



General Practice
Mental Health
Standards Collaboration

Mental health training standards 2017–19

A guide for training providers



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We recognise the traditional custodians of the land and sea on which we work and live.

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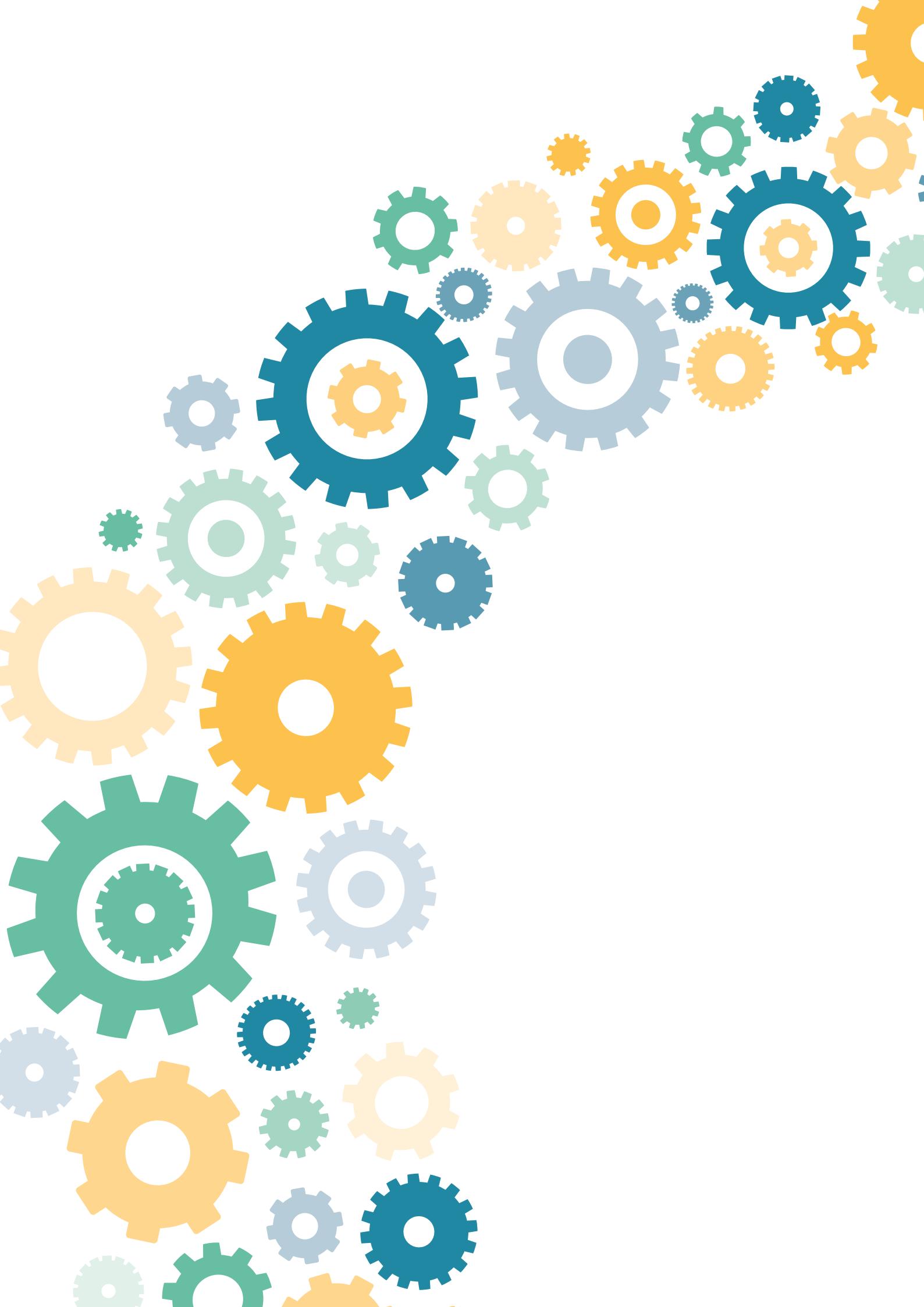
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The GPMHSC includes representatives from the RACGP, the Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Australian Psychological Society (APS) and the community through the Mental Health Council of Australia (MHCA).

The Chairperson, Associate Professor Morton Rawlin, thanks all the past and present members of the GPMHSC Committee. The current membership is Dr Eleanor Chew, Dr James Antoniadis, Dr Louise Stone, Dr Graham Fleming, Dr Michael Eaton, Professor Graham Meadows, Dr Rebecca Mathews, Ms Heather Nowak and Ms Margaret Lewry.





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Part A: Introduction

The purpose of this document

This guide has been developed for training providers who are interested in developing accredited mental health training and education activities for general practitioners (GPs).

This document may also be useful for regional training providers (RTPs) who are interested in developing and integrating GPMHSC-accredited mental health activities as part of general practice registrar training.

It sets out:

- the specific training that GPs are required to complete in order to access GP mental healthcare Medicare Benefits Schedule (MBS) item numbers under the Better Access initiative
- the content requirements for GPMHSC accredited training
- how to apply for accreditation of activities you develop
- details of ongoing mental health education and training recommended for GPs.

About the GPMHSC

Mission statement

The GPMHSC strives towards optimal mental health for the Australian population by ensuring that GPs receive high quality education and training in mental health.

Governance

The GPMHSC is a multidisciplinary body funded by the Commonwealth Government under the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative.

The GPMHSC is managed by the RACGP.

Membership

The GPMHSC includes representatives from general practice, psychiatry, psychology and the community. The RACGP provides secretariat services and chairs the GPMHSC Committee.

The committee members are nominated by the RACGP, ACRRM, APS, RANZCP and MHA.



The role of the GPMHSC

The GPMHSC:

- establishes standards for GP training in mental health in relation to the Better Access initiative
- accredits training activities related to general practice mental healthcare
- promotes accredited general practice training in mental health that aims to develop GPs' knowledge of and skills in detecting and treating mental illness
- promotes the uptake of MBS mental health items under the Better Access initiative
- develops resources to support GPs to provide mental health services
- regularly updates the general practice sector about current mental health issues
- contributes to the development of policy for general practice and mental health.

The role of the GPMHSC Secretariat

To support the GPMHSC, the GPMHSC Secretariat:

- pre-adjudicates skills training activities before the GPMHSC Committee completes a formal adjudication
- pre-adjudicates applications from GPs who wish to be exempt from skills training activities
- adjudicates mental health continuing professional development (MH CPD) in accordance with the GPMHSC's training standards
- reports the details of GPs who are eligible to claim Better Access MBS item numbers to Medicare Australia
- develops supporting resources about primary mental healthcare and the Better Access initiative for GPs and training providers
- provides support to the GPMHSC Committee and Chair
- responds to general enquiries from GPs, practice managers, training providers, Primary Health Networks (PHNs) and other stakeholders about GPMHSC-accredited training and the Better Access initiative
- provides ongoing communication, marketing and support to help implement the GPMHSC Standards.

