived Fee: The fee for item 2577, plus $21.55 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients – the fee for item 2578 plus $1.55 per patient.</td></tr>
</table>

INCENTIVE ITEMS	OTHER NON-REFERRED
	GROUP A19 – OTHER NON-REFERRED ATTENDANCES ASSOCIATED WITH PIP INCENTIVE PAYMENTS TO WHICH NO OTHER ITEM APPLIES
	SUBGROUP 4 – COMPLETION OF THE 3 STEP MENTAL HEALTH PROCESS
2704	**Note: Benefits included Subgroup 4, A18 or A19, are payable for one 3 Step Mental Health Process per patient only in a 12-month period, unless a further 3 Step Mental Health Process is clinically indicated** At a minimum the 3 Step Mental Health Process must include: - at least 2 consultations of more than twenty minutes each for a patient with an assessed mental health disorder - at least one of the consultations to be a planned visit – (the review step) - an assessment and formulation or diagnosis of the mental health disorder/s - provision of a written mental health plan and appropriate education to the patient and /or the carer (with patient's agreement) - a review of the patient's progress against the goals included in the mental health plan. This review to have been conducted a minimum of 4 weeks and a maximum of 6 months from the consultation in which the mental health plan was prepared - utilising an outcome tool in the assessment and review stages except where considered clinically inappropriate. The 3 Step Mental Health Process can only be provided by a medical practitioner (not including a general practitioner, a specialist or consultant physician), who practices in general practice and has been notified to Medicare Australia as having the required credentials. **SURGERY CONSULTATIONS** (Professional attendance at consulting rooms centre) **LONG CONSULTATION** of more than 25 minutes duration but not more than 45 minutes duration AND which **completes** the requirements of the 3 Step Mental Health Process. *(See para A.31 of explanatory notes to this Category)* **Fee:** $38.00 **Benefit:** 100% = 38.00
2705	**PROLONGED CONSULTATION** of more than 25 minutes duration but not more than 45 minutes duration AND which **completes** the requirements of the 3 Step Mental Health Process **Fee:** $61.00 **Benefit:** 100% = 61.00
2707	**OUT-OF-SURGERY CONSULTATION** (Professional attendance at a place other than the consulting rooms) **LONG CONSULTATION** of more than 25 minutes duration but not more than 45 minutes duration AND which **completes** the requirements of the 3 Step Mental Health Process. **Derived Fee:** An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients – an amount equal to $35.50 plus $0.70 per patient.
2708	**PROLONGED CONSULTATION** of more than 45 minute duration AND which **completes** the requirements of the 3 Step Mental Health Process **Derived Fee:** An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients – an amount equal to $57.50 plus $0.70 per patient.

Appendix H

MBS Item Descriptors for Focussed Psychological Strategies

<table>
<tr><th colspan="2">MEDICAL PRACTITIONER</th></tr>
<tr><td></td><td>GROUP A20 - FOCUSSED PSYCHOLOGICAL STRATEGIES</td></tr>
<tr><td>2721</td><td>MEDICAL PRACTITIONER ATTENDANCE (INCLUDING A GENERAL PRACTITIONER, BUT NOT INCLUDING A SPECIALIST OR CONSULTANT PHYSICIAN) ASSOCIATED WITH PROVISION OF FOCUSSED PSYCHOLOGICAL STRATEGIES
Note : These services may only be provided by a medical practitioner who is registered with Medicare Australia as meeting the requirements to participate in the Better Outcomes in Mental Health Care Program. The medical practitioner must provide the service in a general participating in the PIP or which is accredited.
Focussed psychological strategies are specific mental health care management strategies, derived from evidence based psychological therapies, that have been shown to integrate the best external evidence of clinical effectiveness with general practice clinical expertise. These strategies are required to be provided to patients by a credentialed medical practitioner and are time limited; being deliverable, in general, in up to 6 planned sessions. In some instances, following review by the practitioner managing the 3 Step Mental Health Process, up to a further 6 sessions may be approved in any 12 month period to an individual patient. Medical practitioners must be notified to Medicare Australia by the General Practice Mental Health Standards Collaboration that they have met the required standards for higher level mental health skills.
A session should last for a minimum of 30 minutes
FPS ATTENDANCE
Professional attendance for the purpose of providing focussed psychological strategies (from the list included in the Explanatory Notes) for assessed mental health disorders by a medical practitioner registered with the Health Insurance Commission as meeting the credentialing requirements fro provision of this service, and lasting at least 30 minutes to less than 40 minutes.
SURGERY CONSULTATION
(Professional attendance at consulting rooms)
(see para A.31 of explanatory notes to this Category)
Fee: $75.25 Benefit: 100% = $75.25</td></tr>
<tr><td>2723</td><td>OUT-OF-SURGERY CONSULTATION
(Professional attendance at a place other than the consulting rooms)
(see para A.31 of explanatory notes to this Category)
Derived Fee: The fee for item 2721, plus $22.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients – the fee for item 2721 plus $1.60 per patient</td></tr>
<tr><td>2725</td><td>FPS EXTENDED ATTENDANCE
Professional attendance for the purpose of providing focussed psychological strategies (from the list included in the Explanatory Notes) for assessed mental health disorders, by a medical practitioner registered with Medicare Australia as meeting the credentialing requirements for provision of this service, and lasting at least 40 minutes
SURGERY CONSULTATION
(Professional attendance at consulting rooms)
(see para A.31 of explanatory notes to this Category)
Fee: $105.60 Benefit: 100% $107.70</td></tr>
<tr><td>2727</td><td>OUT-OF-SURGERY CONSULTATION
(Professional attendance at a place other than the consulting rooms)
(see para A.31 of explanatory notes to this Category)
Derived Fee: The fee for item 2725, plus $22.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients – the fee for item 2721 plus $1.60 per patient</td></tr>
</table>

