

Familiarisation Training Facilitator's Guide Better Outcomes in Mental Health Care Initiative

Second Edition, June 2003

The Facilitator's Guide, Second Edition has been developed to support Division and GP facilitators in the delivery of Familiarisation Training to GPs and other health providers.

Use this guide when delivering training with the Familiarisation Training CD for Facilitators (second edition).

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Workshop Preparation: WORKSHOP MATERIALS

What documents will I need to provide to GPs?

The documents you need to provide to GPs at the workshop are:

- A copy of the GP and Practice Manual
- Laminated Checklist and MBS item Descriptors Table
- A registration form for Level 1
- Learning Goals for the Workshop (copy from Appendix B)

A description of these resources is provided at Appendix A.

Where do I obtain these documents?

For further copies of the GP and Practice Manual and the Laminated Checklist refer to your SBO or ADGP. Electronic copies can be obtained from the ADGP website.

The learning goals for the workshop can be photocopied from Appendix D of this guide.

Registration forms for Level 1 (and Level 2) can be printed from the ADGP website and the date and location of workshop entered before they are photocopied for GPs. Alternatively, the form for Level 1 has been inserted in the manual.

What other information could I make available at the workshop?

Other useful resources that could be provided include:

- Copies of other outcome tools (refer to ADGP website and the sienna box CDs)
- A registration form for Level 2
- MBS item descriptors explanatory notes for 3 Step Mental Health Process (Appendix H) *
- MBS item descriptors explanatory notes for FPS (Appendix I)*
- A list of courses adjudicated by the Standards Collaboration (copy from www.racgp.org.au/mentalhealth or through links at www.adgp.com.au)
- Ideas on how GPs can meet their ongoing point requirements. For instance if you run a peer support group, information on how the points can be obtained
- Information on upcoming courses for GPs to obtain their level 1 registration

* The MBS item descriptors are provided as an Appendix in the GP and Practice Manual but the explanatory notes for the MBS item descriptors are only provided in this guide.

What can be accessed from the ADGP website?

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

Refer to Appendix J for further information.

Workshop Preparation: **WORKSHOP EQUIPMENT**

What are the equipment and audio visual requirements?

Large group (more than approximately 4 participants)

It is absolutely essential to have the following:

- A data projector
- A laptop or computer with a CD drive (see next question)
- Speakers that can plug into the lap top to deliver the video sound (as a last resort you could put a microphone in front of your data projector). The level of sound delivered via the data projector will be insufficient. Ordinary desk top speakers maybe OK for a small group – but test them first!

Small group (approximately 1-4 participants)

For a small group, you could deliver the training from a desk top computer and have participants all watch from the same screen. Some computers have sound and others don't.

What if you can't get sound or the videos to work?

Refer to Appendix K of this guide for a written copy of each of the video vignettes. These could be distributed to GPs and referred to in replacement of the CD videos.

What kind of computer can I play the CD on?

The CD is not compatible with Macintosh Computers, the minimum system requirements are:

800 x 600 screen resolution

Windows 98 / 2000 / ME

Pentium 3 (videos may not work as well on previous processes)

200MHz processor or equivalent

128 MB Ram

8 x CDROM

SoundBlaster 16 or equivalent

How does the CD-Rom work?

To play:

- Insert CD into the CD drive.
- Wait about 20 seconds and the 'Familiarisation Training' program should start automatically.
- If it does not start automatically, go to your CD drive in Windows Explorer, and double click on '**adgp_stub.exe.**' You can go to this quickly by pressing the **Windows key** at the bottom left hand corner of your keyboard & the key for the **letter 'E'**.

What are the menu options, how do I work through the CD-Rom?

To move forward through the slides:

-click anywhere on the screen to take you to the next slide

To move back a slide:

-click on 'back' from the menu options in the right hand corner

To move from one subject area to another:

-click on 'menu' and select the topic you wish to access

-there is no requirement to do this when you are following the program through from beginning to end.

To quit:

-click on 'quit' from the menu options in the right hand corner

-if you can not see the 'quit' option, click on 'menu' then 'quit'

What if there is a colour washout on the projected image using the data projector?

Check and adjust the projector's contrast to ensure there is no wash out when the image is projected on the big screen.

Also, remember, not all data projectors are compatible with every lap top, it is always a good idea to check this before running your workshop.

Workshop Preparation: ADMINISTRATION

Who should deliver the training?

It is recommended that the training is delivered by a Division staff member and a GP who is using the item numbers for the 3 Step Mental Health Process. The GP can draw on their own experiences using the items, giving credibility to the initiative and the Division staff member is important for explaining the details of the initiative, supporting the registration process and linking the program to local activities and services.

When should training be provided?

The Familiarisation Training works well when it is delivered in close proximity to the provision of Level 1 training. That way Divisions are able to better manage the registration process and can assist GPs to meet both requirements for training in a short period and assist them to register for Level 1.

How can it be delivered?

Familiarisation Training can be delivered either one on one, as a small group or a workshop or via an E-learning program. The E-learning program has a different activity number for CPD points than the training run by a facilitator.

How long is the program?

A program outline is provided at Appendix C of this guide. The program takes 2 hours. The first hour should be spent working through the introduction and completing the 3 Step Mental Health Process and the accompanying group exercise. In the second hour, the remainder of the program components can be covered.

The program contains 15 minutes worth of video footage which is dispersed through out the program. The two hour program allows time for this video and general question time. Although, the program is relatively tight and facilitators need to be careful to keep to time. Often questions that arise from GPs will be addressed in sections later in the program and if you can let GPs know particular subjects will be discussed later in the program you may be able to save some time.

Who is responsible for accrediting CPD points?

The Division offering training either as a workshop or the E-learning program is responsible for processing CPD points with the RACGP or ACRRM and providing certificates to GPs.

What CPD points does it attract?

The Familiarisation Training has been approved by the RACGP QA & CPD program and allocated 2 points per hour. The total CPD points are: 4 (Group 2 – mental health).

The Familiarisation Training has also been approved by the ACRRM professional development program and allocated 1 point per hour. The total professional development points: 2.

What is the activity number for processing training?

The activity number for processing training with the RACGP QA & CPD program is:

- number 415396 - Familiarisation Training Workshop /small group/ one to one
- number 472824: Familiarisation Training E-Learning program or CD

How do I process the training?

To complete the process for accrediting your GPs for the Familiarisation Training you will need to:

1. Provide to the RACGP and/or ACRRM and the GPMHSC the details of the GPs who complete the Familiarisation Training by either workshop, small group, one to one or the E – learning program.

Attendance lists must be sent **electronically** to gacpd@racgp.org.au & cc gpmhsc@racgp.org.au and include:

- date / venue of your workshop
 - activity number
 - list of GP names and corresponding QA & CPD numbers and date of birth.
2. Prepare an ADGP evaluation summary at the conclusion of your training and email or fax to mentalhealth@adgp.com.au (fax: 02 6228 0899, phone: 02 6228 0800). The ADGP Evaluation Summary is available at Appendix G and on the ADGP website.

For the E-learning program, you may wish to wait until a few GPs have completed this before sending the evaluation summary.

Please file the GP evaluation forms at your Division. Only send the summary evaluation to ADGP.

3. Provide certificates to the GPs that complete the training as a record of their attendance. Familiarisation Training Certificates have been developed to assist you and are available on the ADGP Familiarisation Training website.

The Familiarisation Training Attendance List, Certificate and ADGP Evaluation Summary are all available on the ADGP Familiarisation Training website.