Seeking assistance from the GPMHSC

For further information and assistance with GPMHSC accreditation of your training activities or how to meet the requirements, please contact the GPMHSC Secretariat.

GPMHSC promotion of accredited activities

The GPMHSC will also promote accredited skills training and CPD activities to interested GPs, PHNs and other interested stakeholders on our website and in our newsletter.





Part B: General guidelines for developing activities

An overview of mental health training accredited by the GPMHSC

The GPMHSC has accredited activities under two broad categories:

- skills training activities
- continuing professional development (CPD) activities.

Skills training activities

Definition

The specific knowledge, abilities, skills and attitudes required to access, manage and provide ongoing mental healthcare in general practice, either through preparing high quality General Practitioner Mental Health Treatment Plans (GPMHTPs) and/or providing FPS.

– The GPMHSC

Types of skills training

There are two types of mental health skills training activities accredited by the GPMHSC:

- Mental Health Skills Training (MHST) (also referred to as Level 1)
- Focussed Psychological Strategies Skills Training (FPS ST) (also referred to as Level 2).

Continuing professional development (CPD) activities

Definition

The means by which members of the profession maintain, improve, and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives.¹

– The Medical Board of Australia

Types of CPD

There are two types of CPD activities accredited by the GPMHSC:

- Mental Health CPD (MH CPD)
- Focussed Psychological Strategies CPD (FPS CPD).



A GP's mental health training options

A GP has several options to choose from when they undertake mental health training:

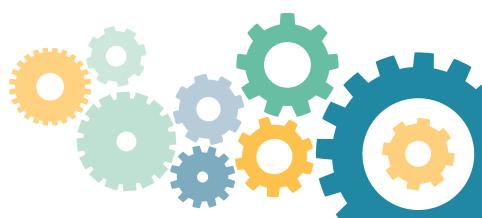
- To begin their mental health training, they complete MHST (Level 1).
This has two pathways and they can choose which one they want to take:
 - Primary Pathway – usually completed by new GPs and general practice registrars
 - Modular Pathway – usually completed by more experienced GPs and GPs who have an interest in mental health.
- After completing MHST (Level 1), the GP:
 - can claim MBS items 2715 and 2717
 - is encouraged to undertake MH CPD
 - can complete FPS ST in order to be registered to deliver FPS.
- To begin FPS ST (Level 2), they need to have completed MHST.
- After completing FPS ST (Level 2), the GP:
 - can claim MBS items 2721, 2723, 2725 and 2727
 - is required to complete at least one FPS CPD in each subsequent triennium in order to maintain their FPS registration
 - is encouraged to complete MH CPD.

The GP mental health training framework

The GP mental health training framework (the 'Framework'), shown in Table 1 on page 6, outlines the types of mental health training that the GPMHSC recommends GPs complete in order to achieve different training level proficiency in the provision of mental healthcare. The GPMHSC has also developed a guide to mental health training for GPs so that they can decide which training activities will suit their needs and interests.

Table 1. GP mental health training framework

Level of training	Mental Health Skills Training (MHST) – Level 1	Focussed Psychological Strategies (FPS) – Level 2
Entry level		
Action	Complete MHST Primary Pathway (targeted at general practice registrars and other doctors entering Australian general practice)	Complete MHST Modular Pathway (targeted at more experienced GPs/GPs with particular interests)
Outcomes	<p>Undertake mental health assessments for common mental disorders</p> <p>Develop and review GPMHTPs</p>	<p>Undertake mental health assessments for common and more complex mental disorders/specific population groups</p> <p>Develop and review GPMHTPs</p>
Intermediate level		
Prerequisite	Completion of MHST	Completion of FPS ST
Action	Complete at least one MH CPD activity each triennium	Complete FPS CPD (required for ongoing Medicare Australia provider registration)
Possible topics/areas	<ul style="list-style-type: none"> Identification and management of planning for illness groups such as those with: <ul style="list-style-type: none"> affective disorders anxiety disorders somatising disorders substance misuse issues Suicide prevention: undertaking risk assessments, recognising and responding to those at risk of suicide Mental health first aid training Interpersonal skills training: relationships, rapport, communication skills, interview skills 	<ul style="list-style-type: none"> Refreshing and expanding upon skills and knowledge learnt in FPS ST (provision of FPS) Provision of FPS to other specific population groups including: <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander peoples those experiencing family violence addictions/alcohol and other drugs (AOD) people from culturally and linguistically diverse backgrounds children and young people Provision of evidence-based psychological therapies
Outcomes	Undertake complex assessments (including risk assessment) of specific patient groups and those at risk of suicide, and manage care of patient in conjunction with mental health professionals	Provide CBT and IPT to patients with more complex mental health presentations and patients from specific patient groups



Advanced level		↓	↓
Prerequisite	MHST + MH CPD		FPS ST + FPS CPD (one per triennium)
Action	Complete advanced MH CPD		Complete advanced FPS CPD/postgraduate mental health training relating to provision of psychological intervention <ul style="list-style-type: none"> • Extended skills in CBT/IPT • Provision of family therapy • Provision of narrative therapy for Aboriginal and Torres Strait Islander peoples • Provision of psychological interventions for specific population groups such as children and adolescents, people with antenatal-related and postnatal-related mental health issues
Possible topics/areas	<ul style="list-style-type: none"> • Identifying and managing complexity and comorbidity (eg substance use, impaired cognition, physical comorbidities) • Identifying and managing illness sub-types • Identifying and managing other disorders – for example: <ul style="list-style-type: none"> – eating disorders – complex trauma – personality disorders – psychotic disorders – childhood disorders 	→	<ul style="list-style-type: none"> • Provision of psychological interventions for people with more complex disorders – for example: <ul style="list-style-type: none"> – personality disorders – eating disorders – psychotic disorders – complex trauma
Outcomes	Assess and diagnose patients with complex mental disorders, manage specific patient groups and coordinate care		Provide a variety of psychological interventions and therapies to patients with complex mental health conditions





Mandatory involvement of professionals

It is essential that you genuinely involve the following professionals when you plan, develop, deliver, and evaluate mental health training activities accredited by the GPMHSC:

- GPs
- mental health professionals skilled in the specific techniques being taught
- experienced educators or vocational trainers.

Some people may hold more than one of these roles (eg a GP may have postgraduate qualifications or substantial training experience in mental health).