Appendix I

Description of the Focussed Psychological Strategies

1. Psycho-education

Psycho-education usually involves giving the patient information about the disorder covering: prevalence, symptoms, related problems, aetiology, prognosis, and recommended treatments.

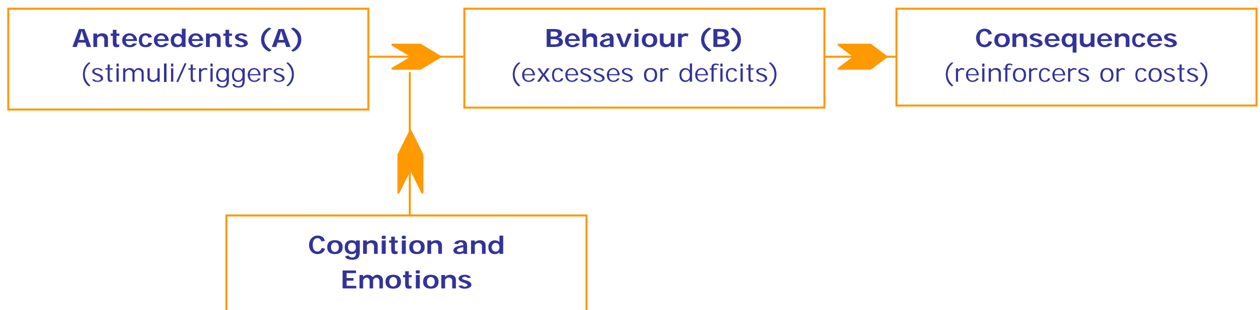
2. Cognitive-behavioural therapy (CBT)

Within the theoretical framework of learning theory, mental disorders are conceptualised in terms of emotional and behavioural problems that have been learned.

Behaviour therapy is based on the theory that behaviour is learned and maintained (through observation, pairing of antecedents and behaviour, and conditional reinforcement) and hence can be altered (through modelling and rehearsal, stimulus control and contingency management).

Cognitive therapy is based on the theory that distressing emotions and maladaptive behaviours are the result of faulty or irrational patterns of thinking. Dysfunctional beliefs, expectations, perceptions, attributions, interpretations and appraisals are identified and modified or replaced with rational, adaptive cognitions which alleviate the problematic feelings and behaviour.

In a simplified form, CBT is based on the following model of the development and maintenance of mental disorders:



Antecedents or stimuli trigger the problematic cognitions and/or feelings. The individual then responds with problematic behaviour, which may be followed by consequences which reinforce the inappropriate behaviour.

CBT involves altering the antecedents, behaviour, consequences and the associated intervening cognitions.

Behavioural interventions

Behaviour modification

Behaviour modification (especially for children) is used to decrease problematic or dysfunctional behaviour (usually excesses) or to increase or learn desirable or functional behaviour. It is particularly effective for the treatment of externalising disorders and for developing prosocial and basic living skills.