Workshop Notes: INTRODUCTION

MENU PAGE – OPENING SLIDE OF CD-ROM	
Slide	<p>Better Outcomes in Mental Health Care Familiarisation Training</p> <ul style="list-style-type: none"> • Overview • 3 Step Mental Health Process • Education and Training for GPs • Focussed Psychological Strategies • Access to Allied Health Services • Access to Psychiatric Support. • Consumer Perspective • Registering for the Initiative
Not a slide: AIM OF FAMILIARISATION TRAINING	
Explain AIM of program	<p>To familiarise GPs with each of the key components of the Better Outcomes in Mental Health Care Initiative:</p> <ul style="list-style-type: none"> • Education and Training for GPs, • 3 Step Mental Health Process, • Focussed Psychological Strategies, • Access to Allied Health Services, and • Access to Psychiatrist Support.
Discuss Learning Goals with Participants	<p>GPs should be provided with a copy of the learning goals, print copies of the goals from the Facilitator’s Guide.</p> <p style="text-align: right;">Learning Goals at Appendix D of Facilitator’s Guide.</p>
Not a slide: FAMILIARISATION TRAINING PROGRAM OUTLINE	
Explain program outline	<p>The program runs for 2 hours.</p> <p>First hour focuses on the 3 Step Mental Health Process and there is a group exercise.</p> <p>Second hour focuses on Education and Training for GPs, Focussed Psychological Strategies, Access to Allied Health Services, and Access to Psychiatrist Support.</p> <p>The program includes a number of video vignettes; these videos feature a number of GPs who describe their experiences using the initiative.</p>
Not a slide: FAMILIARISATION TRAINING RESOURCES	
Check information provided to GPs	<ul style="list-style-type: none"> • GP and Practice Manual • Proformas for the 3 Step Mental Health Process • Laminated card with checklist for the 3 Step Mental Health Process and an MBS items table • Registration form for Level 1

Workshop Notes: INTRODUCTION

Slide 1: BARRIERS TO MENTAL HEALTH CARE DELIVERY											
Slide 1	<p>The initiative seeks to address some of the barriers identified by GPs in the provision of quality mental health care:</p> <ul style="list-style-type: none"> • Inadequate education and training • Inadequate remuneration • Limited access to allied health services • Limited access to specialist support 										
Useful Information	<p>It is good to reiterate here that this initiative is not perfect it doesn't address all the barriers but it is a good start to better supporting GPs in the delivery of mental health care.</p>										
Slide 2: AIM OF THE BETTER OUTCOMES IN MENTAL HEALTH CARE											
Slide 2	<p>The initiative provides \$120.4 million over four years and has five main components:</p> <ul style="list-style-type: none"> • 3 Step Mental Health Process • Education and Training for GPs • Focussed Psychological Strategies • Access to Allied Health Services • Access to Psychiatrist Support 										
Useful Information	<p style="text-align: right;">Page 7 of Manual</p> <p>GPs can follow topics discussed on the CD from the GP and Practice Manuals. The references to information on the components of the initiative are on page 7 of the manual.</p> <p>The Department of Health and Ageing have indicated that funding for this initiative is likely to continue beyond 2005, with ongoing funding of approximately \$12 million beyond 2004-05 for allied health.</p>										
Slide 3: INTRODUCTION TO THE INITIATIVE	VIDEO										
1											
Video 1	<p>Dr Walters is chair of the Australian Divisions of General Practice (ADGP). GPs who wish to provide feedback on the initiative can email ADGP at mentalhealth@adgp.com.au</p>										
Slide 4: PATIENT ELIGIBILITY											
Slide 4	<p>The patient group eligible for care under the Better Outcomes in Mental Health Care Initiative:</p> <p>'All patients with a mental health disorder, including those with comorbidity, who present in the general practice setting'.</p>										
Page 8 of Manual											
Slide 5: DISORDERS											
Slide 5	<table> <tbody> <tr> <td>Alcohol use disorders</td> <td>Drug use disorders</td> </tr> <tr> <td>Chronic psychotic disorders</td> <td>Acute psychotic disorders</td> </tr> <tr> <td>Bipolar disorder</td> <td>Depression</td> </tr> <tr> <td>Phobic disorders</td> <td>Panic disorder</td> </tr> <tr> <td>Generalised anxiety</td> <td>Mixed anxiety and depression</td> </tr> </tbody> </table>	Alcohol use disorders	Drug use disorders	Chronic psychotic disorders	Acute psychotic disorders	Bipolar disorder	Depression	Phobic disorders	Panic disorder	Generalised anxiety	Mixed anxiety and depression
Alcohol use disorders	Drug use disorders										
Chronic psychotic disorders	Acute psychotic disorders										
Bipolar disorder	Depression										
Phobic disorders	Panic disorder										
Generalised anxiety	Mixed anxiety and depression										

<p>Adjustment disorder Unexplained somatic complaints Eating disorders Sexual disorders</p> <p>Bereavement disorders Mental disorder, not otherwise specified</p>	<p>Dissociative (conversion) disorder Neurasthenia Sleep problems Hyperkinetic (attention deficit) disorder Enuresis</p>
<p>Based on the ICD-10 PHC version with the exclusion of dementia, delirium, tobacco use disorder and mental retardation</p>	
<p>Page 8 of Manual</p>	

Useful Information This is a very broad definition; note the last point, 'mental disorder, not otherwise specified'.
Based on the ICD -10 Primary Health Care version.
While dementia, delirium, tobacco use disorder and mental retardation have been excluded, where there is a comorbidity with a disorder listed above obviously then they can be included.

Workshop Notes: 3 STEP MENTAL HEALTH PROCESS

Slide 6: THE 3 STEP MENTAL HEALTH PROCESS	
Subject/ Introduction Page	
Slide 7: 3 STEP MENTAL HEALTH PROCESS	
Slide 7	Comprises of a Service Incentive Payment (SIP) for the 3 Step Mental Health Process for completion of: <ul style="list-style-type: none"> • Assessment and formulation or diagnosis, • Preparation of a written mental health plan, • Review of the mental health plan (progress against the goals in the mental health plan).
Useful Information	GPs may wish to involve a carer or family member in the 3 Step Mental Health Process.
Slide 8: 3 STEP MENTAL HEALTH PROCESS	
Slide 8	<ul style="list-style-type: none"> • Minimum 3 consultations, more than 20 mins each (Level C or D) • Minimum 2 consultations to be planned visits • Review to be conducted 4 weeks to 6 months following the plan • Multiple consultations may be required for any or all steps • Medical records to document the 3 Steps and the clinical content of the mental health plan. • Copy of the mental health plan to be provided to the patient
Important Point	Review must be conducted between 4 weeks and 6 months after mental health plan.
Slide 9: 3 STEP MENTAL HEALTH PROCESS FLOW CHART	
Slide 9	Page 14 of Manual
Slide 10 - Introduction to the 3 Step Mental Health Process	
VIDEO 2	
Video 2	Video features Dr Di Symonds, a GP from Darwin. The GPs featured in the videos throughout this CD presentation are GPs who have actually used the 3 Step Mental Health Process.
Slide 11: STEP 1 – ASSESSMENT	
Slide 11	<ul style="list-style-type: none"> • Presenting complaint • Detailed biological, psychological and social history • Mental state examination • Risk assessment • Diagnosis and/or formulation • Administration of an outcome tool
Page 14 of Manual	
Useful Information	The role of Familiarisation Training is not to teach clinical skills. The information provided over the next few slides is taken from the MBS item descriptors for the 3 Step Mental Health Process. MBS item descriptors page 41 of Manual

Workshop Notes: 3 STEP MENTAL HEALTH PROCESS

Slide 12: MEASURING WHAT WE DO	
Slide 12	<p>Why an outcome tool?</p> <ul style="list-style-type: none"> • Measures symptoms, quality of life and level of functioning • Assesses a patient's condition and change over time • Gives the GP feedback about what is working • GPs can choose a outcome tool most appropriate for them
Useful Information	An outcome tool should be administered during the assessment and the review except where it is considered by the GP to be clinically inappropriate.
Slide 13: USEFUL OUTCOME TOOLS	
Slide 13	<ul style="list-style-type: none"> • Kessler Psychological Distress Scale (K10) • Depression Anxiety Stress Scale (DASS) • SPHERE • Edinburgh Post Natal Depression Questionnaire • Alcohol Use Disorder • Refer to www.adgp.com.au for further information <p style="text-align: right;">Pages 11 -12 of Manual</p>
Provision of outcome tools	<p>Refer to www.adgp.com.au for further information.</p> <p>Divisions may wish to provide paper copies of other outcome tools. Electronic outcome tools can be downloaded from the ADGP website and the Sienna Box floppy disk and copied onto a floppy disk for GP participants.</p>
Slide 14: EXAMPLE OF AN OUTCOME TOOL (K10)	
Useful Information	<p>The Appendix provides an example of the K10 outcome tool. Further information on the K10 is provided in the manual on page 12.</p> <p style="text-align: right;">Page 31 of Manual – Appendix B</p>
Slide 15: USING AN OUTCOME TOOL	
Video 3	<p>Video features Dr Trina Gregory, GP, rural NSW and Dr David Monash, GP rural Victoria.</p> <p style="text-align: right;">VIDEO 3</p>
Slide 16: STEP 2 – MENTAL HEALTH PLAN	
Slide 16	<ul style="list-style-type: none"> • Discussion with the patient about the mental health formulation and/or diagnosis • Discussion with the patient on treatment options • Written plan for treatment of the assessed mental health disorder and crisis intervention (where appropriate) • Provision of psycho-education • A plan for relapse prevention if appropriate at this stage <p style="text-align: right;">Page 12 of Manual</p>