Mandatory and recommended involvement of consumers and carers

Through the involvement of consumers and carers in training, GPs are provided with the opportunity to develop a greater understanding and appreciation of the recovery journey and the wider impact and barriers that are often faced by the consumer and their carer. By the sharing of personal experiences and interactive conversations with consumers and carers, GPs have an opportunity to consider strategies that could improve the mental healthcare they deliver in conjunction with other services in the community.

Definitions

In the context of accredited mental health training and education:

- a consumer is a person who has personal experience of mental illness, and who may or may not have accessed mental health services
- a carer is a person who is directly involved in the care of a person with a mental illness because of a familial or social relationship with that person.

Consumer and carer participation in skills training activities

It is essential to involve consumers and carers when you are planning, developing, delivering and evaluating MHST and FPS ST programs. This is in alignment with the priority given to consumer and carer participation in decision-making and policy-making in national mental health plans and agendas.

Consumer and carer participation in CPD activities

The GPMHSC encourages you to actively involve consumers and carers when you are planning, developing, delivering and evaluating MH CPD and FPS CPD activities. This will ensure optimal opportunity for GPs to understand the consumer and carer experience.

Dual roles for consumers and carers

A consumer or carer should not take on other or dual roles. The lived experience should inform the major perspective. A consumer who may now also be a carer for someone with mental illness should only provide their perspective of being a consumer. A GP who is a consumer should provide only the GP perspective.



Selecting consumers and carers to be involved in skills training activities

It is important to select consumers and carers who:

- have personal experience of mental illness, or of caring for someone with a mental illness
- are appropriately skilled to effectively contribute to the planning, development, delivery and review stages
- have previously contributed to multidisciplinary projects in primary care or other mental health sector programs
- are involved with a recognised consumer or carer advocacy organisation.

Supporting consumers and carers

It is essential that appropriate support is provided to the carer and consumer throughout their involvement in the training program. Material covered in mental health training programs is often sensitive and therefore providing support and the opportunity to debrief is important.

Determining their level of involvement

It is essential to:

- actively involve carers and consumers in all stages of the training activity, including the initial planning processes, development of program content and materials, delivery of the activity, and review and evaluation of the activity
- limit their contributions to the program to a consumer or carer perspective so that they do not take on other or dual roles – for example, a carer who has also experienced mental illness should not represent both the carer and consumer perspectives
- recognise that the perspectives of consumers and the perspectives of carers are usually different, and therefore actively and separately address each perspective (carer and consumer) in each stage, as outlined below.

During planning

- At least one consumer and one carer need to be actively involved in the formal planning processes.
- Consumers and carers should be represented on planning or advisory groups, whether these are formally or informally constituted.

During development

- Consumers and carers should actively contribute to the selection and/or development of program content, including materials and resources.
- Input can be provided via experienced individual advocates, or through substantial consultation with focus groups.

During delivery

- An experienced consumer and an experienced carer should contribute to the delivery by presenting their perspectives in person in an interactive session, where participants have the opportunity to ask questions. If the consumer and/or carer are unable to present in person, or if the training program is to be delivered via an e-learning method, contact the GPMHSC Secretariat to discuss alternatives that meet the learning outcomes.
- Your application for accreditation needs to cover what the presentation will include and how it addresses the specific learning outcomes related to consumer/carer perspectives.
- In order for the carer and consumer perspectives to deliver the required learning outcomes, each presentation should be at least 15 minutes.

During review

- At least one consumer and one carer need to be involved in the formal review of mental health training, which will include a review of the objectives and an evaluation of the success of the program.

Presentations by consumers and carers

When appropriate, consumers and carers may lead a specific section of an accredited activity to discuss their perspectives on treatment and recovery, and provide insight into the lived experience of mental illness.

These interactive discussions may be best facilitated as an interview. Appropriately experienced consumers may also give feedback during role-plays.

It is important for training providers to ensure that consumers and carers are adequately supported before, during and after their presentations in the event that participation causes distress.

Using the following questions may help participants to more fully appreciate the consumer and carer perspectives.

Suggested questions to a consumer

Diagnosis

1. When were you first diagnosed with a mental illness?
2. What was the impact of the diagnosis for you?
3. Has this diagnosis changed over time?

Consulting with a GP or other health professional

1. What challenges did you experience in consulting with a GP?
2. What was helpful?
3. What was unhelpful?
4. How did your GP help in assisting you to get the treatment and support you needed?
5. Were you aware that a GPMHTP was developed by your GP? Were you involved and were you given a copy of the plan?
6. Have you accessed services from other health professionals, and if so, what were these experiences like?

Impact of mental illness

1. How did your mental illness impact your daily life?
2. What were you really concerned about?
3. How has the mental illness affected your life more broadly?

Recovery

1. Can you briefly describe what your recovery journey has been like?
2. What strategies do you use to manage your symptoms?
3. What has been important? What has been positive? What has been negative?
4. What is most challenging about living with a mental illness?
5. If you could wave a magic wand and make the healthcare system a good experience for mental health consumers, what would be different about it?
6. Are there other services, health professionals or resources that have assisted you in your recovery?



Suggested questions to a carer

Role as a carer

1. What is your relationship with the person living with a mental illness?
2. What mental illness diagnosis do they have?
3. How long have you been in this role?

Impact and self-care

1. What was the impact of the person's diagnosis on you?
2. What were you really concerned about?
3. How do you feel about being called a carer?
4. Can you briefly describe the impact on your own life as a result of your role as a carer?
5. Does caring for someone with a mental illness affect your own health and wellbeing?
6. Does caring for someone with a mental illness affect your daily life?
7. Thinking about your relationship with the person you are caring for, what are the biggest adjustments you have had to make to your own life?
8. What do you do to take care of yourself while undertaking your role as a carer of someone with a mental illness?
9. Are there any health professionals, services or resources that assisted you in your caring role?

Consulting a GP

1. Do you visit the GP with the person you care for?
2. Do you regularly visit the GP yourself?
3. What has been helpful about the assistance you have received from your GP?
4. What has not been helpful?
5. Were you involved in the development of the GPMHTP for the person you care for? If not why not? If so, was this helpful?
6. What can GPs do to assist you to be a part of the caring team?
7. What do you want GPs to understand about the caring role?

Recovery

1. What has been your role in the recovery journey of the person you care for?
2. If you could wave a magic wand and make the healthcare system a good experience for mental health carers and consumers, what would be different about it?

Sourcing consumers and carers

To source consumers and carers to participate in the planning, development, delivery and review of your training activities, you can use your existing networks, or any of the following organisations.