Behaviour modification starts with a thorough behavioural analysis, which involves specifying and measuring the behaviours to be altered, and identifying the variables controlling these behaviours. This analysis is followed by a systematic program which may include altering the stimuli triggering the unwanted behaviour, shaping up new adaptive (competing) behaviour, and contingency management (using reinforcers for increasing desirable behaviour and costs to decrease the unwanted/dysfunctional behaviour). After changing particular behaviours, techniques for generalisation and maintenance of gains are discussed, along with relapse prevention.

Exposure techniques

Exposure techniques are particularly used to deal with anxiety and phobias. They include graded exposure to the feared object or situation, and sometimes, systematic desensitisation. Both imaginal and in vivo exposure may be used, often combined with relaxation and cognitive techniques.

Graded exposure is the most commonly used technique. It involves identifying fears, and constructing a hierarchy of them in terms of increasing fear. The individual then agrees to be exposed in graded (from less to more fear-provoking) steps to the feared object or situation in vivo such that the anxiety is heightened but not overwhelming. By remaining in this situation until the fear subsides, the person learns that it is groundless. Systematic desensitisation is similar in that it involves exposure to a hierarchy of feared objects or situations (often in imagination) while using slow breathing, and/or other relaxation techniques, and cognitive coping self-statements to cope with the anxiety experienced. On exposure, the person is assisted to implement the learned relaxation techniques and use the coping self-statements until the fear subsides.

Activity scheduling

Activity scheduling is mainly used to assist with depression. It involves time management and scheduling in advance, daily pleasant events, as well as activities in which involve a sense of mastery and satisfaction. These activities are designed to provide enjoyment, change the person’s self-perception and improve self-esteem. Doing planned activities distract patients from their problems and negative thoughts, helps them to feel better, paradoxically less tired, more in control of their lives and able to make decisions.

Cognitive interventions

Cognitive analysis, challenging and restructuring

Cognitive analysis involves identifying the dysfunctional thoughts which lead to unwanted emotions and problematic behaviour. This process firstly requires patients to become aware of the thoughts which produce distressing feelings and behaviour and to uncover the beliefs which underlie these thoughts. These dysfunctional thoughts and beliefs are then challenged and replaced with more rational cognitions and supportive self-statements.

Cognitive therapy is most useful in treating internalizing disorders (e.g. anxiety, panic disorder, phobias, OCD and depression). Often people with these disorders have cognitive schema which are faulty and they engage in distorted cognitive processing, ie , they have unrealistic, negative, over-generalised and sometimes catastrophic beliefs about themselves, others and the world. Their dysfunctional thought patterns, including expectations, perceptions, attributions, and appraisals need to be challenged and replaced by more functional thoughts to enable them to stop worrying, experience positive emotions, cope with life and feel successful. In cognitive therapy, patients are made aware of their irrational thoughts and evidence is gathered through behavioural experiments and therapist feedback to dispute or counter the cognitive distortions underlying various disorders. Ultimately, the aim is to assist the person to restructure their dysfunctional cognitive schema underlying their maladaptive thinking, and to develop appropriate beliefs and rational processing.

In externalising disorders, there may be deficient cognitive processing (e.g. absence of processing as in ADHD), or both deficient and distorted processing, (e.g. in conduct disorder). In these disorders, functional cognitive structures and processes need to be developed.

Self-instructional training

Self-instructional training involves replacing dysfunctional thoughts by self-talk which is functional and guides the person towards adaptive responses to situations they find difficult. The patient is taught to think aloud and to replace negative thoughts with coping statements to guide their behaviour and produce a feeling of control. Self-instructional training produces a coping template which assists people to manage difficult situations and emotions and so improves self-efficacy and self-esteem. The use of positive self-statements, related to self-evaluation and reinforcement, are also learned.

Attention regulation

Patients with distorted cognitive processing often attend specifically to negative aspects of themselves, others and their environment and not to neutral or positive aspects. They thus misinterpret events as unduly threatening or confirming of their inability to manage. They believe that others feel negatively towards them and hence that they are not worthwhile. Attention regulation involves teaching patients to attend to positive aspects of themselves, others and situations and to process events in a realistic way. They then feel more able to cope and more positive about themselves.