Workshop Notes: 3 STEP MENTAL HEALTH PROCESS

Slide 17: STEP 2 - MENTAL HEALTH PLAN

- Slide 17
- Should be prepared in consultation with patient and/or carer
 - Have the approval of the patient
 - A written copy to be provided to the patient and/or carer
 - A copy kept in the patients medical records

Page 12 of Manual

Slide 18: STEP 3 - MENTAL HEALTH REVIEW

- Slide 18
- Check progress against goals outlined in the plan
 - Modify the plan if required
 - Check, reinforce and expand education
 - A plan for relapse prevention if not previously provided
 - Re-administration of the outcome tool
 - To occur between 4 weeks and 6 months after completion of the mental health plan

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Slide 19: STEP 3 - MENTAL HEALTH REVIEW

- Slide 19
- Developed as a guide for GPs for conducting the 3 Step Mental Health Process
 - Based on the MBS Item Descriptors
 - Available in paper and electronic formats
 - Use of the proformas are optional
 - Alternatively GPs may wish to use the checklist
 - The proformas can be photocopied, remodelled and adapted to meet your needs or the needs of your patient group

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Slide 20: MENTAL HEALTH ASSESSMENT PROFORMA

Emphasise this Point The Proformas are not compulsory. They do not have to be used. They are a guide only and prompt GPs on what should be included in a plan as prescribed in the MBS descriptors.

They can be used, or not used and changed as each GP prefers. They take a while to get accustomed to but GPs and some psychiatrists are finding them very useful.

Some Divisions are using the proformas as a referral tool to allied health. The proformas have been adapted to meet the requirements for the minimum data set for the national evaluation for the Access to Allied Health Program. The proformas include the data that GPs would need to collect as opposed to other information the Division may need to collect.

Page 38 of Manual – Appendix D

Workshop Notes: 3 STEP MENTAL HEALTH PROCESS

Slide 21: STEP 3 - MENTAL HEALTH PLAN AND REVIEW PROFORMA	
Introduce Checklist and Completed Proformas	<p>As an alternative to using the proformas, GPs may prefer to use the Checklist as a guide for completing the 3 Step Mental Health Process.</p> <p>The completed proformas on page 30 of the manual provide an example on how one GP has used them.</p> <p>Checklist: Page 32 of Manual - Appendix C (plus Laminated Copy) Completed Proformas: Page 30 of Manual – Appendix E</p>
Slide 22: USING THE 3 STEP MENTAL HEALTH PROCESS	
Slide 22	How does the 3 Step Mental Health Process assist General Practitioners in managing their patients?
Useful Information	GPs find the 3 Step Mental Health Process useful in a variety of ways as demonstrated in this video.
SLIDE 23 – USING THE 3 STEP MENTAL HEALTH PROCESS VIDEO 4	
Video 4	Video features Dr Trina Gregory, GP, rural NSW and Dr Peta Carr, GP, Perth.
Slide 24: INCENTIVE PAYMENTS	
	<ul style="list-style-type: none"> • Sign on payment of \$150 on registration with the HIC • Service incentive payments (SIP) of \$150 per completed 3 Step Mental Health Process • Maximum incentive payment of \$10,000 per GP per financial year <p style="text-align: right;">Page 15 of Manual</p>
Slide 25: BILLING FOR THE 3 STEPS	
Slide 25	<p>Step 1: Assessment Bill under the normal Attendance items (ie Level C or D)</p> <p>Step 2 : Mental Health Plan Bill under the normal Attendance items (ie Level C or D)</p> <p style="text-align: right;">Page 16 of Manual</p>
Useful Information	<p>In replacement of the mental health plan consultation (step 2), GPs may conduct and bill for an EPC care plan. This might occur where the patient has chronic or complex health needs and the need for a multi disciplinary approach has been identified.</p> <p style="text-align: right;">Page 28 of Manual</p>

Workshop Notes: 3 STEP MENTAL HEALTH PROCESS

Slide 26: BILLING FOR THE 3 STEPS	
Slide 26	<p>Step 3: Review Bill under the 3 Step Mental Health Process MBS items (on completion of the 3 Step Process)</p> <p>This will attract the usual rebate for the patient for level C and D and trigger the SIP.</p> <p style="text-align: right;">Page 16 of Manual</p>
Slide 27: PAPERWORK	
Slide 27	How can the paperwork best be managed?
Useful Information	<p>The sequence of the next few slides is in question and answer format. The issue is raised as a question and then answered through the proceeding video.</p> <p>The next few slides address some of the barriers raised by GPs as potential barriers to using the 3 Step Mental Health Process including:</p> <ul style="list-style-type: none"> • Paperwork • Bringing patients back for the third visit • Privacy and potential for discrimination
Slide 28: PAPERWORK	
	VIDEO 5
Video 5	Dr Trina Gregory, GP rural NSW and Di Symonds, GP, Darwin.
Slide 29: BRINGING PATIENTS BACK	
Slide 29	How does the GP insure that their patients come back for the next stage of the process?
Slide 30: BRINGING PATIENTS BACK	
	VIDEO 6
Video 6	Dr Trina Gregory, GP, rural NSW.
Slide 31: PATIENT PRIVACY	
Slide 31	<p>How can GPs best protect their patient's right to privacy?</p> <p style="text-align: right;">Page 39-40 of Manual – Appendix F</p>
Slide 32: PRIVACY	
	VIDEO 7
Video 7	Dr Marli Watts, GP Brisbane.
Slide 33: PATIENT PRIVACY	
Slide 33	<ul style="list-style-type: none"> • Information held by the HIC is strictly confidential • HIC already collates data such as use of ante-depressants and visits to a psychiatrist • The issue of life insurance existed before the initiative • Data collected from insurance companies is sought almost exclusively from GP reports rather than the HIC • Changes through the new MoU have reduced the potential for discrimination <p style="text-align: right;">Page 39-40 of Manual – Appendix F</p>

Workshop Notes: 3 STEP MENTAL HEALTH PROCESS

Slide 34: GP VIEWS ON THE INITIATIVE		VIDEO 8
Video 8	Dr David Monash, Dr Trina Gregory and Di Symonds.	
Slide 35: GROUP EXERCISE or DISCUSSION		
Copy and distribute to GPs the Group Exercise from Appendix E of this guide.	1. In pairs or groups of three discuss: a. The benefits of using the three-step mental health process with your patients in your practice b. The barriers to using the three-step mental health process with your patients in your practice c. Ways to overcome the barriers in implementing the three-step system of care in your practice	
	2. In the whole group discuss the main issues that were raised in the small groups (as part of a general discussion, with no pressure on each group to report)	
	OR	
	1. In pairs or groups of three, rehearse providing an outline to your patient of the three-step mental health process.	
Useful Information	This exercise provides GPs with the opportunity to discuss in small groups the 3 Step Mental Health Process and how it might work for their practice. The exercise should take about 10 minutes and be used to complete the section on the 3 Step Mental Health Process. The exercise also provides a useful break in routine before continuing to the next section. Facilitators can distribute copies of the exercise or write it up on a white board.	

Workshop Notes: EDUCATION & TRAINING

Slide 36: EDUCATION AND TRAINING	
Subject / Introduction Page	
Slide 37: MENTAL HEALTH SKILLS TRAINING REQUIREMENTS	
Slide 37	<p>The training requirements for GPs are:</p> <ul style="list-style-type: none">• Familiarisation Training• Mental health skills training (Level 1 +/- Level 2)• Ongoing learning in mental health <p>Evidence of completion of this training is required for registration.</p> <p style="text-align: right;">Page 18 of Manual</p>
Slide 38: MENTAL HEALTH SKILLS TRAINING REQUIREMENTS	
GPMHSC Flow Chart	Page 19 of Manual
Slide 39: MENTAL HEALTH SKILLS TRAINING – LEVEL 1	
Slide 39	<p>Focus is on the 3 step mental health process:</p> <ul style="list-style-type: none">- mental health assessment- mental health plan- mental health review <ul style="list-style-type: none">• Minimum of 6 hours duration• Must be approved by the General Practice Mental Health Standards Collaboration (GPMHSC) <p style="text-align: right;">Page 18 of Manual</p>
Slide 40: MENTAL HEALTH SKILLS TRAINING – LEVEL 2	
Slide 40	<ul style="list-style-type: none">• Covers “Focussed Psychological Strategies” (FPS)<ul style="list-style-type: none">- minimum of four FPS must be covered- see MBS descriptors for details• Minimum of twenty hours duration• Must be approved by the GPMHSC <p style="text-align: right;">Page 19 of Manual</p>
Slide 41: The STANDARDS COLLABORATION	
Slide 41	<p>The GPMHSC is the adjudicating body responsible for establishing Standards and accrediting mental health education activities.</p> <p>Website: www.racgp.org.au/mentalhealth Email: gpmhsc@racgp.org.au</p> <p style="text-align: right;">Page 20 of Manual</p>
Slide 42: MENTAL HEALTH SKILLS TRAINING - RPL	
Slide 42	<ul style="list-style-type: none">• GPs with a strong skills base in mental health may be able to apply for Recognition of Prior Learning (RPL) instead of undertaking training.• Two pathways:<ul style="list-style-type: none">- GP has completed a course that has been pre-approved for RPL by the GPMHSC- GP submits individual application for RPL, adjudicated by the GPMHSC on a case by case basis <p style="text-align: right;">Page 21-22 of Manual</p>