Mental Health Australia (MHA)

www.mhaaustralia.org

02 6285 3100

Black Dog Institute

www.blackdoginstitute.org.au

02 9382 8518

Private Mental Health Consumer Carer Network

www.pmha.com.au

1300 620 042





Developing e-learning activities

Before developing an e-learning activity

If you intend to develop an e-learning skills training activity, please contact the GPMHSC to discuss your proposal, and how it will support increased access to quality mental health training.

Developing an e-learning activity

To receive accreditation for your e-learning activity, it must satisfy the following requirements:

Consideration of how users are accessing and using the e-learning activity

- Allow for the fact that users outside metropolitan areas may have sub-optimal broadband during program design (eg consider the file size of videos/audios).
- Provide ongoing IT assistance to participants.

Timing

- Ensure that the length of the program satisfies the same requirements as comparable face-to-face activities.
- Incorporate mechanisms that prevent participants from moving through the program without providing adequate responses and engaging with the content.

Interactivity

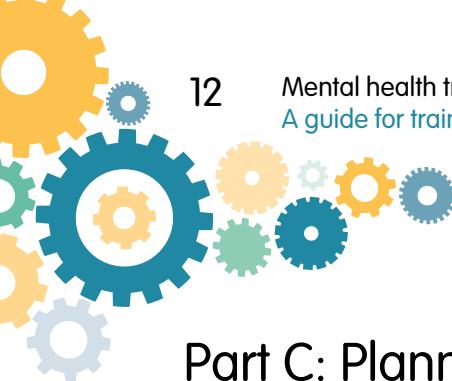
- Ensure the content is interactive and varied so that participants engage with the material (especially for asynchronous training programs).
- Provide opportunities for participants to view specific mental health skills and techniques, such as watching a pre-recorded demonstration of a technique.
- Allow participants to view responses of fellow participants to simulate the interactivity of face-to-face training programs.
- If the content relating to the consumers' and carers' perspective is a pre-recorded video, submit this as part of your application as per face-to-face programs.

Checking learning

- Incorporate participant feedback mechanisms throughout the training so participants can check and track their learning.
- Provide opportunities for participants to practise and reflect on skills they have learnt in the program.

Ongoing developments

- Establish procedures to regularly review, check and update content.



Part C: Planning and developing skills training activities

Introduction

As shown in the GP mental health training framework on page 6, GPs can complete two types of skills training activities:

- MHST (also called Level 1 training)
- FPS ST (also called Level 2 training).

Requirements of all skills training activities

After completing an accredited skills training activity, a GP becomes eligible to provide specific types of mental health consultations with consumers. Therefore there is a requirement that training activities address the general educational requirements (listed below) and the specific requirements (listed under ‘Learning outcomes’ and ‘Course content’ for each different type of ST activity) so that GPs achieve the necessary learning outcomes required to provide quality mental healthcare.

Audience

Although the learning outcomes outlined below primarily relate to GPs, not all of your participants will necessarily be GPs. The GPMHSC supports multidisciplinary training activities so that different professional groups are brought together in a shared learning environment, which not only reflects the team-based nature of primary care, but also helps to improve collaboration between different service providers.

General educational requirements

Skills training activities need to:

- be highly interactive, with a focus on participant engagement and active learning (whether face to face or via e-learning)
- be adaptable to the diversity of participants’ existing knowledge and skills
- include predisposing and reinforcing activities designed to improve educational value
- increase the application of knowledge and skills into behaviours
- provide participants with resources to help them apply what they have learnt into their practice.

Accreditation requirements

To be accredited by the GPMHSC, your skills training activity is either:

- accredited by the RACGP Quality Improvement and Continuing Professional Development (QI&CPD) Program, and/or
- accredited with the ACRRM Professional Development Program (PDP).

Developing training for specific populations

The GPMHSC has developed a suite of resources to assist training providers in preparing mental health training activities for the primary care sector. These documents provide a framework for the development of activities that impart the skills and knowledge required for GPs working with a variety of specific populations, including Aboriginal and Torres Strait Islander peoples and refugee populations. These resources are available at www.racgp.org.au/education/gpmhsc/training-providers/gp-training

MHST (Level 1 training)

Objectives

MHST equips participants with skills to provide the following services:

- recognise and assess mental illnesses
- prepare an evidence-based GPMHTP
- monitor and review a consumer's progress.

It also provides GPs with insight into the perspectives of people who have experienced mental illness and their non-professional carers.

Assumed knowledge

MHST assumes that participants have an existing understanding of the contextual constraints of general practice.

Two possible pathways

GPs can complete MHST by fulfilling one of the following pathways:

- **MHST Primary Pathway** is the traditional pathway for GPs to become accredited with MHST. It is targeted towards general practice registrars and other doctors entering Australian general practice. Its activities cover common mental illnesses such as depression, anxiety, bipolar disorder and schizophrenia, but can include any of the illnesses listed in Appendix 2. While experienced GPs are not deterred from attending an MHST Primary Pathway activity, we expect GPs who have already completed MHST to complete activities within the MHST Modular Pathway to extend their skills in assessing or managing mental illnesses.
- **MHST Modular Pathway** – GPs who choose to complete the MHST Modular Pathway will complete two modules:
 - Mental Health Core Module (CM)
 - Mental Health Clinical Enhancement Module (CEM).

GPs do not have to complete the Mental Health CM and Mental Health CEM with the same training provider, or on the same day.



CM

This module covers the fundamentals of mental healthcare in Australian general practice, and should cover:

- an overview of the Better Access initiative, mental healthcare services and resources available to GPs
- the key components of GPMHTPs
- a deeper understanding of mental illnesses commonly presented in general practice
- an introduction of the concept of the consumer and carer perspective in the provision of mental healthcare.

GPs who require a refresher on core mental health skills can complete a Mental Health CM as part of their CPD.

CEM

GPs must have completed the Mental Health CM before they can complete a Mental Health CEM.

GPs can choose the Mental Health CEM activity that suits their specific needs or areas of interest. Mental illnesses applicable to these activities need to be conditions that enable the access of a GPMHTP.

We encourage GPs to complete a range of Mental Health CEMs as part of their CPD.

CEMs:

- build on the knowledge acquired in the CM
- apply that knowledge to a specific mental health condition, or complex situations, or a specific consumer group, so they are therefore more specific than the activities in the MHST Primary Pathway.

FPS ST (Level 2 training)

Objectives

GPs can become a registered provider of FPS by completing MHST (Level 1) and FPS ST (Level 2).

After completing FPS ST, they will have the skills needed to treat common mental illnesses (see Appendix 2) and, after registering with Medicare Australia as a registered provider of FPS, can use relevant MBS item numbers.

