



Australian Government
Department of Health and Ageing

Better Access to Mental Health Care Facilitator's Guide

Produced by

RURAL
HEALTH
EDUCATION FOUNDATION

The Better Access to Mental Health Care Initiative

Background

On 5 April 2006 the Prime Minister announced the Australian Government's contribution to the Council of Australian Governments' (COAG) mental health package.

Costing \$1.9 billion over five years, the Australian Government's contribution provides families, schools and health professionals with more support in recognising and addressing mental illness, and new assistance to people living with mental illness and their families.

The Government delivered a major part of the COAG mental health package on 1 November 2006 with the introduction of important new Medicare items to provide better and more affordable mental health care.

These new Medicare services, costing \$538 million over five years, promote a team approach to mental health care, with general practitioners encouraged to work with psychiatrists, clinical psychologists, and other allied mental health professionals to increase the availability of care.

Under the changes, Medicare rebates are available for GPs to provide early intervention, assessment and management of patients with mental disorders as part of a GP Mental Health Care Plan. A new GP Mental Health Care Consultation item is available for GPs to provide continuing management of patients with mental disorders.

New Medicare items support psychiatrists to see more new patients. The rebates for 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, are increased significantly to support management of patients by GPs where appropriate.

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.

The new Medicare Benefits Schedule (MBS) items pave the way for a range of other Australian Government mental health initiatives to be implemented, including \$191.6 million over five years for mental health nurses to support private psychiatrists and GPs in caring for people with severe mental illness.

A further \$51.7 million will be provided over the next five years to increase access to mental health services in rural and remote areas.

The *Better Access to Mental Health Care Initiative*

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Part 1

Introduction - How to use this learning guide

The **Facilitator Learning Guide** has been designed with a number of activities that can be used to facilitate group discussion and engage with the material covered in the DVD.

The **Facilitator Learning Guide** has been designed to provide a framework for facilitating discussion of the key issues raised in the program.

A Guide to Facilitating Adult Learning is a booklet developed by the Rural Health Education Foundation (the Foundation) to support the facilitation of discussion with small groups. It covers the basic aspects of how people think and learn, running groups and facilitating learning in face-to-face settings. It is designed to provide some basic instructional information to assist people facilitating face to face learning. We encourage you to read this booklet before you work with groups as a guide to facilitate the learning guide discussion.

Session Planning

The following table overviews the activities within this learning guide. Activity time is based on numbers of 5-6 per group. Larger groups will take up to twice as long.

| Activity Time | Activity | Page |
|---------------|--|------|
| 20 minutes | 1. Action Plan – Developing a Health Network | 9 |
| 40 minutes | 2. GP Mental Health Care Plan | 12 |

The table gives approximate timings for the activities included in this guide. Session planning should include time for viewing the particular DVD chapter as the prompt to the activity and delivering the background material provided in each section. As a guide each session could be delivered in a 2 – 4 hr workshop.

The activities contained within the Learning Guides are short and not designed to tell a full story. Rather they provide a stimulus for participants to think about the information and the issues arising from it. The case studies and activities provide the opportunity to relate information to real life situations and to use the content to build skills in reflective practice.

Part 2

The *Better Access To Mental Health Care Initiative*

Program summary

One in 10 (equivalent to 2.1 million) Australians are reported to be effected by a mental health condition. These figures highlight the significance of mental health issues both to the patient and the health care professionals who care for them. Access to appropriate services and a team-based approach to care is paramount to achieve the best outcomes for individuals affected.

To facilitate this, the Australian Government Department of Health & Ageing has introduced the *Better Access to Mental Health Care Initiative*. This five year Initiative provides health care professionals with more tools and options to help recognise, address and support mental health illness in Australia. Specifically, a new series of Medical Benefits Scheme (MBS) item numbers creates enhanced referral pathways for patients.

This program explores the *Better Access Initiative* and discusses what it means for the General Practitioners, paediatricians, psychiatrists, psychologists, social workers and occupational therapists who assist people with mental health disorders.

Learning outcomes

After watching this program, participants will be able to:

- Identify the six health care professions to whom the *Better Access Initiative* applies, along with the new mental health care MBS item numbers for each profession.
- Discuss the benefits of the *Better Access Initiative* as an enabler of improved mental health care for patients.
- Identify effective models of team-based care and the use of various tools including Mental Health Care Plans, Mental Health Care Plan Reviews and outcome measurements.
- Examine practical solutions for overcoming isolation and limited access to services in some areas of Australia.