Relaxation strategies

Guided imagery, deep muscle and isometric relaxation

There are a number of relaxation techniques, including guided imagery, controlled breathing, deep muscle and isometric relaxation. Relaxation involves voluntarily releasing tension and reducing arousal of the central nervous system. Arousal may produce hyperventilation and so learning to breathe more slowly in a controlled manner counteracts this effect. Muscles also become tense when someone is anxious, so teaching awareness of excessive muscle tension and what situations produce it, followed by learning through a series of exercises to progressively tense then relax the tense muscles throughout the body, can overcome this problem. This procedure needs to be taught by a skilled practitioner and practised for a period of time before it can be effectively implemented in anxiety-provoking situations. Isometric relaxation is an abbreviated form of muscle relaxation which can be quickly invoked in anxiety-provoking situations. Guided imagery can assist with various forms of relaxation by providing a script and images of peaceful surroundings.

Skills training

Skills training involves carefully constructed combinations of various cognitive and behavioural strategies in a manner designed specifically to treat the particular disorder and/or the specific difficulties the person is experiencing. Training involves the development of skills needed to deal with the situation that is problematic.

Problem-solving skills training

In general, problem-solving skills training involves a structured series of steps. Firstly, the specific problem is identified and analysed in some detail, which may require taking different perspectives on the situation. Goals to be achieved by solving the problem are set. A long list of possible solutions is then generated by brainstorming, which involves being creative and non-judgmental. The potential solutions are then evaluated in terms of their consequences and how possible they are for the person to implement. Each course of action is assessed to establish how well it meets the goals. The action most likely to solve the problem, and which is practical for the person to carry out, is selected, planned in detail and then carried out. The outcome of taking this particular course of action is then evaluated. If it was not successful, another course of action is selected, implemented, and the outcome again evaluated. Successful outcomes are celebrated.

Anger management

Anger management involves the addition of specific techniques to the basic steps of problem-solving, to identify when anger is building, and ways of dealing with it. The additional steps include: establishing likely anger arousing situations; learning to identify body sensations (physiological reactions) and thoughts that lead to feelings of anger and aggressive behaviour; then developing alternative strategies, (for thinking and behaving) that reduce the angry feelings or sensations, or distract the person to allow time to calm down, and to think and behave more rationally. These strategies may include verbal self-instruction, coping statements, and relaxation and distraction techniques. Once self-control is established, the person can engage in problem-solving.

Stress management

Stress management firstly involves identifying the stressful situation or event, and establishing whether it can be altered or has to be lived with. Specific techniques are added to problem-solving skills in order to analyse the situations the person finds stressful, and to assist the person to cope with or manage whatever reactions the stress produces (e.g. anxiety, depression, post-traumatic stress or psychosomatic symptoms). Cognitions may have to be challenged and coping self-statements learned, as well as alternative behaviour (e.g. engaging in pleasant activities or relaxation) in order to cope with the stressful reactions and be able to engage in problem-solving. In some cases, training in social skills, assertiveness, anger management and conflict resolution is also necessary. In addition, social support is often required.

Communication training

Communication involves both verbal and non-verbal skills. Effective communication requires: attention, active listening, accurately understanding, then summarizing and reflecting back, empathy, and responding with clear messages to the original speaker. Appropriate posture, facial expression, gestures, distance from speaker, eye contact, voice modulation and tone may also need to be addressed.

Social skills training

Social skills training involves the addition of further elements to communication training. These skills may include appropriate ways of approaching people, entering a group, conversation skills (how to start, maintain and close a conversation), co-operative behaviour (sharing and turn-taking), assertiveness and dealing with unpleasant reactions or rejections. Rehearsal with the therapist, planned practise in the person's social settings, feedback and reinforcement is an essential part of any social skills program.

Parent management training

Parent management training involves teaching parents appropriate skills to raise their children. Parents are given information about children's development and needs at different ages and stages and assisted to establish realistic expectations of them. Parenting training is based on behaviour management in which the parents learn to monitor their children's behaviour and identify the antecedents and consequences which control it. They are then taught how to modify these variables in order to develop adaptive prosocial behaviour. They learn to set appropriate rules and limits, along with logical consequences for breaking these rules, which must be consistently implemented. The rules and consequences must be clearly communicated to their children. The parents are also encouraged to reward prosocial behaviour, spend quality time with their children, and to work together and support each other in parenting their family.