Definition of FPS

Focussed Psychological Strategies (FPS) refers to specific mental healthcare treatments that use evidence-based psychological therapies.

Under the Better Access initiative, GPs who are registered FPS providers can use a range of acceptable FPS that fall into the following categories:

- cognitive behaviour therapy (CBT)
- interpersonal behaviour therapy (IPT).

Narrative therapy for Aboriginal and Torres Strait Islander peoples

FPS ST activities that focus on the provision of mental healthcare to Aboriginal and Torres Strait Islander peoples can include narrative therapy.





National Aboriginal and Torres Strait Islander Health Plan 2013–2023

The centrality of culture and the concept of social and emotional wellbeing as the key platform for prevention and clinical care underpin the key priorities for Aboriginal and Torres Strait Islander health, as identified in the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. For further information, visit www.health.gov.au/internet/publications/publishing.nsf/Content/oatsih-healthplan-toc

Definitions of CBT and IPT²

CBT is an evidence-based focused approach that is based on the concept that thoughts influence feelings and behaviours, and that subsequent behaviours and emotions can influence thoughts. The therapist helps the consumer identify unhelpful irrational thoughts, emotions and behaviours.

CBT has two aspects: behaviour therapy and cognitive therapy.

- Behaviour therapy is based on the theory that behaviour is learned and can therefore be changed.
- Cognitive therapy is based on the theory that distressing emotions and maladaptive behaviours are the result of faulty or irrational patterns of thinking.

Therapeutic interventions aim to replace these dysfunctional thoughts with more rational ones, and lead to an alleviation of problematic thoughts, emotions and behaviour.

IPT is a brief, structured approach that addresses interpersonal issues. According to the theory behind this therapy, the causes of depression and psychological distress can often be traced to aspects of the consumer's social functioning (relationships and social roles).

The underlying assumption of IPT is that mental health problems and interpersonal problems are related, so its goal is to help the person understand how these factors in their current life lead them to become distressed and put them at risk of mental health problems.

Specific interpersonal problems, as presented in IPT theory, include interpersonal disputes, role transitions, grief and interpersonal deficits. IPT explores the consumer's perceptions and expectations of relationships, and aims to improve communication and interpersonal skills.

Developing an MHST Primary Pathway activity

This is the most common pathway GPs take to become accredited with MHST, and is designed for:

- general practice registrars and other doctors entering Australian general practice
- GPs who need a refresher on core mental health skills as part of their CPD.

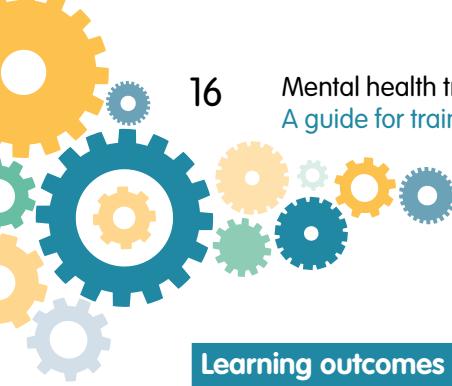
Components

- A six-hour (at minimum) structured interactive learning activity (e-learning or face to face).
- Relevant predisposing activities.
- Relevant reinforcing activities.

Learning outcomes and course content for an MHST Primary Pathway activity

Accredited MHST Primary Pathway activities deliver the following five learning outcomes for participants by including course content listed below.

If your activity does not adequately address each prescribed content area, it may not be accredited.



Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
1. Identify and manage treatment for mental health issues experienced by consumers	<ul style="list-style-type: none">1.1 Overview of Australia's mental healthcare system.1.2 Epidemiology and aetiology of mental illnesses included for treatment under the Better Access initiative (see Appendix 2).1.3 Detection and assessment of mental illnesses in primary care.1.4 Complexities and comorbidities often associated with mental illness.1.5 Skills in mental health assessment, including interview skills, psychosocial history taking, risk assessment (including risk of suicide and self-harm), current psychosocial status and comorbidity.1.6 Use of psychometric instruments to aid assessment and identify change.1.7 Reassessment and review of consumers with a known mental illness.
2. Develop and review evidence-based and needs-based GPMHTP in consultation with consumers and carers	<ul style="list-style-type: none">2.1 Negotiating a shared understanding of the mental illness with the consumer, taking into account cultural and linguistic diversity, culminating in an agreed GPMHTP.2.2 Provision to consumers and carers of psychoeducation and advice on self-help, including proactively responding to early warning signs and developing personal relapse prevention plans.2.3 Appropriate and inappropriate use of pharmacological and/or evidence-based psychological therapies for treatment of mental illness.2.4 Skills in shared care, multidisciplinary communication and team work.2.5 Developing relapse prevention strategies.

Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
<p>3. Incorporate perspectives and needs of consumers, their carers and others in a person's network in a GPMHTP to inform subsequent care received</p>	<p>Consumer experience</p> <p>3.1 Consumer experience of diagnosis, when first diagnosed, whether this diagnosis has changed over time and the impact of the diagnosis and the mental illness more broadly on the consumer's life.</p> <p>3.2 Helpful and unhelpful aspects of relationship with the GP and/or healthcare system, and the GP role of care coordinator.</p> <p>3.3 Value of the GPMHTP from a recovery perspective and the recovery journey.</p> <p>3.4 Previous experiences of and barriers to accessing mental health services and improvements that could be made to the primary healthcare system for consumers of mental health services to eliminate barriers to access.</p> <p>3.5 Useful resources.</p> <p>Carer experience</p> <p>3.6 How the mental illness diagnosis of the consumer has impacted on the carer role, their life and their health and wellbeing.</p> <p>3.7 How GPs can best support carers and other support people via care coordination.</p> <p>3.8 The values of the GPMHTP and the carer role in the recovery journey.</p> <p>3.9 Improvements that could be made to the primary healthcare system for carers of people accessing mental health services to eliminate barriers faced by carers.</p> <p>3.10 Useful resources.</p>
<p>4. Use practice systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental healthcare to consumers</p>	<p>4.1 Local mental healthcare providers/agencies and referral pathways.</p> <p>4.2 Systematic approaches to risk assessment follow-up and coordination of care for consumers.</p>
<p>5. Use appropriate MBS item numbers relating to provision of mental healthcare</p>	<p>5.1 Discuss MBS item numbers relating to development of GPMHTP, and other GP mental health item numbers.</p>



Developing an MHST Modular Pathway activity

Developed in response to the increasingly complex mental health issues that consumers present with, this pathway is designed for more experienced GPs who have a particular interest in mental health.

By choosing the Modular Pathway, a GP can acquire core skills and knowledge in mental health, and then tailor their MHST learning according to their special interests and needs by completing different CEMs.

