Better Access to Mental Health Care
Orientation Manual

Delivering local health solutions through general practice

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule

Better Access Initiative Orientation Manual

November 2006

Developed by the Australian General Practice Network Limited.

Australian General Practice Network (AGPN) is the new name of the Australian Divisions of General Practice (ADGP) which was established in 1998 as the peak national body representing 119 divisions of general practice and their state-based organisations across Australia. We are the largest voice for general practice in Australia with over 95 per cent of Australia's GPs members of their local division. The Network delivers local heath solutions through general practice.

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Further information on the *Better Access* initiative can be obtained by referring to the following websites:

- **www.health.gov.au** – this site contains fact sheets and frequently asked questions produced by the Department of Health and Ageing about the *Better Access* initiative. Use the 'A-Z index' link and go to 'Mental Health Care – GP Medicare items'
- **www.primarymentalhealth.com.au** – this is AGPN's dedicated primary mental health care home page which contains further overview information and information about related programs in the primary health care setting
- **www.racgp.org.au/mentalhealth** - this is the site of the General Practice Mental Health Standards Collaboration which contains information about education and training standards and requirements
- **www.agpn.com.au** – this is AGPN's general website

Alternatively refer to:

- the Medicare Benefits Schedule book of 1 November 2006, Explanatory notes paragraph A.32
- Medicare Australia on 132 150 (for GPs) or 132 011 (for patients)

Disclaimer
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Foreword

This orientation manual has been developed by the Australian General Practice Network (AGPN) to assist general practitioners (GPs) and practices to understand the new *Better Access* to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule – known as the *Better Access* initiative*.*

It is accompanied by a standard PowerPoint presentation and a short on-line self-directed presentation that GPs can complete. As a package, these resources will help GPs navigate the items and new referral and treatment options to optimise mental health outcomes for their patients, and provide divisions of general practice with tools they can use for practice support visits, local network meetings and continuing professional development programs.

According to the Australian Institute of Health and Welfare's 2003-04 data, 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.

AGPN has supported the *Better Access* initiative. It will deliver improved community access to team-based mental health care in the primary care setting. It integrates the best features of the forerunner *Better Outcomes in Mental Health Care* program in the Medicare system, and offers divisions the opportunity to integrate their Access to Allied Psychological Services (ATAPS), for enhanced service coverage.

As the implementation arm of the forerunner *Better Outcomes* program, the divisions' network has helped lay the foundations for continued primary mental health reform in Australia. There is no doubt that the contribution divisions made to upskilling GPs in mental health and establishing a successful national system of Access to Allied Psychological Services provided the impetus for the *Better Access* initiative.

AGPN would welcome your input on how we can continue to support practices and divisions to participate in the *Better Access* initiative so that GPs can continue to deliver quality primary mental health care to their patients.

Dr Tony Hobbs
Chair, Australian General Practice Network

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GP and divisional views

Below are some GP reactions to the *Better Access* to Psychiatrists, Psychologists and General Practitioners GPs through the Medicare Benefits Schedule (MBS) Initiative

”This is a well thought out initiative that enables greater access to mental health services”.
Dr Chris McAuliffe, GP mental health adviser
AGPN

“GPs will find *Better Access* very useful for patients who had only been able to access allied health professionals through *Better Outcomes*.

Urban GP

“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.”

Rural GP

Development of *Better Access* Initiative

The burden of mental illness

It is now well established that mental health is a national health priority. Mental illness is prevalent in the community and can impair a person's development, education and career and diminish quality of life (COAG, 2006)[1].

The national survey of mental health and wellbeing (1997[2]) found that 18% of (or nearly one in five) adults in the community had a mental disorder in the twelve months prior to the survey, although this is now thought to have been an underestimation of the actual figure[3]. More recently, mental disorders have been shown to be one of the leading causes of disease burden in Australia, accounting for up to 23% of the non-fatal burden of disease in 2003[4].

According to the Survey, the most common illnesses are anxiety disorders (9.7 per cent), substance abuse (7.7 per cent) and affective disorders (5.8 per cent). Severe mental illnesses are less prevalent and affect around two and half per cent of the population at any one time.

Mental health care in general practice

General practitioners (GPs) are well placed to provide mental health care to the majority of those suffering a mental disorder. Indeed, most people who seek help for their mental health problems do so from their general practitioner.

Around one-third of people presenting to GPs suffer a diagnosable disorder. A further one-third suffer significant psychological symptoms that do not meet the criteria for any specific disorder. Of those with a mental disorder, only half receive a diagnosis and, of these, only half receive specific drug treatment. (Harris et al, 1996)[5]. One of the most common presentations in general practice is depression and anxiety most often occurring together, and frequently presenting with related physical symptoms (Davies, 2003)[6].

For many years the general practice community has reported a number of barriers to delivering quality mental health care. These include the time required to perform

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[1] Council of Australian Governments (COAG) (2006)

[2] *Australian Bureau of Statistics 1999. Issue 4327.0:* National Survey of Mental Health and Wellbeing of Adults*: Users' Guide, 1997*

[3] *R. Goldnev, G. Hawthorne, L. Fisher 2004:* Is the Australian National Survey of Mental Health and Wellbeing a reliable guide for health planners? A methodological note on the prevalence of depression. Is the Australian National Survey of Mental Health and Wellbeing a reliable guide for health planners? A methodological note on the prevalence of depression: *Australian and New Zealand Journal of Psychiatry 38 (8), 635–638.*

[4] *Australian Institute of Health and Welfare 2006.* Australia's health 2006*. AIHW cat. no. AUS 73. Canberra AIHW*

[5] Harris MF, Silove D, Kehag E et at (1996) Anxiety and depression in general practice patients: prevalence and management . *Medical Journal of Australia* 1996; 164:526-529

[6] Davies J (2003) *A Manual of Mental Health Care in General Practice*. Commonwealth Department of Health and Ageing , Canberra.

thorough assessments and to deliver focused psychological strategies, inadequate education and training options, and poor access to specialist support.

The 2006-07 Federal Budget contained a $538 million commitment to provide better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule so that mental disorders could be addressed more effectively and new assistance provided to people with mental disorders and their families.

The initiative, known as *Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (MBS*), was developed as a core element of the Australian Government's contribution to the Council of Australian Governments (COAG) mental health package – a five year, $1.9 billion contribution to reform Australia's mental health system.

In July 2006 COAG endorsed the *National Action Plan on Mental Health 2006-2011*. The Plan includes commitments from all Australian governments. The *Better Access* initiative forms a major part of the Australian Government's contribution to the Plan.

The *Better Access* initiative will increase community access to mental health professionals and team-based mental health care, with GPs encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists and other allied mental health professionals.

The *Better Access* initiative builds on the forerunner, the Better Outcomes in Mental Health Care Program, and is available to all GPs. AGPN was one of a number of national professional organisations that have worked collaboratively with the Australian government on this latest set of mental health care reforms. The aim is to make it easier for GPs to provide mental health care by removing many of the obstacles that have been previously experienced.

Better Access: In a snapshot

Aims

The *Better Access* initiative aims to increase community access to mental health professionals and team-based mental health care, with general practitioners encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists and other allied mental health professionals.

It will:

- encourage more GPs to participate in early intervention, assessment and management of patients with mental disorders and streamline access to appropriate psychological interventions in primary care;
- encourage private psychiatrists to see more new patients;
- provide referral pathways for appropriate treatment of patients with mental disorders, including by psychiatrists, GPs, clinical psychologists and other allied mental health professionals; and
- support primary care and specialist mental health workforce with education and training to better diagnose and treat mental illness.

The *Better Access* initiative includes three new Medicare items for GPs providing mental health care:

1. **Preparation of a GP Mental Health Care Plan**

   Involves the assessment of a patient and preparation of a GP Mental Health Care Plan using a structured approach

2. **Review of a GP Mental Health Care Plan**

   Enables a review of the patient's progress against the goals outlined in the GP Mental Health Care Plan

3. **GP Mental Health Care Consultation**

   An extended consultation (at least 20 minutes) with a patient where the primary treating problem is related to a mental disorder

The Better Access initiative also provides GPs with new referral pathways:

- on referral from GPs, psychiatrists and paediatricians, new Medicare items are available to provide rebates for psychological assessment and therapy services provided by clinical psychologists. Medicare items also cover the provision of focussed psychological strategies by appropriately trained allied mental health professionals including psychologists, occupational therapists and social workers.
- on referral from GPs, new Medicare items are available to support psychiatrists to see more new patients. In addition, items 291 and 293 for psychiatrists to undertake patient assessment and preparation or review of a management plan to be carried out by the referring GP, continue to be available with increased rebates to promote consultation and liaison between GPs and psychiatrists.