Motivational interviewing

Motivational interviewing is a useful technique to use with people who are initially ambivalent or reluctant to engage in CBT, particularly when needing to change a behaviour which provides rewards for them (e.g. drinking excessively). Discussions of the costs and benefits of change and even planned exercises are sometimes needed to convince the person that in the longer (and sometimes shorter) term, the benefits of change outweigh the costs of not changing. Often concerns about what might happen, or their perception of their inability to cope, impedes progress and these must be uncovered and dealt with, along with discussing what might the future might look like if they changed and the impact of the change on their satisfaction with life.

Interpersonal Therapy (especially for depression)

Interpersonal therapy is based on the theory that interpersonal relationships play a significant role in both causing and maintaining depression. Interpersonal therapy aims to identify and resolve interpersonal difficulties that are thought to be related to the depression. These difficulties may include: conflict with others, role disputes or role transitions, social isolation, and prolonged grief following loss. Interpersonal therapy builds skills – mainly in the communication and interpersonal domains.

Importance of the context

In treating a patient's mental health problems, it is most important to attend to the context in which the problems exist, ie the patient's family, social support, and economic situation. Issues considered should include family conflict and breakdown, abuse or violence, social isolation, unemployment, lack of finance and housing, as well as stressful life events and psychopathology in the family. It is often necessary to deal with the context in addition to treating the individual.

Where can I obtain further relevant clinical information?

For further information GPs will be able to refer to the Web Based Clinical Information site, CLIMATE Help www.crufad.org

A component of this site is being revised to provide a description of and evidence base for the focussed psychological strategies available under the Better Outcomes in Mental Health Care Program. This database, designed for use by GPs and mental health allied health providers will contain diagnostic categories and information on how to recognise and classify mental health disorders.

GPMHSC

General Practice Mental Health Standards Collaboration

Correspondence to:
Professional Development Officer – Mental Health
General Practice Mental Health Standards Collaboration
The Royal Australian College of General Practitioners
1 Palmerston Crescent, South Melbourne Vic 3205
Telephone 03 8699 0554 Fax 03 8699 0570
Email gpmhsc@racgp.org.au
Website www.racgp.org.au/mentalhealth

Beginner's guide to accessing the **Better Outcomes in Mental Health Care Program**

Level One registration

1. Check that your practice is a Practice Incentives Program (PIP) participating or accredited general practice.
2. Complete familiarisation training (2 hours). 'Business case' training providing an overview of the initiative. Can be accessed at:
   www.adgp.com.au or via your division.
3. Complete a GPMHSC accredited Level One Mental Health Skills Training Program (6 hours +). Skills based training in managing mental health disorders in general practice. Accredited courses are listed at:
   www.racgp.org.au/mentalhealth.
4. Submit a Level One registration form with attendance certificates to the GPMHSC. Processing usually takes 2–3 weeks from receipt of your paperwork.

Level Two registration

1. Check that you are Level One registered. If you are unsure, contact the GPMHSC via email at: gpmhsc@racgp.org.au, call 03 8699 0554 or fax 03 8699 0570.
2. Complete a GPMHSC accredited Level Two Mental Health Skills Training Program (20 hours +). Skills based training focussing on delivery of cognitive behavioural therapy or interpersonal therapy by GPs. Accredited courses are listed at:
   www.racgp.org.au/mentalhealth.
3. Submit a Level Two registration form with attendance certificates to the GPMHSC. Processing usually takes 2–3 weeks from receipt of your paperwork.

Staying registered

GPs registered with the Better Outcomes in Mental Health Care (BOiMHC) Program must complete ongoing continuing professional development in mental health to maintain their registration.

In the 2005–2007 triennium, the requirement is to complete one Category 1 activity for RACGP QA&CPD Program participants, and its equivalent in the ACRRM PD Program for ACRRM participants.

For Level One registered GPs, the content of the activity should relate primarily to mental health conditions treatable under the BOiMHC Program.

The requirement is more specific for Level Two registered GPs. The activity must focus specifically on extending skills in the delivery of focussed psychological strategies.

More information is available at:

www.racgp.org.au/mentalhealth.

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Criteria for a claimable 3 Step Mental Health Process

- GP services are provided from an accredited or PIP participating general practice
- GPs providing the services are Level One or Level Two registered
- Includes at least two GP consultations of more than 20 minutes and at least one planned consultation (including the review)
- Includes a mental health assessment and formulation or diagnosis, a written mental health plan, and a planned mental health review 4 weeks to 6 months after the plan is developed.