Workshop Notes: EDUCATION & TRAINING

Slide 43: RPL – LEVEL 1 (3 STEP PROCESS)	
Slide 43	<p>Applicants for Level One RPL</p> <ul style="list-style-type: none">• Must clearly demonstrate capacity to deliver the three step mental health process, through documented skills training, references from peers/mental health professionals, etc• Must still complete Familiarisation Training <p style="text-align: right;">Page 21-22 of Manual</p>
Slide 44: RPL – LEVEL 2 (FPS)	
Slide 44	<p>Applicants for Level 2 RPL</p> <ul style="list-style-type: none">• Must have completed a relevant, coherent program of at least 15 hours duration, within a reasonable timeframe*• Must be able to provide documentary evidence of training, and• Must clearly demonstrate capacity to deliver four Focussed Psychological Strategies <p>* GPs applying with a 15 < 20 hr program must also complete additional relevant training, "topping up" their training to the 20hr minimum.</p> <p style="text-align: right;">Page 21-22 of Manual</p>
Slide 45: ONGOING LEARNING	
Slide 45	<p>To maintain mental health registration beyond 31 December 2004, GPs are required to obtain 30 CPD points for mental health activities across the triennium. These are activities that:</p> <ul style="list-style-type: none">• have a strong mental health "flavour"• relate to and enhance at least one of the<ul style="list-style-type: none">- Mental Health Assessment;- Mental Health Plan; or- Mental Health Review <p style="text-align: right;">Page 20 of Manual</p>
Useful information	<p>A good way to get your 30 points might be peer support.</p> <p>When GPs get their QA&CPD credit point statements from the RACGP, the points accrued for mental health will be listed.</p>

Workshop Notes: EDUCATION & TRAINING

Slide 46: ONGOING LEARNING

Slide 46

- over 500 programs had been approved for ongoing mental health points at 30 April 2003
- GPs who register for Level 1 and go on to complete level 2 training in this triennium will automatically meet the 30 point requirement
- in this triennium only (Jan 02 - Dec 04) the points accrued for Level 1 training can count towards the 30 points
- current totals for mental health points appear on RACGP QA&CPD credit point statements

Useful information For Division Education providers:

The GPMHSC is in the process of *retrospectively* "flagging" mental health related education activities from this triennium, but providers of *new activities* will need to request mental health flagging via their RACGP State based EDO or submit them to ACRRM for CPD approval.

Programs approved for mental health ongoing CPD points need to be clearly related to mental health and make reference to at least one component of the three step mental health process (Assessment, Plan, Review).

Workshop Notes: FOCUSED PSYCHOLOGICAL STRATEGIES

Slide 47: FOCUSED PSYCHOLOGICAL STRATEGIES	
Subject / Introduction Page	
Slide 48: FOCUSED PSYCHOLOGICAL STRATEGIES	
Slide 48	<ul style="list-style-type: none"> • Focused Psychological Strategies (FPS) are specific mental health care treatment strategies derived from evidence based psychological therapies. • Medicare items are available for the provision of FPS. • FPS is referred to as Level 2 for the purposes of skills training. <p style="text-align: right;">Page 23 of Manual</p>
Slide 49: 3 STEP MENTAL HEALTH PROCESS FLOW CHART	
Slide 49	Page 14 of Manual
Useful Information	The flow chart demonstrates where the provision of FPS fits in the context of the 3 Step Mental Health Process. Typically at the mental health plan stage a GP would identify the need for the provision of FPS, deliver the FPS and then bring the patient back for the review consultation (Step 3) to review the patient's progress and claim for the 3 Step Mental Health Process.
Slide 50: FOCUSED PSYCHOLOGICAL STRATEGIES	
Slide 50	<ol style="list-style-type: none"> 1. Psycho-education 2. Cognitive Behavioural Therapy including: <ul style="list-style-type: none"> Behavioural Interventions <ul style="list-style-type: none"> • Behaviour modification • Exposure techniques • Activity scheduling Cognitive interventions <ul style="list-style-type: none"> • Cognitive analysis, challenging and restructuring • Self-instructional training • Attention regulation
Slide 51: FOCUSED PSYCHOLOGICAL STRATEGIES	
Slide 51	<ol style="list-style-type: none"> Relaxation strategies <ul style="list-style-type: none"> • guided imagery, deep muscle and isometric relaxation Skills training <ul style="list-style-type: none"> • problem solving skills training • anger management • stress management • communication training • social skills training • parent management training • motivation interviewing 3. Interpersonal therapy (especially for depression) <p style="text-align: right;">Page 23 of Manual</p>

Important Point	FPS should be delivered in the context of the 3 Step Mental Health Process, where the formulation or diagnosis of a mental health disorder has been made.
Promote Website / Clinical Resource	For further clinical information refer to Appendix I of GP and Practice Manual or refer to the gpcare website. This website of the World Health Organization Collaborating Centre, Sydney and the Australian Psychological Society Ltd provides useful information on the evidence base for the different strategies and advice on how they might be implemented. To access refer to: <ul style="list-style-type: none"> • ADGP website and look under FPS, information for GPs; or • refer to (www.gpcare.org).
Slide 52: THE MBS ITEMS FOR FPS	
Slide 52	<ul style="list-style-type: none"> • Up to 6 planned sessions • The possibility of up to a further 6 sessions after review • Minimum of 30 minutes per session • 2 time bands of; 30 to 40 minutes and longer than 40 minutes • Rebate levels set at around 20% above the current Level C and D items. <p style="text-align: right;">Page 24 of Manual</p>
Useful Information	MBS Descriptors on page 43 of Manual – Appendix H
Slide 53: FOCUSED PSYCHOLOGICAL STRATEGIES	
	<p>When the need for psychological treatment is identified in the mental health plan, the GP may be able to:</p> <ul style="list-style-type: none"> • Provide FPS for their patients (if registered to do so) • Refer to another GP registered to provide FPS • Refer to an allied health professional for FPS <p style="text-align: right;">Page 24 of Manual</p>
Useful Information	<p>Who completes the 3 Step Mental Health Process if referring GP to GP? The referring GP remains as the manager or coordinator of care and will need to complete the 3 Step Process.</p> <p style="text-align: right;">Page 24 of Manual</p> <p>*As a Division you may need to decide if you will play a role in collating a list of registered GPS willing to take referrals for FPS.</p>

Workshop Notes: FOCUSED PSYCHOLOGICAL STRATEGIES

Slide 54: USING FOCUSED PSYCHOLOGICAL STRATEGIES		VIDEO 9
Video 9	Dr John Hodgson, GP, Melbourne Dr David Monash GP, rural Victoria	
Useful Information	<p>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 their clinical discretion, consider the two conditions separately and charge for two consultations.</p> <p>The patient's account is to be annotated to this effect before presentation to the HIC. The FPS item descriptor will reflect this requirement.</p> <p style="text-align: right;">Page 24 of the Manual</p>	
Slide 55: ELIGIBILITY TO DELIVER FPS		
Slide 55	<p>To access the MBS items for FPS, GPs must:</p> <ul style="list-style-type: none"> • meet the education requirements of the Collaboration for mental health skills training for FPS • be registered with the HIC for the 3 Step Mental Health Process and the FPS • provide services from either a PIP or accredited practice <p style="text-align: right;">Page 24 of Manual</p>	