Presenters

Chair: **Dr Norman Swan**

Presenter of the *Health Report* on ABC Radio National

Professor Harvey Whiteford,

Principal Medical Adviser (Mental Health), Mental Health and Workforce Division, Department of Health and Ageing

Tony Franklin

Psychologist, NT & SA

Dr George Somers

Rural General Practitioner, Emerald VIC

Deborah McIntyre

Social Worker, AASW Mental Health Accreditation Officer, ACT

Dr Andrew Binns

Rural General Practitioner, Goonellabah NSW

Section 1

View DVD
Chapter 1

The Better Access Initiative

Better access to mental health care is a priority initiative for the Commonwealth Government because the problem of mental health care is significant. Anxiety-depression is the largest cause of disease burden amongst all health conditions in Australia, and the majority of people with these conditions are not receiving any treatment at all.

The prevalence of diagnosing people with mental illness is increasing and the *Better Access to Mental Health Care* initiative will enable many more people with mental illness access to clinicians with the appropriate skills to treat them.

The numbers and distribution of psychologists, social workers and occupational therapists are better than those of psychiatrists, and even better than general practitioner distribution in some parts of Australia.

In addition, there is specifically quarantined money for rural and remote Australia to ensure people in rural and remote Australia have access to clinicians.

Defining a mental health problem

A mental health problem that qualifies for this initiative is any condition that would respond to appropriate treatment documented on a mental health care plan. These would include those mental disorders within the usual classification system. The *Better Access* initiative doesn't specifically target conditions such as dementia or primary substance abuse unless they are co-morbid with a mental illness.

Examples of co-morbidity would include an 18 year old person with first episode psychosis – they would benefit from early intervention using therapeutic modalities. This would also include psycho-education which is a very important psychological intervention for people with first episode psychosis

Group Discussion

In groups, summarise the panel discussion in Chapter 1 of the DVD

Section 2

Maintaining quality for mental health care and provider numbers

View DVD
Chapter 2

Clinicians (psychologists, social workers and occupational therapists) are able to secure a Medicare provider number when they meet certain criteria.

Social workers

Social workers are assessed against set criteria by the Australian Association of Social Workers and accredited as mental health social workers. This includes specific forms of psychotherapy which can be rebated including cognitive behavioural therapy (CBT) and interpersonal psychotherapy. There is also access to strategies such as anger management, relaxation strategies, management of parental activity etc.

Psychologists

Psychologists have two levels of recognition. They must be state registered and be in private practice to have a Medicare provider number. The Australian Psychological Society keeps a national register of psychologists who are both state registered and who have fulfilled the requirements for their clinical division. This recognises a higher level of training and is rebated at a higher level accordingly.

Mental Health nurses

Mental health nurses don't have Medicare provider numbers. There is however, a special measure, effective from 1 July 2007, of just under \$200 million over 5 years to target people with chronic persistent mental illness. Mental health nurses will work with general practitioners and private psychiatrists to provide clinical case management for people with chronic persistent mental illness in the community. Therefore, mental health nurses, who are part of a mental health care team, will be remunerated in a different way.

Psychiatrists

Psychiatrists will be rebated differently than previously under the new initiative. The rebate has increased for every new patient, reflecting the increased workload involved in both assessing a new patient and drafting a mental health care plan for the patients' management.

There is also funding to increase the use of telepsychiatry, particularly in rural and remote Australia.

Groups that can refer to allied health practitioner include:

- GP's – who have prepared a mental health care plan
- psychiatrists
- paediatricians – reflecting the need for children with mental health or behavioural problems who present through the paediatrician and the limited number of child psychiatrists

Activity 1
Review
Chapter 2 and
3

Action Plan – Developing a Health Network

Stop the DVD at Chapter 2

In small groups, discuss how you can identify and develop a network of clinicians and allied health practitioners who will become the mental health team in your area / region

Develop an action plan to implement your ideas

Section 3

Review DVD
Chapter 2
and 3

The Mental Health Care Plan

GP's need to take a full history including a full medical history and make either a diagnosis or a differential diagnosis and draft a management plan. Once they complete a mental health care plan and claim the item number, this allows Medicare Australia to trigger the payments to the allied health practitioners to whom the GP refers. This means that a GP can do the initial assessment and then refer on to a psychologist for further mental health assessment.