Other points to note:

- all GPs can refer patients who are being managed under a GP Mental Health Care Plan (item 2710) or psychiatrist assessment and management plan (item 291) through the *Better Access* initiative.
- GPs can refer to clinical psychologists, psychologists, social workers and occupational therapists who are registered with Medicare Australia. Patients who are assessed as having a mental disorder as defined in the MBS are eligible for services under the initiative.
- there are no mandatory training requirements to access the new GP items, although participation in appropriate training is encouraged.

How does this initiative relate to the *Better Outcomes in Mental Health Care* Program?

The increased range of referral pathways complements the range of initiatives funded under the Better Outcomes in Mental Health Care (BOIMHC) Program. Access by appropriately trained GPs to MBS items for the delivery of Focused Psychological Strategies will continue (see **page 28**).

The 3 Step Mental Health Process items (or PIP incentive payment 'trigger' items) will run in parallel to the new GP Mental Health Care items from 1 November 2006 to 30 April 2007. The 3 Step Mental Health Process incentive payment and associated MBS trigger items will be withdrawn from 1 May 2007.

From 1 November 2006, it is anticipated that patients with a mental disorder will be managed under the new GP Mental Health Care items (items 2710, 2712 and 2713).

The GP Psych Support Service will also continue to provide a network for GPs to seek patient management advice from a psychiatrist within 24 hours. Divisions of general practice will continue to operate their Access to Allied Psychological Services (ATAPS) projects to 2008-09 and will be reviewing their service to take account of the new arrangements.

Eligibility

Which doctors are eligible to participate?

The new GP Mental Health Care Plan, Review and Consultation items are available for use in general practice by medical practitioners, including general practitioners but excluding specialists or consultant physicians. There are no mandatory training requirements for GPs to use the new items. This includes GPs referring patients under the *Better Access* initiative for services through the Access to Allied Psychological Services (ATAPS) projects run by local divisions of general practice. However, it is strongly recommended that GPs providing mental health care using the new GP Mental Health Care items have completed appropriate mental health training, such as training recognised through the General Practice Mental Health Standards Collaboration (GPMHSC). GPs providing Focussed Psychological Strategies (FPS) continue to require Level One and Level Two training, accredited by the GPMHSC, and registration with Medicare Australia.

Do GPs have to be working from an accredited practice to participate?

The new items are available to GPs working in both accredited and non-accredited practices.

Which patients are eligible to participate?

The new GP Mental Health Care items are for patients with a mental disorder who would benefit from a structured approach to the management of their care needs. Mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities (Refer to the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version).

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) disorder
- Enuresis
- Mental disorder, not otherwise specified

Please note, dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of the GP Mental Health Care items.

GP Mental Health Care Plan, Review and Consultation

From 1 November 2006 new GP Mental Health Care items are available on the Medicare Benefits Schedule (MBS).

The new items provide a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing new referral pathways to clinical psychologists and other allied mental health service providers. A summary of the new system is shown at ***Appendix A***.

These items are based on a similar model of care – assess, plan and review – as the Better Outcomes in Mental Health Care (BOIMHC) 3 Step Mental Health Process.

The Preparation of a GP Mental Health Care Plan (item 2710), the Review of the GP Mental Health Care Plan (item 2712) and the GP Mental Health Care Consultation (item 2713) items have been introduced to better remunerate GPs who take the time to effectively manage and provide quality mental health care.

Preparation of a GP Mental Health Care Plan (item 2710)

Based on the MBS item descriptors[7], a GP must undertake an assessment and prepare a GP Mental Health Care Plan.

What must be included in the assessment?

Assessment of a patient for the GP Mental Health Care Plan must include:

- recording the patient's agreement for the GP Mental Health Care Plan service;
- taking relevant history (biological, psychological, social) including the presenting complaint;
- conducting a mental state examination;
- assessing associated risk and any co-morbidity;
- making a diagnosis and/or formulation; and
- administering an outcome measurement tool, except where it is considered clinically inappropriate. See **page 16** of this manual for more information about outcome tools.

A formulation is important for the development of a GP Mental Health Care 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).

[7] See Medicare Benefits Schedule (MBS) of 1 November 2006, Explanatory Notes paragraph A.32. GPs should refer to the MBS for full details of the requirements for the items.

What must a GP Mental Health Care Plan include?

The development of a mental health plan must include:

- discussion of the assessment with the patient, including the mental health formulation and/or diagnosis;
- identifying and discussing referral and treatment options with the patient, including appropriate support services;
- agreeing goals with the patient – what should be achieved by the treatment – and any actions the patient will take;
- provision of psycho-education;
- a plan for crisis intervention and/or for relapse prevention, if appropriate at this stage
- making arrangements for required referrals, treatment, appropriate support services, review and follow-up;
- documenting this (results of assessment, patient needs, goals and actions, referrals and required treatment/services, and review date) in the patient's GP Mental Health Care Plan; and
- offering a copy of the written GP Mental Health Care Plan to the patient and/or carer (with patient's agreement).

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

Treatment options can include psychological and pharmacological treatments, referral to a psychiatrist, referral to a clinical psychologist for psychological therapies or to an appropriately trained GP or allied mental health professional for provision of focussed psychological strategy services, and referral to and coordination with community support and rehabilitation agencies, mental health services and other professionals.

Can my practice nurse assist me with the Plan?

All consultations conducted as part of the GP Mental Health Care items must be rendered by the GP. A specialist mental health nurse, other allied health practitioner or Aboriginal Health Worker with appropriate mental health qualifications and training may provide general assistance to GPs in the provision of mental health care where the GP considers they have skills appropriate to the assistance required.

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

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

The GP Mental Health Care 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 a registered clinical psychologist, psychologist, occupational therapist or social worker. GPs may also be eligible to access the division's ATAPS project. ATAPS projects are administered by divisions of general practice and GPs should familiarise themselves with the eligibility requirements for their local ATAPS project before referring patients. A Division's Directory is located on the AGPN website at **www.agpn.com.au**

Where a patient has a mental disorder as well as significant co-morbidities and complex needs requiring team-based care, the GP is able to use both the CDM items (for team-based care) and the GP Mental Health Care items. When a CDM Team Care Arrangement is in place, GPs may refer patients to allied health providers registered with Medicare Australia under the Enhanced Primary Care program. A GP Mental Health Care plan would need to be in place for patients to receive MBS rebates for focussed psychological therapies or psychological therapies.

What is a review of a GP Mental Health Care Plan (item 2712)?

The review is a key component for assessing and managing the patient's progress once a GP Mental Health Care Plan has been prepared, along with ongoing management through the GP Mental Health Consultation item and/or standard consultation items. A patient's GP Mental Health Care Plan should be reviewed at least once.

What must the review include[8]?

The review stage must include:

- recording the patient's agreement for this service;
- a review of the patient's progress against the goals outlined in the GP Mental Health Care Plan
- modification of the documented GP Mental Health Care Plan if required;
- checking, reinforcing and expanding education;
- a plan for crisis intervention and/or relapse prevention if appropriate and if not previously provided; and
- re-administration of the outcome measurement tool used in the assessment stage, except where considered clinically inappropriate.

[8] See Medicare Benefits Schedule (MBS) of 1 November 2006, Explanatory Notes paragraph A.32. GPs should refer to the MBS for full details of the requirements for the items.

Note: This review is a formal review point only and it is expected that in most cases there will be other consultations between the patient and the GP as part of ongoing management.

When should the review occur?

An initial review should take place a minimum of 4 weeks and a maximum of 6 months after the completion of the Mental Health Care Plan. If required, an additional review 3 months after the first review is allowed in a 12 month period.

What is the GP Mental Health Care Consultation (item 2713)?

The GP Mental Health Care Consultation item is for an extended consultation with a patient where the primary treating problem is related to a mental disorder, including for a patient being managed under a GP Mental Health Care Plan. This item may be used for ongoing management of a patient with a mental disorder. This item should not be used for the development of a GP Mental Health Care Plan. Consultations associated with this item must be at least 20 minutes duration. There are no restrictions on the number of GP Mental Health Care Consultations per year.

What must the GP Mental Health Care consultation include[9]?

- Taking relevant history and identifying the patient's presenting problem(s) (if not previously documented);
- Providing treatment, advice and/or referral for other services of treatment; and
- Documenting the outcomes of the consultation in the patient's medical records and other relevant mental health plan (where applicable)

A patient may be referred from a GP Mental Health Care Consultation for other treatment and services as per normal GP referral arrangements. This does not include referral for Medicare rebateable services by focussed psychological strategy services, clinical psychology or other allied mental health services, unless the patient is being managed by the GP under a GP Mental Health Care Plan or under a referred psychiatrist assessment and management plan (item 291)

Refer to ***Appendix B*** to review a copy of the MBS item descriptors for the *Better Access* initiative and/or refer to the explanatory notes in the Medicare Benefits Schedule available on-line at **www.health.gov.au**

[9] See Medicare Benefits Schedule (MBS) of 1 November 2006, Explanatory Notes paragraph A.32. GPs should refer to the MBS for full details of the requirements for the items.

How do the new GP Mental Health Care items relate to the 3 Step Mental Health Process?