Workshop Notes: ACCESS TO ALLIED HEALTH

Slide 56: ACCESS TO ALLIED HEALTH	
Subject / Introduction Page	
Slide 57: ALLIED HEALTH SERVICES	
Slide 57	<ul style="list-style-type: none"> • Provides GPs with increased access to allied health services for the provision of focussed psychological strategies • Allied health programs managed by Divisions of General Practice • Allied health programs tailored to local needs with variance in employment and contracting providers etc <p style="text-align: right;">Page 25-26 of Manual</p>
Slide 58: 3 STEP MENTAL HEALTH PROCESS FLOW CHART	
Slide 58	Page 14 of Manual
Useful Information	Divisions may need to discuss other programs operating in their region such as the More Allied Health Services (MAHS) program.
Slide 59: WORKING AS A TEAM	
VIDEO 10	
Video 10	Dr Di Symonds (Darwin GP) and Dr Cindy Wall (clinical psychologist) discuss their experiences participating in the Access to Allied Health Program operating in Darwin.
Slide 60: IMPLEMENTATION DATES	
Slide 60	<ul style="list-style-type: none"> • Allied Health Pilots commenced on 1 July 2002 across 20 Divisions • More than 60 per cent of Divisions to have allied health programs by 2003/04 • All Divisions who wish to participate will be included by 2004/05 • Ongoing funding of approximately \$12 million beyond 2004-05
Useful Information	Discuss if your Division has or is planning to have an allied health program.
Slide 61: ALLIED HEALTH SERVICES	
Slide 61	<p>The services available are the same FPS that can be provided by GPs under the initiative.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Up to 6 planned sessions on referral from the GP, with • The possibility of up to a further 6 sessions after review by the referring GP • A minimum of 30 minutes per session <p style="text-align: right;">Page 25 of Manual</p>

Workshop Notes: ACCESS TO ALLIED HEALTH

Slide 62: ALLIED HEALTH PROFESSIONALS	
Slide 62	<p>The Allied Health Professionals who can deliver services under this initiative include:</p> <ul style="list-style-type: none">• Mental health nurses• Psychologists• Social workers• Occupational therapists• Aboriginal and Torres Strait Islander health workers <p style="text-align: right;">Page 25 of Manual</p>
Useful Information	<p>Services provided by Divisions may include:</p> <ul style="list-style-type: none">• Focussed psychological strategies delivered to the individual• Focussed psychological strategies delivered by group therapy• Computer based therapy and other self help therapies• Consultation liaison and referral for diagnostic assessment• Supervised allied health trainees• Culturally specific mental health services
Slide 63: THE BENEFITS OF ACCESS TO ALLIED HEALTH	
Video 11	<p>Dr Di Symonds (Darwin GP) and Dr Cindy Wall (psychologist) discuss their experiences having an allied health program.</p>
Slide 64: ELIGIBILITY	
Slide 64	<p>To access allied health services GPs must be registered with the HIC for the 3 Step Mental Health Process and have an allied health program operating through their Division.</p> <p style="text-align: right;">Page 26 of Manual</p>

Workshop Notes: ACCESS TO PSYCHIATRIST SUPPORT

Slide 65: ACCESS TO PSYCHIATRIST SUPPORT	
Subject / Introduction Page	
Slide 66: PSYCHIATRIST ADVICE	
Slide 66	<p>Access for GPs to consultant psychiatrist advice is being trialled through a number of pilot sites across Australia in 2003/ 04.</p> <p>The pilot programs will review suitable models for providing GP advice and support of patient management and trial use of:</p> <ul style="list-style-type: none">• Phone advice• 24 hour turn around advice via the internet <p style="text-align: right;">Page 27 of Manual</p>
Useful Information	As details become available this information will be placed on the ADGP website.
Slide 67: CHANGES TO CASE CONFERENCING	
Slide 67	<p>Two changes to the case conferencing items where the GP and psychiatrist are paid:</p> <ul style="list-style-type: none">• The number of formal care providers required has reduced from 4 to 3• Adjusted time bands (same as GP case conferencing)<ul style="list-style-type: none">– at least 15 minutes, but less than 30 minutes– at least 30 minutes, but less than 45 minutes– at least 45 minutes <p style="text-align: right;">Page 27 of Manual</p>

Workshop Notes: CONSUMER PERSPECTIVE ON THE INITIATIVE

Slide 68: CONSUMER PERSPECTIVE ON THE INITIATIVE	
Subject / Introduction Page	
Slide 69: PATIENT/ CONSUMER PERSPECTIVE	
VIDEO 12	
Video 12	Lucy, patient of Dr Hodgson who is about to complete the 3 Step Mental Health Process with her doctor after being referred to a psychologist for counselling under the Access to Allied Health Program. Ingrid Ozols, Consumer and Carer Mental Health Advocate.

Workshop Notes: REGISTERING FOR THE INITIATIVE

Slide 70: REGISTERING FOR THE INITIATIVE	
Subject / Introduction Page	
Slide 71: REGISTERING FOR LEVEL 1	
Slide 71	<p>The 3 Step Mental Health Process can only be provided by a GP who has been notified by the HIC as being registered with the initiative.</p> <p>To register, GPs will need to meet the following requirements:</p> <ul style="list-style-type: none"> • Familiarisation Training • Mental health skills training or RPL • Commitment to ongoing training • Work in a PIP or accredited practice <p>Submit your registration form when skills training and Familiarisation Training is complete.</p> <p style="text-align: right;">Page 28 of Manual</p>
Distribute and collect Registration Forms for Level 1 (if Level 1 training completed)	<p>Description on how to register for Level 1 and Level 2 provided on page 28 of the manual.</p> <p>Registration Form Level 1 inserted in GP and Practice Manual. Level 1 and Level 2 Registrations Forms on ADGP website.</p>
Slide 72: THANKS FOR PARTICIPATING	
Slide 72	Thanks for participating and remember to complete the evaluation sheet.
Close Workshop and collect Evaluation forms	<p>GP Evaluation Forms at Appendix F of the Facilitator's Guide. Refer to Workshop preparation: ADMINISTRATION for processing training.</p> <p>Divisions can also offer assistance to GPs to complete the registration form for level 1 and send them to the GPMHSC on behalf of the GP.</p>

APPENDIX A

Description of Second Edition Familiarisation Training Resources

The revised Familiarisation Training resources are easily identifiable with a new ripple design and include:

- GP and Practice Manual (Proformas and registration form inserted)
- Laminated Checklist and MBS Items Table
- Familiarisation Training CD for Facilitators
- Facilitator's Guide

GP and Practice Manual

These manuals should be distributed to GPs at training and should be referred to in the training. GPs can then take them back to their surgeries to use when required as a reference guide.

Inserted in the manual is a copy of the proformas for the 3 Step Mental Health Process and a registration form for Level 1.

Proformas for the 3 Step Mental Health Process

The proformas have been developed as a resource for GPs when conducting an assessment, mental health plan and a review and use of the proformas are **optional**. They have been developed as an example and can be photocopied, remodelled and adapted to meet the individual requirements of the GP and/or his or her patient group. Electronic copies of the proformas can be downloaded from the ADGP website, www.adgp.com.au and electronic copies have been provided to software companies for inclusion on medical software programs.

The proformas include the information from the national minimum data set that would need to be collected from GPs participating in the Access to Allied Health Program evaluation.

Laminated Checklist and MBS Items Table

The checklist is another tool GPs may choose to use in preference to the proformas. Like the proformas, the checklist provides a guide, based on the MBS descriptors for completing the 3 Step Mental Health Process.

The MBS Items Table is a useful reference to determine the item numbers that might be used for the 3 Step Mental Health Process, provision of Focussed Psychological Strategies and use of the Case Conferencing items where the GP and a Psychiatrist can be paid.

Familiarisation Training CD for Facilitators

This CD has been developed for Facilitators to deliver the Familiarisation Training. Facilitators should deliver the training from this CD using the Facilitator's Guide. This CD should not be sent to individual GPs.

Facilitator's Guide

This guide contains all the information a Facilitator will need to know to provide Familiarisation Training. The guide should be used in the delivery of the training as it contains useful notes and information for each slide of the CD presentation.

APPENDIX B

Questions and Answers about the Second Edition Resources

What should I do with these resources?

They should be utilised to provide training to new GPs interested in completing the Familiarisation Training to register with the Better Outcomes in Mental Health Care Initiative.

The CD, manual and laminated checklists can also be used to provide training to practice staff and allied health providers.

In addition, Divisions might choose to utilise elements of the new training CD to boost existing mental health training sessions to reinforce application of the 3 Step Mental Health Process and use of outcome tools. This may be a useful way to reinforce the messages of the Familiarisation Training to GPs who have attended in the past.

What should I do with the old resources?