There is no requirement for case conferencing. The plan and a referral can be generated on the computer. Follow up is an important part of the responsibility to avoid people "falling through the cracks". There is a review item that can be claimed by GP's while the person is being seen by the allied health practitioner. In addition, if the patient missed a scheduled appointment that the GP or clinician needs to follow up to determine why the appointment has been missed. The key is to develop good two-way communication between the allied health professional and the GP and for all professional people involved to have a recall system in place.

What's in a GP Mental Health Care Plan?

View PP 5-7

PP 5

What's in a GP Mental Health Care Plan

Patient assessment includes:

- Relevant history and details of complaint
- Mental state examination
- Outcome measurement tool
- Diagnosis of the patient's mental disorder

PP 6

What's in a GP Mental Health Care Plan

Development of a plan includes :

- Discussing assessment with the patient
- Identifying referral and treatment options and agreeing goals
- Setting a review date
- Documenting the GP Mental Health Care Plan

Refer to the MBS Book for full requirements

Who can patients be referred to?

- Clinical psychologists
- State-registered psychologists
- Social workers
- Occupational therapists

who are appropriately registered with Medicare Australia

PP 7

*Case study 1
View pp 2-4
Review
Chapter 4*

Case Study 1: Joe

Joe is a 56 year old farmer who presents with:

- tiredness
- insomnia
- decreased appetite
- the farm is severely affected by the drought
- wife recently left to seek supporting work in a nearby town

Initial examination – Stop and Think

- history and examination
- exclude medical causes
- make mental disorder diagnosis
- develop sequence of services

Pathology Tests ordered

- FBC
- LFT
- UEC
- TFT
- Fasting lipids
- BSL

Result – TSH = 0.20 (normal range 0.40 – 4.00)

Discussion

Referring to the panel discussion about Joe, as a group discuss your understanding of how Joe can be managed under the better access initiative.

Key points

- 1st visit – got them there – do medical examination to exclude a medical cause
- if no medical causes – then next visit do Mental Health Care Plan
- a mental health care plan would apply up until it was clear that the diagnosis was not a mental disorder. Claiming the item would still apply.
- undertaking a Mental Health Care Plan would be part of the plan to come to the correct diagnosis, which might not be achievable at the first consultation

Joe, 56 yr old farmer

Presents to GP

- tiredness
- insomnia
- decreased appetite
- farm severely effected by the drought
- wife recently left to seek supporting work in a nearby town

Joe, 56 yr old farmer

Stop and Think

- History and examination
- Exclude medical causes
- Make mental disorder diagnosis
- Develop sequence of services

Joe, 56 yr old farmer

Pathology tests ordered:

- FBC
- LFT
- UEC
- TFT
- Fasting lipids
- BSL

Result = TSH of 0.20 (normal range: 0.40 - 4.00)

Case Study 2: Helen a 23 year old Indigenous Woman

Discussion – key points

- common presentation
- first - tune in to family situation – living conditions, abuse, substance abuse etc
- past history
- family history
- relationships in the community
- co-morbidity issues need to be addressed
- work through Aboriginal Health worker as required to network to the appropriate care
- if dual diagnosis – need for multidisciplinary approach – GP, social worker and Aboriginal health worker
- may require individual and/or group therapy
- psycho-education- improving literacy problem shows clinical improvement and provides strategies for e.g. anger management
- narrative therapy useful with indigenous people (not part of rebate with non-indigenous people)
- may require liaison with Aboriginal health worker to ensure person gets to allied health professional

PP 8

Helen, 23 yr old Indigenous woman

Presents to GP

- Agitated/irritable/angry
- Smells of alcohol
- Wants a 'pill' to calm her nerves

PP 9

Helen, 23 yr old Indigenous woman

Reinforce: Stop and Think

- History and examination
- Exclude medical causes
- Make mental disorder diagnosis
- Develop sequence of services

PP 10

GP Referral Process

- Complete a GP Mental Health Care Plan first
- Discuss referral options as part of the plan
- Referrals for MBS -rebateable services available where patient will benefit from these services

PP 11

GP Referral Process

- Up to 12 individual and 12 group services available per calendar year
- Provide relevant information with referral, including patient's plan (with agreement)