The BOIMHC 3 Step Mental Health Process Service Incentive Payment through the Practice Incentives Program (PIP) will run in parallel to the new GP Mental Health Care Items from 1 November 2006 to 30 April 2007. The 3 Step Mental Health Process incentive payment and associated MBS 'trigger' items will be withdrawn from 1 May 2007.

From 1 November 2006, it is anticipated that patients with a mental disorder will be managed under the new GP Mental Health Care items (items 2710, 2712 and 2713). The 3 Step Mental Health Process items cannot be used in addition to the new GP Mental Health Care Plan and Review items for treatment for the same patient.

How do the new GP Mental Health Care items relate to the CDM items?

The Chronic Disease Management (CDM) items continue to be available for patients with chronic medical conditions, including patients needing multidisciplinary care. The CDM items have not changed.

The GP items in the *Better Access* initiative are based on a similar model of care – assess, plan and review – as the BOIMHC 3 Step Mental Health Process. The GP items are also based on a similar structure to the Chronic Disease Management items, except that GP referral to clinical psychologists and other allied mental health service providers do not require team care arrangements. These referral pathways reflect the different needs of patients with a mental disorder. Wherever possible, patients should have only one plan for primary-care management of their mental disorder. The creation of multiple plans should be avoided unless the patient clearly requires an additional plan to manage a separate medical condition.

GP Resources and Tools

What resources have been developed to support GPs in conducting the GP Mental Health Care Plan and review?

A checklist highlighting the requirements for conducting the GP Mental Health Care Plan and Review has been developed by AGPN as a guide for GPs completing the GP Mental Health Care Plan and Review.

A non-mandatory proforma has been developed by the Australian Government Department of Health and Ageing for GPs to use when developing a GP Mental Health Care Plan, (including an assessment and development of a plan). This proforma is an example only and GPs are free to modify it to suit their own needs. This sample form is provided as an optional tool to assist GPs in the patient assessment and preparation of the GP Mental Health Care Plan. GPs may download this form and modify it for their own needs – see **www.health.gov.au**, use the 'A-Z index' link and go to 'Mental Health Care – GP Medicare items'.

It is not mandatory to use a specific form for a GP Mental Health Care Plan; however, in preparing a GP Mental Health Care Plan, GPs must ensure they have met the Medicare requirements for the item. This includes documenting the required information in the patient's plan (see A.32.8 - A.32.17 of the Explanatory Notes of the MBS Book).

Copies of the checklist ***Appendix C*** and the proforma ***Appendices D and E*** are included in this manual. Electronic copies can be downloaded from the AGPN and Department of Health and Ageing websites respectively. Refer to ***Appendix F*** for information on accessing the AGPN website and other useful contact details.

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

An outcome measurement 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 measurement 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 measurement tool should be utilised during the assessment and the review of the GP Mental Health Care Plan and Review, except where it is considered clinically inappropriate.

What outcome measurement tools can I use?

The choice of outcome measurement 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 AGPN website, **www.agpn.com.au**

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.

What is the K10 and how is it scored?

A copy of the K10 is included at ***Appendix G*** of this manual and can be found electronically from the AGPN 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.gpcare.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.

Billing Summary

What are the billing requirements for the new GP Mental Health Care items?

The following table summarises the MBS schedule fees and minimum claiming periods for the GP Mental Health Care items:

Item	Description	Time	S.Fee	Rebate	Claiming restrictions
2710	Preparation of a GP Mental Health Care Plan	Not timed	$150.00	$150.00	Once in a 12 month period, with provision for exceptional circumstances
2712	Review of a GP Mental Health Care Plan	Not timed	$100.00	$100.00	Twice in a 12 month period, with provision for exceptional circumstances. Review should be conducted and billed between 4 weeks and 6 months after the completion of the Mental Health Care Plan
2713	GP Mental Health Consultation	At least 20 mins	$66.00	$66.00	No restrictions

What are exceptional circumstances?

There are minimum time intervals for payment of rebates for GP Mental Health Care items, with provision for claims to be made earlier than these minimum intervals in exceptional circumstances.

'Exceptional circumstances' apply where there has been a significant change in the patient's condition or care circumstances that requires a new GP Mental Health Care Plan or a new Review, rather than, for example, amending the existing GP Mental Health Care Plan.

Where a service is provided in exceptional circumstances, the patient's invoice or Medicare voucher (assignment of benefit form), should be annotated to briefly indicate the reason why the service involved was required earlier than the minimum time interval for the relevant item (eg. annotated as clinically indicated, discharge, exceptional circumstances, significant change etc).

Are the new items eligible for 100% Medicare and bulk billing incentives?

The new GP Mental Health Care items attract a 100% rebate of the MBS scheduled fee (except where the patient has been admitted to hospital and the service is provided as an in-hospital service).

Where the new GP Mental Health Care items are bulk-billed for eligible patients (ie. a Commonwealth concession card holder or children under 16), the services attracts the relevant bulk-billing incentive payment.

Can a separate consultation be done in conjunction with a GP Mental Health Care service?

The GP Mental Health Care Plan, Review and Consultation items cover the consultations at which the relevant items are undertaken, noting that:

(a) if a GP Mental Health Care item is undertaken or initiated during the course of a consultation for another purpose, the GP Mental Health Care Plan, Review or Consultation item and the relevant item for the other consultation may both be claimed

(b) if a GP Mental Health Care Plan is developed over more than one consultation, and those consultations are for the purposes of developing the plan, only the GP Mental Health Care Plan item should be claimed

(c) if a consultation is for the purpose of a GP Mental Health Care Plan, Review or Consultation item, a separate and additional consultation should not be undertaken in conjunction with the mental health consultation, unless it is clinically indicated that a separate problem must be treated immediately

Where separate consultations are undertaken in conjunction with mental health consultations, the patient's invoice or Medicare voucher (assignment of benefit form) for the separate consultation should be annotated (e.g. separate consultation clinically required/indicated).

If I bill these items, is my patient's information secure?

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 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 protections are there to prevent insurance companies discriminating against people who have had a GP Mental Health Care Plan?

In June 2006 the Investment & Financial Services Association along with key mental health groups re-signed a Memorandum of Understanding (MoU) to recommit to improve life insurance and income protections insurance for all people living in Australia, but particularly where it affects persons with common mental health problems, such as depression or anxiety. The key groups include; Mental Health Council of Australia, *beyondblue*: The National Depression Initiative, Royal Australian College of General Practitioners, Australian General Practice Network, Royal Australian and New Zealand College of Psychiatrists, Australian Psychological Society and the Australian Medical Association. The MoU commits all parties to a reform agenda, which will improve access to insurance and ensure equitable treatment by the insurance industry for all people with health problems including mental health problems, in the application, assessment and claims management process.

GP Fees & Patient Rebates for Better Access GP Mental Health Care Plan & Review & Consultation

GP items

Name	Item Number	Medicare Fee	Patient Rebate	Claiming Restrictions
Preparation of GP Mental Health Care Plan	2710	$150	$150 *	Once in a twelve month period, with provision for exceptional circumstances.
GP Mental Health Care Review	2712	$100	$100 *	Twice in a twelve month period, with provision for exceptional circumstances.
GP Mental Health Consultation	2713	$66	$66	No restrictions

** The new items attract a 100% rebate of the MBS scheduled fee (except where the patient has been admitted to a hospital and the service is provided as an in-hospital service).*

Psychiatrist items

Provider	Detail	Medicare Fee	Patient Rebate
Psychiatrist	Individual (Item 291—assessment & management plan)	$400.00	$340
Psychiatrist	Individual (Item 293—review of management plan)	$250.00	$212.50
Psychiatrist	Individual (Item 296—Initial Consultation)	$230.00	$195.50

Focussed Psychological Strategies

Provider	Detail	Medicare Fee	Patient Rebate
GPs FPS (Level 2)	40 + mins	$115	$115
GPs FPS (Level 2)	30—40 mins	$80.35	$80.35
Psychologist (20 to 50 min session)	Individual	$62.50	$53.15
Psychologist (> 50 min session)	Individual	$88.20	$75
Psychologist	Group	$22.45	$19.10 (per patient)
Social Workers or Occupational Therapists (20 to 50 mins)	Individual	$55.05	$46.80
Social Workers or Occupational Therapists (> 50 mins)	Individual	$77.70	$66.06
Social Workers or Occupational Therapists	Group	$19.75	$16.80

Name	Detail	Fee	Co-payment
ATAPS Access to Allied Psychological Services through Divisions of General Practice	Up to 12 sessions with a psychological service provider through your local Division of General Practice	As determined by the Division of General Practice	As determined by the Division of General Practice but not exceeding $30

Psychological Therapies

Provider	Detail	Medicare Fee	Patient Rebate
Clinical Psychologist (30 to 50 min session)	Individual	$88.20	$75
Clinical Psychologist (> 50 min session)	Individual	$129.40	$110
Clinical Psychologist	Group	$32.90	$28.00 (per patient)

Education and Training for GPs

Do I need to complete extra training to access the GP Mental Health items?