For the delivery of one on one, small group and workshops, we recommend you replace the old resources with the new. The new training CD is superior to the old version because of the new videos of GPs explaining their experiences using the items. You will need the new manual to accompany the CD as they interlink quite closely.

What about the E-learning CD?

ADGP will be releasing a web based E-learning program based on the new resources in August. A copy of this will be mailed to Divisions by floppy disk when it is available.

Before this date Divisions can continue to send out the E-learning CD to GPs. But, GPs will need to send with the CD, the old version of the manual as the CD refers to specific page numbers. As a reminder, below is a checklist of what Divisions need to manage before sending out the E-learning CD:

1. Write a personal note to the GP reminding them they need to send the evaluation form back to the Division so their CPD points can be processed
2. Attach with the CD a copy of the old manual (wave design) and the Supplement
3. Attach with the CD a copy of the evaluation form and the worksheets (optional as GPs can print these from the CD)
4. Make sure the CD you send says "E-learning CD"
5. Collect the evaluation form and send details of the GP electronically to the RACGP (gacpd@racgp.org.au) and the GPMHSC (gpmhsc@racgp.org.au) using an attendance list for processing of points. The activity number is 472825.
6. Send a certificate of completion to the GP
7. Complete an evaluation summary and send to ADGP (mentalhealth@adgp.com.au). You may wish to wait until a few GPs have completed the CD before sending this form to ADGP.

The worksheet, evaluation, certificate, attendance list and Supplement can be printed from the ADGP website, www.adgp.com.au

APPENDIX C

Program agenda/ Outline

Welcome and Introduction <ul style="list-style-type: none"> • Slides 1 to 5 • Video 1 	10 mins
The 3 Step Mental Health Process <ul style="list-style-type: none"> • Slides 6 to 35 • Video 2 to Video 8 • Group Exercise 	50 mins
Education and Training <ul style="list-style-type: none"> • Slides 36 to 46 	15 mins
Focused Psychological Strategies <ul style="list-style-type: none"> • Slides 47 to 55 • Video 9 	15 mins
Access to Allied Health <ul style="list-style-type: none"> • Slides 56 to 64 • Video 10 to 11 	10 mins
Access to Psychiatrist Support <ul style="list-style-type: none"> • Slides 65 to 67 	5 mins
Consumer Perspective on the Initiative <ul style="list-style-type: none"> • Slides 68 to 69 • Video 12 	5 mins
Registering for the Initiative /Evaluation and Close <ul style="list-style-type: none"> • Slides 70 to 72 • Collect Evaluation forms • Support GPs in completing registration forms for Level 1 as appropriate 	10 mins

APPENDIX D

Learning Goals

Aim

The aim of the Familiarisation Training program is to familiarise GPs with each of the components of the Better Outcomes in Mental Health Care Initiative and how they can be accessed:

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

Learning Goals

At the completion of this training session GPs will be able to understand:

- 1) the framework for the 3 Step Mental Health Process as premised in a mental health assessment, mental health plan and a review;
- 2) how to claim for the 3 Step Mental Health Process incentive payments;
- 3) the tools available to assist in completing the 3 Step Mental Health Process;
- 4) the requirements for use of an outcome tool in the assessment and the review;
- 5) the education and training requirements to register and maintain registration with the initiative;
- 6) how to obtain information in relation to further training;
- 7) the implementation of the access to allied health program;
- 8) the requirements for accessing the focussed psychological strategies MBS item numbers for GPs;
- 9) the changes to consultant physician case conferencing MBS item numbers; and
- 10) the new arrangements being introduced for accessing psychiatrist advice.

APPENDIX E

Group Exercise

3 Step Mental Health Process – Familiarisation Training

1. In pairs or groups of three discuss:
 - a) The benefits of using the three-step mental health process with your patients in your practice
 - b) The barriers to using the three-step mental health process with your patients in your practice
 - c) Ways to overcome the barriers in implementing the three-step system of care in your practice
2. In the whole group discuss the main issues that were raised in the small groups (as part of a general discussion, with no pressure on each group to report)

OR

1. In pairs or groups of three, rehearse providing an outline to your patient of the three-step mental health process.

APPENDIX F
GP Evaluation Form

Please circle to indicate your profession/position:

GP

Division Staff

Practice Staff

Other

Location of training: _____

Date: _____

Please circle a number from 1 to 5 to indicate your response using the scale where:
1= Strongly Disagree 5 = Strongly Agree

- a) I understand the requirements for education and training to access the 3 Step Mental Health Process.

1 2 3 4 5
- b) I am aware of where I can access information on training in mental health.

1 2 3 4 5
- c) I understand the 3 Step Mental Health Process as premised in an assessment, mental health plan and a review.

1 2 3 4 5
- d) I understand how to claim the incentive payment for the 3 Step Mental Health Process.

1 2 3 4 5
- e) I am familiar with the use of the proformas (optional) for the 3 Step Mental Health Process.

1 2 3 4 5
- f) I understand the requirement for using an outcome tool in the assessment and review of the 3 Step Mental Health Process.

1 2 3 4 5
- g) The Familiarisation Training Workshop explained the 3 Step Mental Health Process effectively.

1 2 3 4 5
- h) The information presented was useful in meeting my needs.

1 2 3 4 5
- i) What did you find most useful about this workshop?

APPENDIX G

ADGP Evaluation Summary

At the completion of Familiarisation Training, please complete this form and return to:

Australian Divisions of General Practice
 Familiarisation Training
 Fax: 02 6228 0899 or
 Email: mentalhealth@adgp.com.au

Divisional Information			
Division Name			
Project Officer Contact Details			
Name			
Phone			
Email			
Program Type	(please tick)		(please tick)
Workshop		Small Group	
Practice Visit		E-learning Program	
One to One			
Program Details			
Date			
Location			
Plans for further training			
Participant Information			
Total Number of Participants			
Number of GPs			
Number of Practice Staff			
Number of Other			
Comments and General Feedback			
<small>(please summarise feedback collected as part of your evaluation process – eg verbal comments or survey results)</small>			

APPENDIX H

3 Step Mental Health Process MBS item descriptors / GP Attendances (VR)

INCENTIVE ITEMS	GENERAL PRACTITIONER
GROUP A18 - GENERAL PRACTITIONER ATTENDANCE ASSOCIATED WITH PIP INCENTIVE PAYMENTS	
SUBGROUP 4 - COMPLETION OF THE 3 STEP MENTAL HEALTH PROCESS	
Note: Benefits included in 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:	
<ul style="list-style-type: none"> - at least 3 consultations of more than twenty minutes each for a patient with an assessed mental health disorder; - at least two of the consultations to have been planned visits; - 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 the 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; and - 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 the HIC as having the required credentials (See Note A30.2).	
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.30 of explanatory notes to this Category)	
2574	Fee: \$55.95 Benefit: 75% = \$42.00 85% = \$47.60
OUT-OF-SURGERY CONSULTATION	
(Professional attendance at a place other than consulting rooms) (See para A.30 of explanatory notes to this Category)	
2575	Derived Fee: The fee for item 2574, plus \$20.60 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 \$1.45 per patient.
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 lasting 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) (See para A.30 of explanatory notes to this Category)	
2577	Fee: \$82.40 Benefit: 75% = \$61.80 85% = \$70.05
OUT-OF-SURGERY CONSULTATION	
(Professional attendance at a place other than consulting rooms) (See para A.30 of explanatory notes to this Category)	
2578	Derived Fee: The fee for item 2577, plus \$20.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2577 plus \$1.45 per patient.

CATEGORY 1 - PROFESSIONAL ATTENDANCES

EXPLANATORY NOTES

A.30 Completion of the 3 Step Mental Health Process (Items 2574, 2575, 2577, 2578 and 2704, 2705, 2707, 2708)

Minimum Requirements

A.30.1 From 1 July 2002, PIP Mental Health incentive payments will be available for providing the minimum requirements of the 3 Step Mental Health Process as specified in clause A.30.5 below. This incentive will be paid to the medical practitioner who provided the service if the service was provided in a general practice participating in the PIP or which is accredited.

A.30.2 The item numbers 2574, 2575, 2577, 2578 and 2704, 2705, 2707, 2708 can be accessed by practitioners who have completed the mental health Familiarisation Training and have the appropriate mental health skills as required by the General Practice Mental Health Standards Collaboration. Continued access to item numbers 2574, 2575, 2577, 2578 and 2704, 2705, 2707, 2708 will be dependent on the medical practitioner meeting ongoing education requirements as determined by the General Practice Mental Health Standards Collaboration.