Mental health assessment

- Take a biopsychosocial history
- Conduct a mental state examination
- Undertake a risk assessment
- Develop diagnosis and/or formulation
- Administer outcome tool (unless clinically inappropriate).

GPs claim normal consultation fee.

The assessment and plan stages may be combined into a single consultation, however, at least one consultation of more than 20 minutes in addition to the review must take place within a claimable 3 Step Mental Health Process.

Mental health plan

- Discuss diagnosis/formulation with patient
- Discuss treatment options with patient
- Provide psycho education
- Write a plan for treatment of the diagnosed disorder and crisis intervention
- Plan for relapse prevention (if appropriate at this stage).

GPs claim normal consultation fee.

Focussed psychological strategies

Where indicated as a part of the mental health plan, up to six sessions of focussed psychological strategies (FPS) are available initially, with a further six sessions available if considered appropriate on completion of the review by GPs undertaking the 3 Step Mental Health Process.

FPS services can be delivered by:

- Level Two trained and registered GPs, either with their own patients or on referral from a Level One GP. FPS consultations should be 30 minutes or longer in duration
- allied health professionals participating in better outcomes funded 'Access to Allied Psychological Service' programs.

Level Two GPs delivering FPS claim items 2721–2727 (see Group A20) in place of normal consultation items, attracting a 20% loading on the rebate for standard level C or D consultations.

Mental health review

- Review progress against goals in plan
- Modify plan if required
- Check, reinforce and expand education
- Provide a plan for relapse prevention if not previously provided
- Re-administer outcome tool (unless clinically inappropriate).

The review consultation must be a planned consultation more than 20 minutes in duration.

GPs claim items 2574–2578 (Group A18, VR GPs) and 2704–2708 (Group A19, non-VR) in place of normal items, attracting $150 service incentive payment in addition to usual consultation fee.

For more information, contact your division of general practice or visit: www.racgp.org.au/mentalhealth.

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Appendix K

List of Abbreviations

ACRRM- Australian College of Rural and Remote Medicine

ADGP - Australian Divisions of General Practice

AGPAL - Australian General Practice Accreditation Limited

CDM – Chronic Disease Management

CPD - Continuing Professional Development

EPC - Enhanced Primary Care

FPS - Focussed Psychological Strategies

GP - General Practitioner

GPMHSC - General Practice Mental Health Standards Collaboration

HIC - Health Insurance Commission (now renamed Medicare Australia)

OMPs - Other Medical Practitioners

MBS - Medicare Benefits Schedule

PIP - Practice Incentive Payment

RACGP - Royal Australian College of General Practitioners

RPL - Recognition of Prior Learning

SIP - Service Incentive Payment

VR – Vocationally Registered

Appendix L

Useful Contact Numbers and Websites

For further information on the Better Outcomes in Mental Health Program

Contact your local Division, your State Based Organisation or the Australian Divisions of General Practice.

Enquiries of the Australian Divisions of General Practice

Email: mentalhealth@adgp.com.au
Phone: 02 6228 0800
Facsimile: 02 6228 0899
Post: PO Box 4308
Manuka ACT 2603

Enquiries of the GPMHSC

Email: gpmhsc@racgp.org.au
Phone: 03 8699 0576
Facsimile: 03 8699 0570
Post: Professional Development Officer - Mental Health
General Practice Mental Health Standards Collaboration
Royal Australian College of General Practitioners
1 Palmerston Crescent
South Melbourne, VIC, 3205
http://www.racgp.org.au/mentalhealth

Medicare Australia /PIP Hotline

Service Incentive Payments/ registration with Medicare Australia
Medicare Australia Hotline: 1800 222 032

Accessing the ADGP Familiarisation Training Web page

The ADGP Familiarisation Training web page is your one stop shop to seeking the information you require on Familiarisation Training and the Better Outcomes in Mental Health Initiative.

Through the provision of up to date information and links to important sites such as the GPMHSC web page, the Familiarisation Training web page provides access to information on outcome tools, accredited education and training programs and focussed psychological strategies. Copies of registration forms, the K10 outcome tool, proformas for the 3 Step Mental Health Process and this manual can be obtained from the site

Access to the Familiarisation Training Website can be achieved by following these steps:

1. Refer to www.adgp.com.au
2. Select National Programs
3. Click on the Familiarisation Training banner (as shown below)

funded by the
Australian Government
Department of Health
and Ageing

Fourth Edition

April 2006