All GPs are able to use the GP Mental Health Care items, and as of 1 November 2006 there is no mandatory training requirement for GPs to refer patients through the *Better Access* initiative. This includes GPs referring patients under the *Better Access* initiative for services through the ATAPS projects run by local divisions of general practice.

However, it is strongly recommended that GPs providing mental health care using the new GP Mental Health Care items have completed appropriate mental health training, such as training recognised through the General Practice Mental Health Standards Collaboration (GPMHSC) as 'Level One Mental Health Skills Training'.

Programs accredited as Level One Mental Health Skills Training aim to equip GPs with the clinical knowledge and skills which underpin the GP Mental Health Care Plan and Review, and are highly relevant to GPs undertaking this work. Accredited programs are at least 6 hours in duration, (many are longer) interactive and developed with input from GPs, mental health professionals, consumers and carers.

There are a range of options available, including a number of online or distance based training programs.

Can I register as a Level One GP?

It is expected that mental health care provided after 1 November 2006 will generally be provided using the new MBS items for GP Mental Health Care, which do not require Level One registration. Referral for psychological services, either through local ATAPS projects or MBS funded private practitioners, are also available to all GPs, without registration.

The item numbers for completion of a 3 Step Mental Health Process remain on the MBS until 30 April 2007, to allow completion of processes already begun. As these items are available only to 'Level One' registered GPs, Medicare Australia will continue to accept new registrations for 'Level One' while the related items remain on the MBS.

If you wish to register as a Level One GP, please contact the GPMHSC directly on 03 8699 0554, or **gpmhsc@racgp.org.au** for a registration form.

What training should I do if I want to become a GP provider of Focussed Psychological Strategies (FPS)?

GPs interested in becoming a provider of Focussed Psychological Strategies (FPS), commonly referred to as 'Level Two' registration under the Better Outcomes in Mental Health Care (BOIMHC) Program, need to complete both Level One Mental Health Skills Training and Level Two Mental Health Skills Training, as accredited by the GPMHSC.

Following completion of training GPs can formally apply to the GPMHSC to be registered with Medicare Australia.

Programs accredited as Level Two Mental Health Skills Training teach skills in providing FPS to patients. Accredited programs are at least 20 hours in duration (more in some cases), are orientated towards skills development rather than theory, and have been developed by GPs, mental health professionals, consumers and carers.

How do I apply for registration with Medicare Australia as a GP provider of FPS?

GPs wishing to register as a GP provider of FPS will need to make an application to the GPMHSC. The one page application form is available from the GPMHSC website: **www.racgp.org.au/mentalhealth**

After completing the application form, GPs need to attach documentary evidence that the applicant has completed both Level One and Level Two training, and return to the GPMHSC.

The GPMHSC will verify completion of the training requirement and notify Medicare Australia within 10 working days of receipt. GPs may experience delays where there are difficulties verifying the completion of accredited training.

Who sets the standards for training and accreditation?

The GPMHSC is the adjudicating body responsible for establishing standards for the accreditation of mental health education activities for GPs in relation to the BOIMHC program and *Better Access* initiative. More broadly, the GPMHSC promotes the development and uptake of high quality professional development for GPs in mental health.

The GPMHSC operates under the auspices of the Royal Australian College of General Practitioners, funded by the Australian Government, 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 can be accessed from the following websites:

- **www.racgp.org.au/mentalhealth** (lists GPMHSC accredited programs)
- **www.racgp.org.au/qacalendar**
  (search for upcoming mental health events by state)
- **www.rrmeo.com**

For information on locally based education and training activities, which may not be advertised through these websites, check with your division of general practice.

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 Level One and Level Two Mental Health Skills Training.

GPs can apply for exemption from Level One training, Level Two training or both using the one application form, available from the GPMHSC.

Exemptions from level one mental health skills training

Applicants seeking exemption from Level One training 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.

To be considered, training must have been completed within 3 years of the date of application; the only exception being tertiary level qualifications in clinical mental health.

Exemptions from level two mental health skills training

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

Applicants will need to clearly identify links between the training they have undertaken and the expected areas of coverage for a Level Two accredited training program. To be considered, training must have been completed within the preceding 3 years; exception being tertiary level qualifications in clinical mental health, and which relates substantially to provision of FPS.

Support for exemption applications

Applications 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**

Is there a continuing professional development requirement for GPs in mental health?

There are no mandatory requirements in mental health CPD for GPs wishing to use the GP Mental Health Care items, although GPs wishing to provide FPS themselves will have a continuing requirement to fulfil each education triennium (see below).

What is the mental health CPD requirement for GP providers of FPS?

GPs registered with Medicare Australia as a provider of FPS are required to demonstrate a commitment to continuing professional development which relates to these services, in order to maintain that registration.

The minimum requirements for the 2005-2007 education triennium is completion of a single 'Category 1' type activity within the RACGP QA&CPD Program, or equivalent within the ACRRM PD program, which relates substantially to the provision of the focussed psychological strategies deliverable under the MBS items.

GPs who complete 'Level Two Mental Health Skills Training' in the 2005-2007 education triennium have already met this requirement.

What CPD options are available for registered GP providers of FPS?

QA&CPD Program (RACGP)	PD Program (ACRRM)
▪ Completion of an **Active Learning Module** with a clear focus on FPS ▪ Completion of a **Clinical Audit** focussed on delivery of FPS ▪ Completion of a **Small Group Learning** cycle with learning objectives specifically addressing FPS ▪ Completion of a **Supervised Clinical Attachment** focussed on FPS ▪ Completion of a **GP Research Module** with focus on FPS in general practice, and which has clear capacity to enhance a GP participant's skills ▪ Other **Category One activities** recognised by the GPMHSC as Level Two Mental Health CPD	▪ Completion of **Interactive Workshops*** with a clear focus on FPS ▪ Completion of a **Clinical Audit** focussed on delivery of FPS ▪ Completion of a **Peer Review Group** learning cycle with learning objectives specifically addressing FPS ▪ Completion of a **Clinical Attachment** focussed on FPS ▪ Completion of a formal **Research Project** submitted for publication with focus on FPS in general practice, and which has clear capacity to enhance a GP participant's skills ▪ **Other activities** recognised by the GPMHSC as Level Two Mental Health CPD
▪ Completion of any **Level Two Mental Health Skills Training** program approved in the 05-07 Triennium	

* Applies to workshops of at least 6 hours duration which are recognised by the GPMHSC as equivalent to an Active Learning Module, although not necessarily accredited as such by the RACGP.

How do I know if an education activity will meet my mental health CPD requirements as a GP provider of FPS?

A GP with registration as a GP provider of FPS can meet their 2005-2007 CPD requirements in mental health by completing a program accredited by the GPMHSC as either

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

If you are uncertain about the status of an activity, contact the GPMHSC on 03 8699 0554 or **gpmhsc@racgp.org.au** before you enrol.

Are there any exemptions granted from the CPD requirements for GP providers of FPS?

Full exemption from the 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 required a minimum of 12 months full time study (or part time equivalent)

Full exemption is granted to GP Registrars who will not have completed their final supervised term on 1 January 2008.

Part exemptions are not granted.

No exemptions are granted for GPs who:

- registered via training completed in a previous triennium (i.e. prior to 1 January 2005)
- successfully apply for an exemption from completing Level Two Mental Health Skills Training when they registered as a GP provider of FPS
- are GP registrars but will complete their formal vocational training (i.e. final supervised term) before 1 January 2008.

What records do I need to keep about my education and training?

If you are registered as a GP provider of FPS, you need to keep a record of your completion of the training requirements for registration. You will also need to be able to demonstrate completion of the CPD requirement at the end of the education triennium.

Most GPs belong to either the RACGP's QA&CPD program or the ACRRM's PD Program, which manage the record keeping, and will automatically report completion of this

requirement to the GPMHSC at the end of the triennium. GPs who do not belong to either program (including GP Registrars) will need to maintain their own records of professional development.

Focussed Psychological Strategies (FPS) provided by GPs

There has been no change to the requirements established under the BOIMHC program for GP provision of Focussed Psychological Strategies (FPS), and these services can be provided by GPs who satisfy the relevant education requirements (Level Two) set by the GPMHSC.

What are 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 (items 2721-2727)?

The FPS that have been approved for use by GPs 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
   - Stress management
   - Communication training
   - Social skills training
   - Parent management training

5. **Interpersonal therapy**

The major FPS that are shown to be evidence based for a number of psychological disorders are provided in ***Appendix H*.** Please note that:

- Narrative therapy may be included for Aboriginal and Torres Strait Islander people
- Hypnosis and family therapy have not been approved for use under the FPS item number

What do I need to know about FPS?

The FPS are time limited, being deliverable by a credentialed medical practitioner in up to 12 (6+6) planned sessions and, in exceptional circumstances, following a further review by the referring GP, up to another 6 sessions in any calendar year to an individual patient.