A.30.3 The item numbers 2574, 2575, 2577, 2578 and 2704, 2705, 2707, 2708 should be used in place of the usual attendance item when a consultation completes the requirements of the 3 Step Mental Health Process.

A 30.4 Mental Health Disorder

A Mental Health disorder may be 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 – this definition is informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version. These disorders include:

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

but exclude dementia, delirium, tobacco use disorder and mental retardation.

A.30.5 3 Step Mental Health Process

At a minimum the 3 Step Mental Health Process must include:

- at least 3 consultations of more than 20 minutes each for a patient with an assessed mental health disorder;
- at least two of the consultations to have been planned visits;
- 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 carer (with patient's agreement); and
- 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.

The patient's medical record should include documentation of each of these requirements and the clinical content of the patient-held mental health plan.

These items will only be payable for the completion of one 3 Step Mental Health Process for each eligible patient per year, unless a further plan is clinically indicated by exceptional circumstances.

If a subsequent 3 step process is indicated and the incentive item is to be claimed more than once per year for a patient, then 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.

The 3 Step Mental Health Process must include three steps, 1) assessment, 2) preparation of a mental health plan and 3) review of the mental health plan. Multiple consultations may be required for any or all steps. At a minimum one consultation is required for each step.

All consultations conducted as part of the 3 Step Mental Health Process must be rendered by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician).

A.30.6 Step 1 Assessment

An assessment of a patient must include:

- taking a detailed biological, psychological and social history including the presenting complaint;
- conducting a mental state examination;
- conducting a risk assessment;
- a diagnosis and/or formulation; and
- the 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.

In order to facilitate ongoing patient focussed management, an outcome tool will be utilised during the assessment and the review stages of the 3 Step Mental Health Process, except where it is considered clinically inappropriate. The choice of outcome tools to be used is at the clinical discretion of the practitioner, however the following outcome tools are recommended:

Recommended Outcome Tools

- Kessler Psychological Distress Scale (K10)
- Short Form Health Survey (SF12)
- Health of the Nation Outcome Scales (HoNOS)

Practitioners using such tools should be familiar with their appropriate clinical use, and if not, should seek the appropriate education and training.

It should be noted that the outcome tools referred to above are not diagnostic tools.

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

Consultations conducted as part of Step 1 (Assessment) should be billed under the normal attendance items.

A.30.7 Step 2 Mental Health Plan

Preparation of the mental health plan should be in consultation with the patient and/or carer (with agreement from the patient). A written copy of the mental health plan must be provided to the patient and/or carer (with agreement from the patient) where appropriate. Additionally a copy of the mental health plan must be kept in the patient's medical records.

If an assessment shows that it may be clinically appropriate to involve other health professionals in the patient's care it may be appropriate to prepare a multidisciplinary care plan. An Enhanced Primary Care (EPC) multidisciplinary care plan item (See Items 720 - 730) may be claimed if the preparation of the mental health plan fulfils the conditions required for the EPC care plan. (See Note A21.5).

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;
- the written mental health plan must include a plan for treatment of the assessed mental health disorder/s and crisis intervention; and
- a plan for relapse prevention, if appropriate at this stage.

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

Consultations conducted as part of Step 2 (Mental Health Plan) should be billed under the normal attendance items.

A.30.8 Step 3 Review of Mental Health Plan

This step must occur a minimum of 4 weeks and a maximum of 6 months after the completion of step 2, the preparation of a mental health plan.

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.

Step 3 should be billed under the appropriate item listed in Group A18 or Group A19 of the Medicare Benefits Schedule Book which list – Professional Attendances - which will initiate the payment of an incentive directly to the practitioner through the PIP, in addition to attracting a Medicare rebate.

APPENDIX I

Focussed Psychological Strategies MBS item descriptors / VR and non-VR

	MEDICAL PRACTITIONER	MEDICAL PRACTITIONER
	GROUP A20 - FOCUSED PSYCHOLOGICAL STRATEGIES	
	MEDICAL PRACTITIONER ATTENDANCE (INCLUDING A GENERAL PRACTITIONER, BUT NOT INCLUDING A SPECIALIST OR CONSULTANT PHYSICIAN) ASSOCIATED WITH PROVISION OF FOCUSED PSYCHOLOGICAL STRATEGIES	
	<p>Note: These services may only be provided by a medical practitioner who is registered with the HIC as meeting the requirements to participate in the Better Outcomes in Mental Health Care Initiative. The medical practitioner must provide the service in a general practice participating in the PIP or which is accredited.</p> <p>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 the HIC by the General Practice Mental Health Standards Collaboration that they have met the required standards for higher level mental health skills.</p> <p>A session should last for a minimum of 30 minutes.</p>	
	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 credentialling requirements for provision of this service, and lasting at least 30 minutes to less than 40 minutes.	
	SURGERY CONSULTATION	
	(Professional attendance at consulting rooms)	
H 2721	(See para A.31 of explanatory notes to this Category) Fee: \$70.50 Benefit: 75% = \$52.90 85% = \$59.90	
	OUT-OF-SURGERY CONSULTATION	
	(Professional attendance at a place other than consulting rooms)	
	(See para A.31 of explanatory notes to this Category)	
H 2723	Derived Fee: The fee for item 2721, plus \$20.60 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 \$1.45 per patient.	
	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 the Health Insurance Commission as meeting the credentialling 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)	
H 2725	Fee: \$100.95 Benefit: 75% = \$75.75 85% = \$85.85	
	OUT-OF-SURGERY CONSULTATION	
	(Professional attendance at a place other than consulting rooms)	
	(See para A.31 of explanatory notes to this Category)	
H 2727	Derived Fee: The fee for item 2725, plus \$20.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2725 plus \$1.45 per patient.	

A.31 Provision of Focussed Psychological Strategies (Items 2721 – 2727)

A31.1 Focussed psychological strategies are specific mental health care management strategies, derived from evidence based psychological therapies that have been shown to integrate the best research evidence of clinical effectiveness with general practice clinical expertise. The decision to recommend Focused Psychological Strategies to a patient must be made in the context of a 3 Step Mental health Process.

Minimum Requirements

A31.2 All consultations providing Focussed Psychological Strategies must be rendered by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician). The service must be provided from a general practice that is either participating in the PIP or which is accredited.

A31.3 To ensure appropriate standards for the provision of Focussed Psychological Strategies, payment of Medicare rebates for these items will be limited to medical practitioners who are registered with the Health Insurance Commission to participate in the *Better Outcomes in Mental Health Care* initiative; and who satisfy the General Practice Mental Health Standards Collaboration that they have the required higher level mental health skills for provision of the service.

A31.4 Continued access to item numbers 2721 - 2727 will be dependent on the practitioner meeting the ongoing mental health education requirements as determined by the General Practice Mental Health Standards Collaboration.

A31.5 Patients will in general be permitted to claim Medicare rebates for up to 6 services under these item numbers per year, however in certain circumstances relating to the patient's clinical status, a further 6 services can be claimed per 12 month period. After one group of six services, the practitioner managing the 3 Step Mental Health Process must conduct a review, and the conclusion of the review noted on the patient's record, before a further 6 services may be provided.

Out-of-Surgery Consultation

A31.6 It is expected that this service would be provided only for patients who are unable to attend the practice.

Specific Focussed Psychological Strategies

A31.7 A range of acceptable strategies has been approved for use by medical practitioners in this context. These are:

- 1. Psycho-education**
(including motivational interviewing)
- 2. Cognitive-behavioural Therapy including:**
 - **Behavioural interventions**
 - Behaviour modification
 - Exposure techniques
 - Activity scheduling
 - **Cognitive interventions**
 - Cognitive therapy
- 3. Relaxation strategies**
 - Progressive muscle relaxation
 - Controlled breathing

4 Skills training

- Problem solving skills and training
- Anger management
- Social skills training
- Communication training
- Stress management
- Parent management training

5. Interpersonal Therapy

Mental Health Disorder

A31.8 A mental health disorder may be 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 – this definition is informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD - 10 Chapter V Primary Health Care Version. These disorders include:

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

But exclude dementia, delirium, tobacco use disorder and mental retardation.

APPENDIX J

Accessing the ADGP Familiarisation Training Webpage

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.

Website information and resources include:

- links to the GPMHSC, PARC Resource Centre, Department of Health and Ageing and CLIMATE websites
- access to and information on outcome tools
- links to accredited education and training programs
- links to clinical information on focussed psychological strategies
- registration forms for Level 1 and Level 2
- proformas for the 3 Step Mental Health Process
- GP and Practice Manual, checklist and Facilitator's Guide
- information for Facilitators

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)



APPENDIX K

Familiarisation Training CD program video vignettes

Video 1: Better Outcomes in Mental Health Care

"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 Initiative is an important first step in addressing the problems identified by general practitioners in the delivery of primary mental health care 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 initiative so that general practitioners can continue to deliver quality primary mental health care to their patients."