To satisfy the requirements of the MHST Modular Pathway, a GP completes one CM plus one CEM.

- The Mental Health CM (minimum three hours):
 - covers an overview of the Australian mental healthcare system, including the relevant MBS item numbers associated with GP mental healthcare consultations
 - the aetiology and epidemiology of common mental health illnesses
 - how to complete a GPMHTP
 - strategies for safeguarding consumer safety.

After completing a Mental Health CM, a GP completes a Mental Health CEM if they want to achieve MHST for Medicare billing purposes.

- Each Mental Health CEM (minimum four hours):
 - builds on the knowledge acquired in the CM
 - includes carer and consumer perspectives relating to the specific mental illness/es covered
 - applies that knowledge to a specific mental health condition, or complex situations, or a specific consumer group, so they are therefore more specific than the activities in the MHST Primary Pathway.

Your options

You can design and deliver:

- an activity that combines a CM and a CEM
- a stand-alone CM
- a stand-alone CEM (or CEMs).

The requirements for each option are set out in the following pages.

Please be aware that if GPs do not complete the CM and the CEM with the same training provider, their RACGP QI&CPD/ACRRM PDP categorisation and accrual of points may be affected.





Developing a combined MHST Core Module and Clinical Enhancement Module activity

Components

The MHST Modular Pathway activity (CM + CEM) includes:

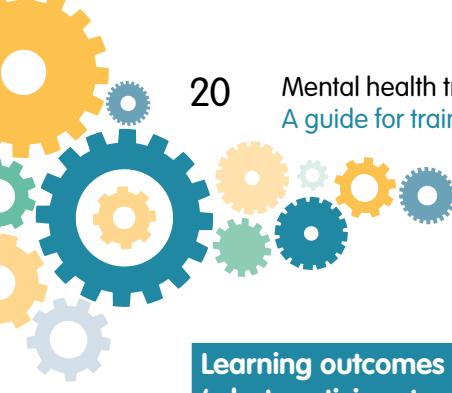
- a minimum of seven hours of structured learning activity (excluding breaks), delivered via e-learning or face to face
- predisposing activities
- reinforcing activities.

Learning outcomes and course content for MHST combined CM and CEM

Accredited MHST Modular Pathway activities will deliver the following five learning outcomes for participants by including the course content listed for each one.

If your activity does not adequately address each prescribed content area, it may not be accredited.

Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
<p>1. Identify and manage treatment for mental health issues experienced by consumers, including common mental health conditions and the specific illness/es or related issues covered in the activity</p>	<p>1.1 Overview of Australia's mental healthcare system</p> <p>1.2 Epidemiology and aetiology of common mental illnesses and the specific mental illness/es included for treatment through the Better Access initiative (see Appendix 2).</p> <p>1.3 Detection and assessment of the common mental illnesses and the specific mental illness/es or related issues covered in this activity.</p> <p>1.4 Complexities and comorbidities often associated with mental illness, with particular attention on the specific issue/s covered in this activity (if applicable).</p> <p>1.5 Skills in mental health assessment including interview skills, psychosocial history taking, risk assessment (including risk of suicide and self-harm), current psychosocial status including consideration of family members and children who might be affected, and comorbidity, including the specific issue/s covered in the activity.</p> <p>1.6 Use of psychometric instruments to aid assessment and identify change.</p> <p>1.7 Reassessment and review of consumers with a known mental illness.</p>



Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
<p>2. Develop and review evidence-based and needs-based GPMHTP for mental illness/es covered in the activity in consultation with consumers and carers</p>	<p>2.1 Negotiating a shared understanding of the specific mental illness/es with the consumer, taking into account cultural and linguistic diversity, culminating in an agreed GPMHTP.</p> <p>2.2 Provision to consumers and carers of psychoeducation and advice on self-help for specific illness/es covered, including proactively responding to early warning signs, and developing personal relapse prevention plans and safety plans.</p> <p>2.3 Appropriate and inappropriate use of pharmacological and/or evidence-based psychological therapies for treatment of the specific mental illness/es.</p> <p>2.4 Skills in shared care, multidisciplinary communication and teamwork.</p> <p>2.5 Developing relapse prevention strategies.</p>
<p>3. Incorporate perspectives and needs of consumers, their carers and others in a person's network in a GPMHTP to inform subsequent care received</p>	<p>Consumer experience</p> <p>3.1 Consumer experience of diagnosis, when first diagnosed, whether this diagnosis has changed over time and the impact of the diagnosis and the mental illness more broadly on the consumer's life.</p> <p>3.2 Helpful and unhelpful aspects of relationship with the GP and/or healthcare system, and the GP role of care coordinator.</p> <p>3.3 Value of the GPMHTP from a recovery perspective and the recovery journey.</p> <p>3.4 Previous experiences of and barriers to accessing mental health services and improvements that could be made to the primary healthcare system for consumers of mental health services to eliminate barriers to access.</p> <p>3.5 Useful resources.</p> <p>Carer experience</p> <p>3.6 How the mental illness diagnosis of the consumer has impacted on the carer role, their life and their health and wellbeing.</p> <p>3.7 How GPs can best support carers and other support people via care coordination.</p> <p>3.8 The values of the GPMHTP and the carer role in the recovery journey.</p> <p>3.9 Improvements that could be made to the primary healthcare system for carers of people accessing mental health services to eliminate barriers faced by carers.</p> <p>3.10 Useful resources.</p>

Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
<p>4. Use practice systems to identify local services and resources relating to the specific illness/es covered in the activity that safeguard consumer safety and assist in providing holistic mental healthcare to consumers</p>	<p>4.1 Local mental healthcare providers/other agencies and referral pathways relevant to the specific illness/es if applicable.</p> <p>4.2 Systematic approaches to risk assessment follow-up and coordination of care for consumers, taking into account others affected such as children and other dependants.</p>
<p>5. Use appropriate MBS item numbers relating to provision of mental healthcare</p>	<p>5.1 Discuss MBS item numbers relating to development of GPMHTP and other GP mental health item numbers.</p>

Developing a stand-alone MHST Core Module activity

Components

The Mental Health CM incorporates a minimum of three hours (excluding breaks) of structured learning activity that is highly interactive, and focuses on participant engagement and active learning.

Participants who wish to obtain MHST accreditation will follow completion of a CM activity with completion of a CEM (see below).

Accredited MHST Modular Pathway CM activities deliver the following four learning outcomes for participants by including the course content listed for each one.

If your activity does not adequately address each prescribed content area, it may not be accredited.



Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
1. Identify and manage treatment for mental health issues experienced by consumers	1.1 Overview of Australia's mental healthcare system 1.2 Epidemiology and aetiology of common mental illnesses included for treatment through the Better Access initiative (see Appendix 2). 1.3 Detection and assessment of mental illnesses in primary care. 1.4 Complexities and comorbidities often associated with mental illness. 1.5 Skills in mental health assessment, including interview skills, psychosocial history taking, risk assessment (including risk of suicide and self-harm), current psychosocial status and comorbidity. 1.6 Use of psychometric instruments to aid assessment and identify change. 1.7 Reassessment and review of consumers with a known mental illness.
2. Develop and review evidence-based and needs-based GPMHTP in consultation with consumers and carers	2.1 Negotiating a shared understanding of the mental illness with the consumer, taking into account cultural and linguistic diversity, culminating in an agreed GPMHTP. 2.2 Provision to consumers and carers of psychoeducation and advice around self-help, including proactively responding to early warning signs, developing personal relapse prevention plans and safety plans. 2.3 Appropriate and inappropriate use of pharmacological and/or evidence-based psychological therapies for treatment of mental illness. 2.4 Skills in shared care, multidisciplinary communication and teamwork. 2.5 Developing relapse prevention strategies.
3. Use practice systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental healthcare to consumers	3.1 Local mental healthcare providers/agencies and referral pathways. 3.2 Systematic approaches to risk assessment follow-up and coordination of care for consumers.
4. Use appropriate MBS item numbers relating to provision of mental healthcare	4.5 Discuss MBS item numbers relating to development of GPMHTP and other GP mental health item numbers and their application to practice.





Developing a stand-alone MHST Clinical Enhancement Module activity

Components

The Mental Health CEM incorporates a minimum of four hours (excluding breaks) of structured learning activity that is highly interactive, and focuses on participant engagement and active learning.

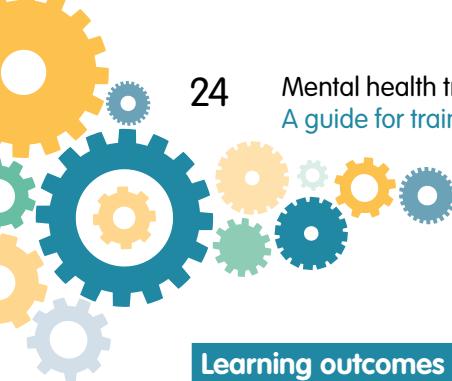
Learning outcomes and course content for a stand-alone MHST Clinical Enhanced Module activity

Participants will have completed an accredited CM activity before completing this activity.

Accredited MHST Modular Pathway CEM activities deliver the following four learning outcomes for participants by including the course content listed for each one.

If your activity does not adequately address each prescribed content area, it may not be accredited.

Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
1. Identify and manage treatment for specific mental health or other issues experienced by consumers	<ul style="list-style-type: none">1.1 Epidemiology and aetiology of the specific mental illness/es included for treatment through the Better Access initiative if applicable (see Appendix 2).1.2 Detection and assessment of the specific mental illness/es or related issues covered in this activity.1.3 Complexities and comorbidities often associated with mental illness, with particular attention on the specific issue/s covered in this activity (if applicable).1.4 Skills in mental health assessment including interview skills, psychosocial history taking, risk assessment (including risk of suicide and self-harm), current psychosocial status including consideration of family members and children who might be affected, and comorbidity, including the specific issue/s covered in the activity.1.5 Use of psychometric instruments and other methods to aid assessment of specific illness/conditions and identify change.1.6 Reassessment and review of consumers with a known mental illness.



Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
<p>2. Develop and review evidence-based and needs-based GPMHTP for specific mental illness/es in consultation with consumers and carers</p>	<p>2.1 Negotiating a shared understanding of the specific mental illness/es with the consumer, taking into account cultural and linguistic diversity, culminating in an agreed GPMHTP.</p> <p>2.2 Provision to consumers and carers of psychoeducation and advice on self-help, including proactively responding to early warning signs, developing personal relapse prevention plans and safety plans.</p> <p>2.3 Appropriate and inappropriate use of pharmacological and/or evidence-based psychological therapies for treatment of the specific mental illness/es.</p> <p>2.4 Skills in shared care, multidisciplinary communication and teamwork.</p> <p>2.5 Developing relapse prevention strategies.</p>
<p>3. Incorporate perspectives and needs of consumers, their carers and others in a person's network in a GPMHTP to inform subsequent care received</p>	<p>Consumer experience</p> <p>3.1 Consumer experience of diagnosis, when first diagnosed, whether this diagnosis has changed over time and the impact of the diagnosis and the mental illness more broadly on the consumer's life.</p> <p>3.2 Helpful and unhelpful aspects of relationship with the GP and/or healthcare system, and the GP role of care coordinator.</p> <p>3.3 Value of the GPMHTP from a recovery perspective and the recovery journey.</p> <p>3.4 Improvements that could be made to the primary healthcare system for consumers of mental health services to eliminate barriers to access.</p> <p>3.5 Useful resources.</p> <p>Carer experience</p> <p>3.6 How the mental illness diagnosis of the consumer has impacted on the carer role, their life and their health and wellbeing.</p> <p>3.7 How GPs can best support carers and other support people via care coordination.</p> <p>3.8 The values of the GPMHTP and the carer role in the recovery journey.</p> <p>3.9 Improvements that could be made to the primary healthcare system for carers of people accessing mental health services to eliminate barriers faced by carers.</p> <p>3.10 Useful resources.</p>

Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
<p>4. Use practice systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental healthcare to consumers</p>	<p>4.1 Local mental healthcare providers/other agencies that provide services for the specific mental illness/related issues, and referral pathways into these providers/agencies.</p> <p>4.2 Systematic approaches to risk assessment follow-up for the specific mental illness/related issue and coordination of care for consumers and other affected persons such as children and other dependants.</p>

Developing FPS ST activities

Developing activities based on CBT or IPT

The following table shows the strategies you are required to include in your FPS ST activity, depending on which type of therapy you are predominantly basing your activity on.