Sessions include two time bands:
1. 30 to 40 minutes; and
2. longer than 40 minutes.

How does a GP provider of FPS bill for the MBS rebates?

Bill using the item numbers for FPS, which include item numbers 2721 – 2727

When should I refer my patient for GP FPS?

The decision to refer a patient for GP FPS must be made in the context of the GP Mental Health Care Plan or Review. In the process of developing the GP Mental Health Care Plan, or even at the review stage, it may be determined that FPS is the preferred treatment.

Who completes the GP Mental Health Care Plan 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 GP FPS. The referring GP remains as the manager or coordinator of care and will need to complete the GP Mental Health Care Plan and conduct the review following the provision of FPS. The referring GP will need to indicate this to the GP providing the FPS.

Referral and Treatment Options for GPs

New Medicare Items for Psychologists and Other Allied Mental Health Professionals

From 1 November 2006 new Medicare rebates became available for patients with a mental disorder to receive up to 12 individual and/or group allied mental health services per calendar year. These will be provided in up to two sets of six services with a review of the patient's need for further services by the referring practitioner after the first six services. In exceptional circumstances an additional 3rd set of six services are available per patient per calendar year.

Services provided through the BOIMHC Access to Allied Psychological Services (ATAPS) projects run by local divisions of general practice are included in the 12-service limit. Allied mental health services that can be provided under the *Better Access* initiative include Psychological Therapy services provided by eligible clinical psychologists, and Focused Psychological Strategies (FPS) services provided by eligible psychologists, social workers and occupational therapists.

What are Psychological Therapy services?

Psychological therapies can be provided by registered psychologists who are eligible for membership of the APS College of Clinical Psychologists, which is defined as meeting criteria associated with specific training and qualifications, clinical supervision and practice experience. Assessment of eligibility is undertaken by the APS and maintenance of eligibility is dependent on completion of 30 hours of mental health CPD per year. Psychological Therapy includes those services available as FPS and highlights the provision of psycho-education and cognitive-behaviour therapy. However, other evidenced-based therapies – such as interpersonal therapy – may be used if considered clinically relevant.

What are Focused Psychological Strategies (FPS) services?

These are defined at ***Appendix H***

Who can access services under the *Better Access* initiative?

A patient is eligible to claim Medicare rebates for these services where they are referred by a GP who is managing the patient under a GP Mental Health Care Plan, and/or a psychiatric assessment and management plan, or on referral from a psychiatrist or paediatrician.

What is an eligible allied mental health professional and how do I find one?

Allied mental health professionals must be registered with Medicare Australia to be eligible to provide services under this initiative.

Your local division may have a local directory of providers in your area. Alternatively, go to the websites of the Australian Psychological Society, Australian Association of Social Workers or OT Australia where you will find provider directories. Some are available by postcode and/or division. You can access all these websites from a single link **www.primarymentalhealth.com.au**

What do I need to do to make a referral?

Patients must be referred for psychological therapy services by a GP managing the patient under a GP Mental Health Care Plan (item 2710) and/or a psychiatric assessment and management plan (item 291). You are not required to use a specific form to refer patients for these services. The referral may be a letter or note to an eligible mental health provider signed and dated by the referring practitioner. You may find the proforma at ***Appendix D*** a useful tool for referral.

What can I expect from the allied health professional?

Allied mental health professionals must provide a written report to the referring practitioner following the first six visits and/or completion of the course of treatment. The written report should include information about any assessments carried out on the patient, any treatment provided and recommendations on the future management of the patient's disorder.

Access to Allied Psychological Services (ATAPS)

The Access to Allied Psychological Services (ATAPS) projects will continue to be run by local divisions of general practice to support a more integrated primary care system adapted to local needs. These are an additional referral pathway for GPs and you will need to talk to your local division about service inclusion criteria. Most divisions of general practice are operating an ATAPS project.

What does access to Allied Psychological Services (ATAPS) provide?

The services that can be provided by allied health professionals under ATAPS are the same focussed psychological strategies that can be provided by GPs through the FPS MBS items and allied mental health professionals through new Medicare item numbers for psychological therapies and focussed psychological strategies. Refer to ***Appendix H*** of this 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 review of clinical need for the services by the referring GP.

What allied health professional disciplines can provide these services?

The allied health professional disciplines that can provide services include appropriately trained:

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

How might the ATAPS 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 targeting of specific groups within the local community;
- the location for the provision of services;
- the communication system between the GP and allied health professional; and
- whether a small co-payment is charged to increase the spread of services.

How do I refer my patient for FPS through ATAPS?

GPs must be managing a patient under a GP Mental Health Care Plan or a referred psychiatrist assessment and management plan (item 291) to refer patients for services through ATAPS under the *Better Access* initiative.

GPs managing patients using a 3 Step Mental Health Process will continue to be able to refer patients for services through ATAPS. The 3 Step Mental Health Process items will be withdrawn from 1 May 2007. GPs using the 3 Step Mental Health Process SIP trigger items (i.e. to complete and claim for work not finalised by 1 November 2006) will still be required to have completed Level 1 training and be registered with Medicare Australia.

Until 30 April 2007 patients can be referred to ATAPS through either pathway to access services within the limit of 12 sessions per calendar year. The requirement for a GP review after the first set of sessions of psychological therapies remains in place.

Where can I find more information about (ATAPS) projects which are currently operating?

To access information about ATAPS projects running in your division and others, check with your local division via the AGPN Divisional Directory (**http://www.AGPN.com.au/site/index.cfm?display=301**) or the Primary Mental Health Care Development and Liaison Officer in your State Based Organisation (SBO) (**http://www.primarymentalhealth.com.au/site/index.cfm?display=23448**).

Referral Options for Managing Chronic Disease and Complex Conditions

Mental disorder can be a complex presentation, and can often be associated with other chronic medical conditions and complex needs. There is a range of support mechanisms available to assist GPs manage and coordinate care for such patients. These include:

- the GP Psych Support Service
- Consultant Psychiatrist, Referred Patient Assessment and Management Plan Medicare items
- Chronic Disease Management – GP Management Plans and Team Care Arrangements
- Access to certain allied health and dental care services (under Strengthening Medicare package)
- case conferencing Medicare items

GP Psych Support Service

The Australian government continues to fund the GP Psych Support Service for GPs seeking advice on management of patients. The GP Psych Support Service is a free service available in all states and territories and includes advice from specialists in adolescent and drug and alcohol psychiatry.

To access GP Psych Support:

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

Fax: Fax 1800 012 422. 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. Simply phone 1800 200 588 to obtain a username and password prior to accessing psychiatrist advice for the first time. Then log onto www.psychsupport.com.au to register your question.
A psychiatrist will email a response.

Please note that GP Psych Support is not intended to meet the needs of emergencies. These patients should be referred to your normal acute psychiatric emergency service.

Consultant Psychiatry Liaison Services

New and amended MBS item numbers for GPs seeking psychiatrist support have been introduced from 1 November 2006. They provide incentives for psychiatrists to see new patients and to refer patients for management by GPs where clinically appropriate. Increased rebates for existing items 291 and 293 will continue to promote collaborative care between specialist and primary mental health care providers by encouraging psychiatrists to prepare referred patient assessment and management plans for patients being managed by GPs in general practice.

In summary, the new and amended items for psychiatrists are:

Item Number 291: Consultant psychiatrist, Referred Patient Assessment and Management Plan

Where the patient is referred to a psychiatrist by a general practitioner for the provision of an assessment and management plan and where the psychiatrist provides the referring general practitioner with an assessment and management plan to be undertaken by that general practitioner for the patient, where clinically appropriate. An attendance of more than 45 minutes duration at consulting rooms, available to patients once in a 12 month period.

Item Number 293: Consultant Psychiatrist, Review Referred Patient Assessment and Management Plan

The psychiatrist reviews a management plan previously prepared by that psychiatrist for a patient and claimed under item 291, where the review is initiated by the referring medical practitioner practicing in general practice. An attendance of more than 30 minutes but not more than 45 minutes duration at consulting rooms, payable no more than once in any 12 month period.

Item Number 296: Initial Consultation for a New Patient in Consulting Rooms

Involves a professional attendance of more than 45 minutes by a consultant psychiatrist upon referral from a medical practitioner, where the patient is a new patient to that psychiatrist, or a patient who has not been seen by the consultant psychiatrist in the preceding 24 months.

Item Number 297: Initial Consultation for a New Patient in Hospital

Involves the same elements as item 296, but the service is provided in a hospital.

Item 299: Initial Consultation for a New Patient, Home Visit

Involves the same elements as item 296 and 297, but the service is provided at the patient's home.

Items 296, 297 or 299 will apply once only for each new patient on the first occasion that the patient is seen by that consultant psychiatrist, unless the patient is referred by a medical practitioner practising in general practice for an assessment and management plan. In this case the consultant psychiatrist, if he or she agrees that the patient is suitable for management in a general practice setting, will use item 291 where an assessment and management plan is provided to the referring practitioner.