Dr Rob Walters - Chair, Australian Divisions of General Practice

Video 2: Using the 3 Step Mental Health Process

"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've been surprised to find sometimes patients I have known for a number of years, we have uncovered without too much difficulty, hidden sort 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 Symonds, GP, Darwin

Video 3: Using an outcome tool

"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 filling out surveys and I have never had anybody refuse to do it. I have had some surprises in the results that I have obtained. 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. This has shown that the treatment is much more effective and works faster than we would have assumed. Another surprise 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."

Dr David Monash, GP, rural Victoria

Video 4: Using the 3 Step Mental Health Process

“With all medical practice we should look at patient care as a continuum, but certainly if you follow through the guidelines for the assessment, it does come to a natural halt as it were and it usually takes about 20 minutes to half an hour and then I can say to the patient, “ok I think we have finished the assessment, so what we need to do now is give you a copy, think about what we have done and we will meet again in a week or so. Then we will put it together in a plan which is looking longitudinally at what we are going to do with the assessment that we have just completed.” And that works really well because if the patient has other problems, other chronic complex conditions, you can actually then do it into an EPC care plan which works very well as a second part of the mental health initiative.”

Dr Trina Gregory, GP, rural NSW

“I have done quite a few 3 Steps in my practice. However, I don't use any of the proformas either electronic or paper because most of my patients have been my patients for a long time and when I am dealing with a mental health problem, I already have a lot of social and extended history on them. I write my management plan in my notes just as a management plan, like I normally would with any health problem. I think it is difficult in general practice to divide up someone's mental health from their physical health as it is all a continuum. So I would write a management plan as per normal and then for the patient's copy, I use my own letterhead and as I am talking to them about the things I think they should do, or the things they think they should do, I write these down and print them out as a reminders of those things.

Dr Peta Carr, GP, Perth

Video 5: Managing the Paperwork

“In my practice we actually don't find paperwork an issue because we are fully computerised and we use some active electronic templates that fit in with our software program. We also have an electronic K10. I think obviously the paperwork issue would make it a little bit more cumbersome and a little bit less attractive, but certainly electronically it works beautifully as it is very slick and very efficient.”

Dr Trina Gregory, GP rural NSW

“Any new process requires both the GPs and the patients to adapt to the change, and there is no way around that. I haven't found the paperwork too onerous, and registration for level one was pretty straightforward as it was work I was doing anyway.”

Dr Di Symonds, GP, Darwin

Video 6: Bringing Patients Back for the Review

“We've not had any problems with patients not returning for the third part. I think one of the reasons that we don't have a problem is that we always explain initially to the patient that it requires at least three visits. We explain that it really is in their best interest to come back and follow it through and that we get better outcomes if it is taken to its conclusion. We also always actively put patients on recall and we tell them that they are on this system, so they understand that if they go overdue on their recall, that the Practice will contact them and offer them an appointment.”

Dr Trina Gregory, GP rural NSW

Video 7: Patient Privacy

"I think initially, I was quite hesitant about using the 3 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 the 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 Brisbane

Video 8: GP Views on the Initiative

"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's certainly not difficult, and it's a very well thought out, logical way of dealing with mental health in general practice. It can be fitted into most ways of practising and assists most patients. It is flexible and it's actually quite good fun to do. Also, it is nice to follow some structured care and be able to document some outcomes."

Dr Trina Gregory, GP rural NSW

"I would say for any GPs who are thinking about giving it a go, that if you are doing a lot of mental health work anyway, it is a good process. It's good for the patients, and it's good for the GP as it provides job satisfaction and mental health skills development, but you wouldn't just do it for the money."

Dr Di Symonds, GP, Darwin

"Any General Practitioner planning to give this program a go, I would encourage them to do so. It's a great first step in re-establishing and organising the treatment of patients with mental health problems within your practice, particularly if you haven't done it in a formalised setting for quite a while. Despite some of the barriers it is great to get this process underway and you can see how easy the initial stages can become as you start using the 3 Step Process."

Dr David Monash, GP, rural Victoria

Video 9: Using Focussed Psychological Strategies

"Focussed psychological strategies are not very hard to include in routine practice. It does require some organisation, however and that organisation includes instructing the patients on what is expected at these times, particularly excluding other medical problems from being raised.

Under this initiative it is possible to claim for two consultations on the same day, so if you make one an FPS visit you can certainly get them back on the same day for a medical consultation and that is important to preserve the FPS consultation. The other thing to consider is to change your roster so that you make sure your FPS visits are at times that are convenient for both yourself and the practice."

Dr David Monash, GP, rural Victoria

"Well, from experience I have learnt that one needs time to do these things and the best way to do that is to set aside a certain amount of time each week. I am using Thursday mornings - whole mornings - so that I can organise my patients into either half hour or one hour appointments. I say to the patient, "All you need to do is go down and say to the staff that you need a half hour of consultation on Thursday morning with John". The staff have been worded up that they know what this means and there is no more discussion over the front desk, so it is quite confidential. The patient is just asking for a long consultation with John, that's all."

Dr John Hodgson, GP, Melbourne

"You really don't want to start this with a patient with a major complex mental illness. So you often find the best way to start is with patients with mild depression or mild anxiety. That gives you some confidence in the program and also you get better results more quickly which encourages you to use it further."

Dr David Monash GP, rural Victoria

Video 10: Working as a Team

"I guess traditionally when GPs refer to psychologists, we may have a couple of favoured people but we generally don't have any idea about what sort of treatments patients are actually going to get when they get there, what it might cost the patient, how long it will be - and we certainly never get anything back on the outcome. So this has been entirely different, we've been collaborating from the very beginning."

Dr Di Symonds, GP, Darwin

"The good thing too, is that it gives us role definition. As the patient is usually a really active participant and collaborator, then we are clarifying who does what at what point in the patient's treatment. So it's clear that we are avoiding service overlap and actually providing complementary services."

Ms Cindy Lee Wall, Clinical Psychologist, Darwin

"We made the decision early on that we would use the mental health assessment proforma, as the preferred referral tool. Not all the GPs used it but most did, and those that didn't used something pretty similar and that worked really well because it was part of the mental health initiative. But it also meant that from the GP's point of view you didn't have to duplicate the paperwork."

Dr Di Symonds, GP, Darwin

Video 11: The Benefits of Access to Allied Health

"The real strength from the clinical psychologist's point of view is that by working together with the GP, we are often getting patients in earlier than normal. Also, because some have a trusted relationship with their Doctor we are seeing those who wouldn't access a Psychologist on their own – the sceptics are coming across. This demystifies therapy and counselling and they are sticking around and actually making some positive gains."

Ms Cindy Lee Wall, Clinical Psychologist, Darwin

"It is providing a service that wasn't there before. People who would never have considered that they needed to see a mental health professional were more likely to take that step and they got better. They got significantly better and although it may be hard to measure, we could see that perhaps we averted some workers comp claims, job losses, and maybe some relationship breakdowns by going through the process."

Dr Di Symonds, GP, Darwin

Video 12: Patient/ Consumer Perspective

"I was really, really down and really depressed for a long time, and decided it was about time that I go and get myself some help. I didn't really know where to go, but I thought I would try my Doctor and see if he could shed some light on the situation to help me out - which he did. He gave me an outcome tool just to see where I was at and gave me a list of questions to see what was going on with me. He then suggested that I go to a psychologist and see her for six weeks."

The outcome tool was in fact, pretty beneficial for me. It was a questionnaire designed to see what level of depression I was suffering from, exactly where I was at with it, and what areas I have to try to get myself better in and work on. It made me feel a little less isolated, because I now know that there's not just me out there and that all the questions were there for a reason so other people must have gone through the same thing. It was good, very beneficial.

My three week review with John comes up soon and I'm very confident and happy as I have good news for him - that I've gotten further than I thought I would. I thought there was no hope for me, but there is and I've come a long way. I want to tell him about my progress and also thank him for helping me out. He's done a really good job. If it wasn't for him, I wouldn't be this happy now."

Lucy

"The 3 Step Mental Health process enables patients to develop a relationship with their GP. I know from my own personal experience that the relationship in therapy is vital to recovery; the whole process is collaborative. Recovery then benefits everybody, families and the community."

Ms Ingrid Ozols