PP 12

GP Referral Process

- Written report on treatment provided to referring GP after a course of treatment (up to six services) within annual entitlement of up to 12 services
- GP considers patient's need for further treatment before additional services are provided

Activity 2

Review
Chapter 1

GP Mental Health Care Plan

Using the GP Mental Health Care Plan (MBS item 2710) at Attachment 1, conduct a patient assessment and referral. Work in pairs and review a recent patient you have examined and apply the case to the GP Mental Health Care Plan. Assessment will need to include:

- Presenting issues
- Patient history
- Medications
- Allergies
- Results Mental State examination
- Risks and co-morbidities

Case study 3 Beryl 48 year old woman

Discussion points:

- Old system referred to as Better Outcomes for Mental Health
- Programs under old system still available
 - ATAPS – GP’s need to check with their divisions about mechanisms in place to continue to access allied health professionals under ATAPS
 - MAHS program – More Allied Health Services chronic disease management items

PP 13

Beryl, 48 yr old woman long term mental health care patient

Treated under previous 3 -step plan

- Continue under 3-step plan
- Prepare new plan under Better Access

Decided on a case -by-case basis

PP 14

Beryl, 48 yr old woman

A new mental health care plan must be developed to access GP -referred AHP services

Previously Established Initiatives

PP 15

Previously Established Initiatives

| Initiative | Pre 1 Nov 06 | 1 Nov 06 – 30 Apr 07 | From 1 May 07 |
|--|--|--|---|
| BOIMHC 3 Step Mental Health Process | Available | Available – running in parallel to Better Access | MBS items & SIP payment not available – replaced by Better Access items |
| ATAPS | Available via 3 Step. Check with local DGP | Available via 3 Step and Better Access. Check with local DGP | Available via Better Access. Check with local DGP |
| MAHS | Available | Available. Not impacted by Better Access | Available. Not impacted by Better Access |

PP 16

Previously Established Initiatives

| Initiative | Pre 1 Nov 06 | 1 Nov 06 – 30 Apr 07 | From 1 May 07 |
|------------|--------------|----------------------|---|
| | | | Available. New plans for patients with a mental disorder only should use Better Access. |
| CDM | Available | | Patients with a mental disorder who also have significant co-morbidities & complex needs requiring team-based care may be eligible for CDM and Better Access. |

Case Study 4

Patient discharged from acute care hospital and requires ongoing mental health care

- referral needs to come from GP
- public sector doctors cannot refer patient unless they do it in their private practice time

Take home messages from panel discussion

George Somers

- There is a great opportunity for – if taken correctly by the GPs, to work with a broader team,
 - to increase our network,
 - to increase our own support team and to use these people

Tony Franklin

- there's always been a recognition that psychology had a useful and important part to play but in the past, traditionally it had been seen as being a very expensive option:
 - the opportunity for dialogue with the other health professionals is greatly enhanced by the Better Access initiative
 - the opportunity to offer good quality psychological service to as many people as possible is a wonderful outcome.

Deborah McIntyre

- Social work has had a long tradition of working in public mental health care, this is a great initiative that we can now be part of the private system and recognised for the experience and training that we've had.

Andrew Binns

- GPs are time poor and we are seeing a lot of mental health patients.
 - this initiative has enabled us to help our patients a lot more and getting to know the psychologists and other health workers in this area is – and with the help of this initiative it is a giant step forward.

Harvey Whiteford

- The anxiety- depressive disorders are the largest cause of disease burden in Australia
- the majority of those people who've had those disorders were not treated - this measure will change that around,
- the majority will be now treated and the treatment they get will help reduce the personal suffering as well as the social and economic burden that mental illness causes in our society.

Resources

View PP 19 –
23

PP 19

Further Better Access information

Department of Health and Ageing
website
www.health.gov.au

PP 20

Further Better Access information

Medicare Australia Provider
Enquiry Line
132 150

PP 21

Further Better Access information

Australian Psychological Society
www.psychology.org.au

PP 22

Further Better Access information

OT Australia
www.ausot.com.au

PP 23

Further Better Access information

Australian Association of Social
Workers
www.aasw.asn.au

Appendix 1

| 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 | | 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 risks of self harm &/or harm to others | | | |
| OUTCOME TOOL USED | 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)

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

This program was endorsed by the RACGP Quality Assurance and Continuing Education Program
and ACRRM as a Professional Development Activity.

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