Further information can be obtained from the Department of Health and Ageing website at **www.health.gov.au** or the RANZCP website **www.ranzcp.org**

The brochure 'Best Practice Psychiatry Liaison model' can be downloaded from **www.ranzcp.org** It provides additional information about the new and amended psychiatry MBS item numbers, and best practice referral arrangements.

How can I find a psychiatrist in my area?

GPs can find a psychiatrist in their area using the online RANZCP Private Psychiatrists Referral Directory available from **www.racgp.org.au** A template GP-psychiatrist form can be used by the GP when making a referral.

Can I access a patient assessment and management plan from a psychiatrist (item 291) and still utilise the GP Mental Health Care Plan?

Where a GP is managing a patient with a mental disorder under a referred patient assessment and management plan from a psychiatrist, the GP can continue to manage the patient using standard consultation items.

For patients with a referred patient assessment and management plan from a psychiatrist, GPs are able to use, as necessary, the GP Mental Health Care Review item (item 2712) and the GP Mental Health Consultation item (item 2713) for the ongoing management of the patient, as if the patient had a GP Mental Health Care Plan.

If a GP determines that the patient requires a GP Mental Health Care Plan in addition to the management plan prepared by the psychiatrist, the GP is able to prepare a GP Mental Health Plan using item 2710.

As a general principle, the creation of multiple plans should be avoided unless the patient clearly requires an additional plan. In these cases, you should be satisfied that your peers would regard the provision of an additional plan as appropriate for that patient, given the patient's needs and circumstances.

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 with complex needs requiring multidisciplinary care. The new items replaced the Enhanced Primary Care MBS Item numbers for multidisciplinary care planning services which were phased out from 1 November 2005.

GP Management Plan (GPMP) (item 721)

The CDM Item numbers include a service for 'GP only' or GP managed 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, identifies their health care needs, agrees management goals with the patient and any actions to be taken by the patient, identifies treatment and ongoing services to be provided and documents these in the GP Management Plan.

Team Care Arrangement (TCA) (item 723)

A Team Care Arrangement (TCA) service is available for patients with a chronic medical condition and complex care needs. The item provides a rebate 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. Patients who have team-based care will usually have a GP Management Plan and a Team Care Arrangement.

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 need to be practicing from a PIP registered practice to access the CDM item numbers.

Can I use the new CDM Items and also use the *Better Access* Item Numbers for the same patient?

It is preferable that wherever possible, patients have only one plan for primary care management of their mental disorder. As a general principle the creation of multiple plans should be avoided, unless the patient clearly requires an additional plan for the management of a separate medical condition.

Where a patient has a mental disorder only, it is anticipated that they will be managed under the new GP Mental Health Care items. Where a patient has a mental disorder as

well as significant co-morbidities and complex needs requiring team-based care, the GP is able to use both the CDM items (for team-based care) and the GP Mental Health Care items.

Similarly, where a patient has been referred for allied mental health services available under the new mental health items by another health professional (eg a psychiatrist or paediatrician), the GP is able to use the CDM items for team-based care where the patient meets the MBS requirements for these services, ie where the patient requires team-based care using the CDM items to manage their chronic medical condition and complex needs.

Accessing Allied Health through Strengthening Medicare

Changes to Strengthening Medicare from 1 July 2004 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 (i.e. team-based care). 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 is available on the following website: **www.health.gov.au/epc** 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 Medicare Australia (132 150 for GPs). Additional information can be found on the AGPN website, **www.agpn.com.au**

GPs using the CDM or other Medicare items should refer to the MBS book (1 November 2006) or on-line through the Department of Health and Ageing website for full information on the MBS requirements for claiming these items.

EPC Case Conferencing

The Enhanced Primary Care (EPC) program was introduced in 1999 to provide more preventive care for older Australians and the improved coordination of care for people with chronic conditions and complex care needs. The program provides a framework for a multidisciplinary approach to health, allowing GPs to case conference with other care professionals for patients with chronic conditions and complex needs.

An EPC case conference involves a GP and two other health care providers meeting at the same time to discuss a patient's care requirements. Case conferences can be undertaken for patients in the community (community case conference), patients being discharged from hospital or day hospital facilities (discharge case conferences) or for people living in Residential Aged Care Facilities (Residential Aged Care Facility case conference).

Can the EPC and the GP Mental Health Care Plan and Review items both be claimed?

You have the option to do an EPC case conference at any time that your clinical assessment indicates that the patient has a chronic condition and complex needs requiring ongoing multidisciplinary care.

Both items can be claimed, but the EPC case conference would need to be conducted on a separate occasion in addition to the GP Mental Health Care Plan and Review. A case conference cannot be claimed in respect of the same service as a CDM item.

How do I find out more about EPC case conferencing?

More information about EPC case conferencing is contained in the Medicare Benefits Schedule book. Detailed information is also available from the Department of Health and Ageing website at **www.health.gov.au/epc**

Appendices

Appendix A	*Better Access* Patient Pathways
Appendix B	MBS Item Descriptors for the GP Mental Health Care Plan, Review & Consultation
Appendix C	Checklist for the GP Mental Health Care items
Appendix D	Proforma for GP Mental Health Care Plan
Appendix E	Completed sample proforma for GP Mental Health Care Plan
Appendix F	Relevant websites and other useful contacts
Appendix G	K 10 outcome measurement tool
Appendix H	MBS item descriptors for GP providers of the FPS and Summary of Focussed Psychological Strategies
Appendix I	List of Abbreviations

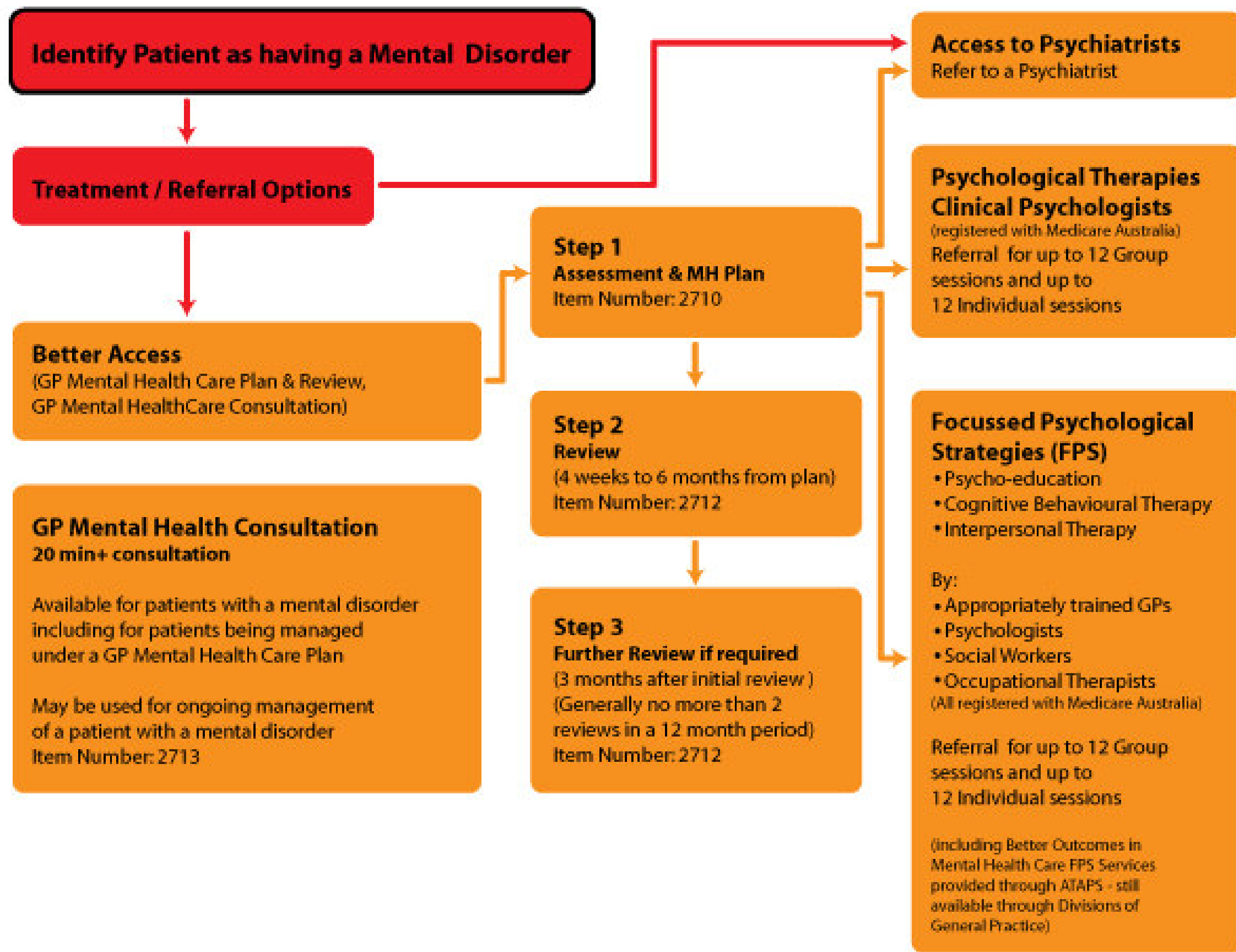
Appendix A - *Better Access* Patient Pathways

Patient Pathways

From 1 November GPs should use the new GP Mental Health Care Items for patients who require a new mental health plan

Chronic Disease Management GP Management Plan (GPMP) & Team Care Arrangement (TCA)
Where a patient has a mental disorder as well as complex health care needs (eg. co-morbidities) requiring team-based care, the GP is able to use both the CDM items (for team-based care) and the GP Mental Health Care items

Better Outcomes in Mental Health Care - 3 Step Mental Health Process
Now incorporated in to Better Access items. 3 Step items available until 30 April 2007 to finish services commenced but not completed by 1 November 2006



GENERAL INFORMATION
Your patient can access rebateable services by clinical psychology or other allied mental health services, if they are being managed by the GP under a GP Mental Health Care Plan or under a psychiatrist assessment and management plan (Item 291).

IMPORTANT: GPs should refer to the Medicare Benefits Schedule for details of the requirements for these items.

agpn Australian General Practice Network

Appendix B – MBS Item Descriptors for the GP Mental Health Care Plan, Review & Consultation

MEDICAL PRACTITIONER	MEDICAL PRACTITIONER
	GROUP A20 – GP MENTAL HEALTH CARE
	SUBGROUP 1 – GP MENTAL HEALTH CARE PLANS
2723	**PREPARATION** by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) of a **GP MENTAL HEALTH CARE PLAN** for a patient (not being a service associated with a service to which items **2713 or 734 to 779 apply**). A rebate will not be paid within twelve months of a previous claim for the same item, with twelve months of a claim for a 3 Step Mental Health Process (items 2574, 2575, 2577, 2578 and 2704, 2705, 2707, 2708) or within three months following a claim for item 2712, except where there has been a significant change in the patients clinical condition of care circumstances that requires the preparation of a new GP Mental Health Care Plan. *(See para A.32 of explanatory notes to this Category)* **Fee:** $150.00 Benefit: 75%=$112.50 100%=$150.00
2712	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) to **REVIEW** a **GP MENTAL HEALTH CARE PLAN** prepared by that medical practitioner (or an associated medical practitioner) to which item 2710 applies or to **REVIEW** a **PSYCHIATRIST ASSESSMENT AND MANAGEMENT PLAN** to which item 291 applies (not being a service to which **items 2713 or 734 to 779** apply). A rebate will not be paid within three months of a previous claim for the same item or within four weeks following a claim for item 2710, except where there has been a significant change in the patient's clinical condition or care circumstances that requires the preparation of a new review of a GP Mental Health Care Plan. *(See para A.32 of explanatory notes to this Category)* **Fee:** $100.00 Benefit: 75%=$75.00 100%=$100.00
2713	Professional **ATTENDANCE** by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) involving taking relevant history, identifying presenting problem(s), providing treatment, advice and/or referral for other services or treatments and documenting the outcomes of the consultation, on a patient in relation to a mental disorder and lasting at least 20 minutes (not being a service associated with a service to which **items 2710 or 2712 apply**). **SURGERY CONSULTATION** (Professional attendance at consulting rooms) *(See para A.32 of explanatory notes to this Category)* **Fee:** $66.00 Benefit: 100%=$66.00

Appendix C – Checklist for the GP Mental Health Care items

Assessment, as part of a GP Mental Health Care Plan	Plan	Review	Consultation
Make sure the assessment includes:	**Make sure the plan includes:**	**Make sure the review includes:**	**Make sure the Consultation includes:**
□ patient's agreement for the GP Mental Health Care Plan service □ relevant history □ mental state examination □ assess risk and co-morbidity □ a diagnosis and/or formulation □ outcome measurement tool	□ discussion of the assessment with the patient, including the mental health formulation and/or diagnosis □ identifying and discussing referral and treatment options with the patient □ agreeing goals with the patient □ provision of psycho-education □ crisis intervention and/or for relapse prevention plan if appropriate □ referrals, treatment, appropriate support services, review and follow-up □ documenting results in the patient's GP Mental Health Care Plan □ offer a copy of the plan to the patient	□ recording the patient's agreement for this service □ review patient's progress against the goals outlined in the GP Mental Health Care Plan □ modify GP Mental Health Care Plan if required □ check, reinforce and expand education □ crisis intervention and/or for relapse prevention plan if appropriate and if not previously provided □ re-administration of the outcome measurement tool (unless clinically inappropriate) *The Review is conducted 4 weeks to 6 months from when the GP Mental Health Care Plan was prepared*	□ taking relevant history and identifying the patient's presenting problem(s) (if not previously documented) □ providing treatment, advice and/or referral for other services of treatment □ documenting the outcomes of the consultation in the patient's medical records and other relevant mental health plan (where applicable)

Appendix D – Proforma for GP Mental Health Care Plan

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710) **PATIENT ASSESSMENT**			
Patient's Name		**Date of Birth**	
Address		**Phone**	
Carer details and/or emergency contact(s)		**Other care plan** Eg GPMP / TCA	YES ☐ NO ☐
GP Name / Practice			
AHP or nurse currently involved in patient care	**none**	**Medical Records No.**	
PRESENTING ISSUE(S) What are the patient's current mental health issues?			
PATIENT HISTORY Record relevant biological psychological and social history including any family history of mental disorders and any relevant substance abuse or physical health problems			
MEDICATIONS (attach information if required)			
ALLERGIES			
ANY OTHER RELEVANT INFORMATION			
RESULTS OF MENTAL STATE EXAMINATION Record after patient has been examined			
RISKS AND CO-MORBIDITIES Note any associated risks and co-morbidities including suicidal tendencies and risks to others			
OUTCOME TOOL USED *K10*	**RESULTS**		
DIAGNOSIS			

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710)
PATIENT PLAN

PATIENT NEEDS / MAIN ISSUES	**GOALS** Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take	**TREATMENTS** Treatments, actions and support services to achieve patient goals	**REFERRALS** Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.

CRISIS / RELAPSE If required, note the arrangements for crisis intervention and/or relapse prevention	

APPROPRIATE PSYCHO-EDUCATION PROVIDED YES ☐ NO ☐	**PLAN ADDED TO THE PATIENT'S RECORDS**	YES ☐ NO ☐	**COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS**	YES ☐ NO ☐ NOT REQ'D ☐

COMPLETING THE PLAN On completion of the plan, the GP is to record that s/he has discussed with the patient: - the assessment; - all aspects of the plan and the agreed date for review; and - offered a copy of the plan to the patient and/or their carer (if agreed by patient)	*Assessment and plan discussed with patient* *Review date agreed*
DATE PLAN COMPLETED	**REVIEW DATE** (initial review 4 weeks to 6 months after completion of plan)
REVIEW COMMENTS (Progress on actions and tasks) Note: If required, a separate form may be used for the Review.	**OUTCOME TOOL RESULTS ON REVIEW**

Appendix E – Sample Completed Proforma

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710) **PATIENT ASSESSMENT**			
Patient's Name	*Tom Stevens*	**Date of Birth**	*02 / 11 / 1965*
Address	*77 Brown Street, Geelong*	**Phone**	*9933 1166*
Carer details and/or emergency contact(s)	*Wife (Jane) as above*	**Other care plan** Eg GPMP / TCA	YES ☐ NO ☒
GP Name / Practice	*Dr M Forman*		
AHP or nurse currently involved in patient care	**none**	**Medical Records No.**	*10945678*
PRESENTING ISSUE(S) What are the patient's current mental health issues?	*Can't sleep* *Tired all the time* *Teary* *Easily ' flies off the handle'* *Wife made him attend the surgery today*		
PATIENT HISTORY Record relevant biological psychological and social history including any family history of mental disorders and any relevant substance abuse or physical health problems	*Usually well, infrequent presentation at surgery over last 12 months* *Mild asthmatic* *Not sleeping well* *Doesn't go out much – often feels lonely* *Has a few extra drinks to get to sleep* *Married for 20 years, 3 teenage children at home* *12 months ago retrenched from a supervisory position at steel works, has been unable to find work since* *Mother and father both well. Mother unwell after the birth of her last child (Tom's younger brother)*		
MEDICATIONS (attach information if required)	*Ventolin - for asthma*		
ALLERGIES	*Nil*		
ANY OTHER RELEVANT INFORMATION	*Struggling financially*		
RESULTS OF MENTAL STATE EXAMINATION Record after patient has been examined	*Presents with moderate depression over the past 6 months due to retrenchment. At risk of continued alcohol abuse. Difficulty concentrating. Motivation low. Cognition normal. Insight good.*		
RISKS AND CO-MORBIDITIES Note any associated risks and co-morbidities including suicidal tendencies and risks to others	*Low suicide risk* *Increased reliance on alcohol – complicating presentation*		
OUTCOME TOOL USED *K10*	**RESULTS** *38*		
DIAGNOSIS	*Moderate Depression (reactive)*		

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710)
PATIENT PLAN

PATIENT NEEDS / MAIN ISSUES	GOALS Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take	TREATMENTS Treatments, actions and support services to achieve patient goals	REFERRALS Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.
Lack of motivation / irritation *Insomnia* *Appetite Loss*	• *Get to sleep more easily and reduce time awake during night* • *Not to feel so tired during the day* • *Keep things under control more easily.* • *Feel as if I'm coping better* • *Join a club* • *Do some activities* *Try and find work*	*Introduce some daily activity scheduling:* • *Daily 30 minute walk preferably with someone, (Tom suggests) wife, neighbour, eldest son* • *Reduce daily alcohol intake especially in evenings, aim for at least 2 alcohol free days a week* • *Information provided regarding symptoms and management of depression.* • *Work with local psychologist about management of stress and depression* • *Prescribe anti- depressants* • *Information provided regarding healthy eating, and how to improve sleep* • *Join local squash club*	*Refer to Better Access psychologist for counselling. Name and contact details supplied*

CRISIS / RELAPSE If required, note the arrangements for crisis intervention and/or relapse prevention	*Agreed names of people to contact and talk to if feeling awful or unwell* *Jeff Smith (friend), Jane (wife), Mike Forman (GP ph: 98 7654 3210) Lifeline telephone counselling (available 24hrs a day) (13 11 14)*

APPROPRIATE PSYCHO-EDUCATION PROVIDED	YES ☒ NO ☐	**PLAN ADDED TO THE PATIENT'S RECORDS**	YES ☒ NO ☐	**COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS**	YES ☒ NO ☐ NOT REQ'D ☐

COMPLETING THE PLAN On completion of the plan, the GP is to record that s/he has discussed with the patient: - the assessment; - all aspects of the plan and the agreed date for review; and - offered a copy of the plan to the patient and/or their carer (if agreed by patient)	*Assessment and plan discussed with patient* *Review date agreed*
DATE PLAN COMPLETED *21 / 11/ 06*	**REVIEW DATE** *17 / 04 / 07* (initial review 4 weeks to 6 months after completion of plan)

REVIEW COMMENTS (Progress on actions and tasks) Note: If required, a separate form may be used for the Review. 17 04 2007 *Significant improvement in symptoms and outlook; Experiencing some anxiety about finding work and identifies needs further strategies regarding improving self esteem and anger management – For a further 6 sessions with psychologist* *Maintain walking and exercise program.* *Continue with anti-depressants for minimum 6 – 12 months – monitor progress with GP monthly initially* *Maintain contact with new friends associated with squash club* *Enrol in identified re-training program at local Employment agency.* *Seek financial counselling support through Salvation Army.* *Maintain minimum of 2 alcohol free days a week (goal is 4 to 5 days) and keep alcohol intake to within safe drinking guidelines*	**OUTCOME TOOL RESULTS ON REVIEW** **K 10 – score 20**

Appendix F – Useful Contact Numbers and Websites

For further information on:

The *Better Access* initiative

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

Enquiries of the Australian General Practice Network

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

Enquiries of the General Practice Mental Health Standards Collaboration

Email: **gpmhsc@racgp.org.au**
Phone: 03 8699 0554
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

Registration with Medicare Australia
Medicare Australia: 132 150 (for GPs) or 132 011 (for patients)

Australian Government Department of Health and Ageing

Website: **www.health.gov.au** (and use the 'A-Z Index' link to go to 'Mental Health Care – GP Medicare Items')

beyondblue: The National Depression Initiative

For GP and consumer information and fact sheets regarding depression, anxiety and related substance use disorders
beyondblue information line: 1300 22 46 36
Website: **www.beyondblue.org.au**

Accessing the AGPN *Better Access* to Mental Health Care Webpage

The AGPN *Better Access* to Mental Health Care web page is your one stop shop to seeking the information you require on the *Better Access* initiative.

Through the provision of up to date information and links to important sites such as the GPMHSC webpage, the *Better Access* to Mental Health Care 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, proforma for the GP Mental Health Care Plan and this Manual can be obtained from the site.

Access to the *Better Access* to Mental Health Care webpage can be achieved by following these steps:

1. Refer to **www.agpn.com.au**;
2. Select Primary Mental Health Care;
3. Click on *Better Access* to Mental Health Care, or:-
4. Refer to **www.primarymentalhealth.com.au**

Appendix G – 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.

In the past 4 weeks:	1 None of the time	2 A little of the time	3 Some of the time	4 Most of the time	5 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 H – MBS Item Descriptors for GP provision of Focussed Psychological Strategies

<table>
<tr><td></td><td>SUBGROUP 2 – FOCUSSED PSYCHOLOGICAL STRATEGIES</td></tr>
<tr><td>
..
+
2721</td><td>MEDICAL PRACTICIONER 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 having satisfied the requirements for higher level mental health skills for the provision of the service. The medical practitioner must provide the service in a general practice participating in the PIP or which is accredited.

Focused 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 credential medical practitioner and are time limited; being deliverable, in general, in up to 12 planned sessions comprising two groups of up to six sessions. In exceptional circumstances, following review by the practitioner managing either the 3 Step Mental Health Process, the GP Mental Health Care Plan or the Psychiatric Assessment and Management Plan, up to a further 6 sessions may be approved in a calendar year 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 last for a minimum of 30 minutes.

FPS ATTENDANCE
Professional attendance for the purpose of providing focussed psychological strategies (from the list included in 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 30 minutes to less that 40 minutes.

SURGERY CONSULTATION
(professional attendance at consulting rooms)
(See para A.33 of explanatory notes to this Category)
Fee: $80.35 Benefit: 100%=$80.35</td></tr>
</table>

<table>
<tr><td colspan="2">MEDICAL PRACTITIONER MEDICAL PRACTITIONER</td></tr>
<tr><td>2723</td><td>OUT-OF-SURGERY CONSULTATION
(Professional attendance at consulting rooms)
(See para A.33 of explanatory notes to this Category)
Derived Fee: The fee for item 2721, plus $22.45 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 $1.65 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.33 of explanatory notes to this Category)
Fee: $115.00 Benefit: 100%=$115.00</td></tr>
<tr><td></td><td>OUT-OF-SURGERY CONSULTATION
(Professional attendance at a place other than consulting rooms)
(See para A.33 of explanatory notes to this Category)
Derived Fee: The fee for item 2725, plus $22.45 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 $1.65 per patient.</td></tr>
</table>

Description of the Focussed Psychological Strategies

1. Psycho-Education

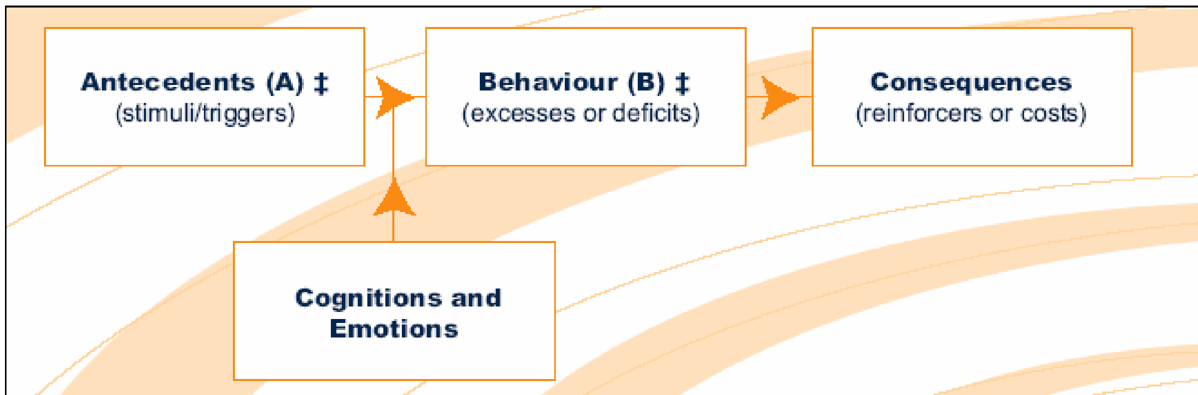
Psycho-education usually involves giving the patient information about the disorder covering: prevalence, symptoms, related problems, aetiology, prognosis, and recommended treatments.

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.

3. 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.

Appendix I – List of Abbreviations

ACRRM	Australian College of Rural and Remote Medicine
AGPN	Australian General Practice Network
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
MBS	Medicare Benefits Schedule
PIP	Practice Incentive Payment
RACGP	Royal Australian College of General Practitioners
SIP	Service Incentive Payment