Activities based on CBT	Activities based on IPT
<p>Activities predominantly based on CBT must provide skills in the following strategies, except those shown as optional</p> <ul style="list-style-type: none"> • Psychoeducation • Motivational interviewing • Theory and principles underlying CBT • Behavioural interventions: <ul style="list-style-type: none"> – behaviour modifications – activity scheduling (optional) – exposure techniques (optional) • Cognitive interventions: <ul style="list-style-type: none"> – cognitive analysis, thought challenging and cognitive restructuring – self-instructional training, attention regulation and control (optional) • Relaxation strategies • Skills training (eg problem-solving, communication training, parent management training and stress management) 	<p>Activities predominantly based on IPT must provide skills in all of the following strategies</p> <ul style="list-style-type: none"> • Psychoeducation • Motivational interviewing • Theory and principles underlying IPT, mental illnesses linked to four types of relationship difficulties (loss, role dispute, role transitions and interpersonal deficits) • IPT training: <ul style="list-style-type: none"> – explore consumer's perceptions, expectations of others and relationships – identify problems with relationships – use consumers' affect to bring about change – problem-solve to achieve a resolution of relationship issues – communication analysis and training – role-play changed behaviour – use therapeutic relationship



Learning outcomes and course content for FPS ST

Accredited FPS ST activities deliver the following five learning outcomes for participants by including the course content listed for each one.

Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
<p>1. Select and use appropriate evidence-based FPS intervention relevant to consumer issues/needs outlined in the GPMHTP</p>	<p>1.1 Outline the range of evidence-based FPS, and the rationale for use in different clinical circumstances, including when working with consumers from culturally and linguistically diverse backgrounds.</p> <p>1.2 For CBT programs, teach techniques to provide CBT-based FPS to consumers as part of the treatment plan for their mental illness.</p> <p>1.3 For IPT programs, teach techniques to provide IPT-based FPS to consumers as part of their treatment plan for their mental disorder.</p> <p>1.4 Explain the aetiology and epidemiology of the conditions covered.</p> <p>1.5 For each condition covered, outline the relevant FPS/treatment models that apply to particular disorders, and the modes of assessment for making these determinations.</p> <p>1.6 Discuss integrated FPS and medication.</p> <p>1.7 Discuss consumer progress review.</p> <p>1.8 Discuss safe closure/termination of intervention.</p>
<p>2. Incorporate the perspectives and needs of consumers, their carers and others in a person's network as outlined in the GPMHTP to inform FPS provision</p>	<p>Consumer experience</p> <p>2.1 Consumer experience of diagnosis, when first diagnosed, whether this diagnosis has changed over time and the impact of the diagnosis and the mental illness more broadly on the consumer's life.</p> <p>2.2 Helpful and unhelpful aspects of relationship with the GP and/or healthcare system, and the GP role of care coordinator.</p> <p>2.3 Value of the GPMHTP from a recovery perspective and the recovery journey.</p> <p>2.4 Improvements that could be made to the primary healthcare system for consumers of mental health services to eliminate barriers to access.</p> <p>2.5 Useful resources.</p> <p>Carer experience</p> <p>2.6 How the mental illness diagnosis of the consumer has impacted on the carer role, their life and their health and wellbeing.</p> <p>2.7 How GPs can best support carers and other support people via care coordination.</p> <p>2.8 The values of the GPMHTP and the carer role in the recovery journey.</p> <p>2.9 Improvements that could be made to the primary healthcare system for carers of people accessing mental health services to eliminate barriers faced by carers.</p> <p>2.10 Useful resources.</p>





Learning outcomes (what participants will be able to demonstrate after completing this activity)	Course content (how participants will demonstrate that they have achieved the knowledge or behaviour)
<p>3. Use the practice's systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental healthcare to consumers</p>	<p>3.1 Systematic approaches to risk assessment and coordination of care for consumers.</p> <p>3.2 Knowledge of local services relevant to consumers' needs.</p> <p>3.3 Resources, frameworks and referral pathways available to assist in consumer care.</p>
<p>4. Engage in regular supervision and other professional development to maintain and extend skills in the provision of FPS</p>	<p>4.1 Requirement to complete FPS CPD activity every triennium.</p> <p>4.2 Types of FPS CPD activities (refer to www.racgp.org.au/education/gpmhsc).</p> <p>4.3 Discuss and model principles of professional supervision and reflective practice.</p> <p>4.4 Provide information on professional supervisor registers/networks.</p>
<p>5. Use appropriate MBS item numbers relating to the provision of mental healthcare</p>	<p>5.1 Discuss MBS item numbers relating to providing FPS.</p>

Part D: Accreditation of your skills training activities

Applying for accreditation of skills training activities

This section explains how to apply for GPMHSC-accreditation of your skills training activities.

Completing an application for a face-to-face training activity

Include the following items in your application for a face-to-face training activity.

Overview

- Completed dual application form with responses that clearly demonstrate how the training addresses the five learning outcomes.
- Detailed program outline/schedule that demonstrates how the program meets the minimum time requirements of the training.
- Needs assessment.

Materials

- Predisposing activity material
- Participant resources/workbooks that clearly outline the content, case studies, examples presented, and how participants will use this material.
- PowerPoint presentations.
- Reinforcing activity material.
- Three electronic copies of consumer and carer perspective videos.

Review

- Evaluation material.

Applying for accreditation of an e-learning training activity

Include the following items in your application for an e-learning training activity.

Overview

- Completed dual application form with responses that clearly demonstrate how the training addresses the five learning outcomes.
- Detailed program schedule that demonstrates how the program meets the minimum time requirements of the training.
- Program outline that includes content of training, manuscripts, case study examples, screen shots of e-learning training modules (if available)/slides that mirror what the e-learning module will look like, and how participants will use the material in an e-learning environment.
- Needs assessment.

Materials

- Predisposing activity material.
- Reinforcing activity material.
- Three copies of consumer and carer perspective videos if applicable, or manuscripts/questions schedules of carer and consumer presentations/interviews.

Review

- Evaluation material.

Submitting asynchronous e-learning training activities

If you are developing asynchronous e-learning programs, you are required to:

- submit participant evaluation forms no later than six weeks after the launch of the training program, as per the quality assurance requirement
- submit learning management system logs of the time it is taking participants to complete the training.

Submitting an application for an skills training activity

Stage 1: Submit a draft application for pre-adjudication

We welcome draft applications or course proposals, and will work with you to ensure that your application addresses the GPMHSC Standards before it is sent to the committee for adjudication.

- a) Prepare your training activity.
- b) Download and complete the dual application form (available at www.gpmhsc.org.au), which allows you to seek accreditation with the RACGP and/or ACRRM before adjudication by the GPMHSC.
- c) Submit your draft application for adjudication by the respective college before it is submitted to the GPMHSC Secretariat (at least two weeks before the committee meeting you would like your application to be considered at).
- d) The secretariat will review your draft against the GPMHSC Standards and provide you with feedback.

Stage 2: Submit your final application for adjudication

- a) Revise your draft application based on the feedback you receive.
- b) Submit your final application by the final closing date (seven days before the next committee meeting).

To view the closing dates for draft applications and final applications, please visit www.racgp.org.au/education/gpmhsc/training-providers/application-information

Stage 3: GPMHSC Committee adjudicates your application

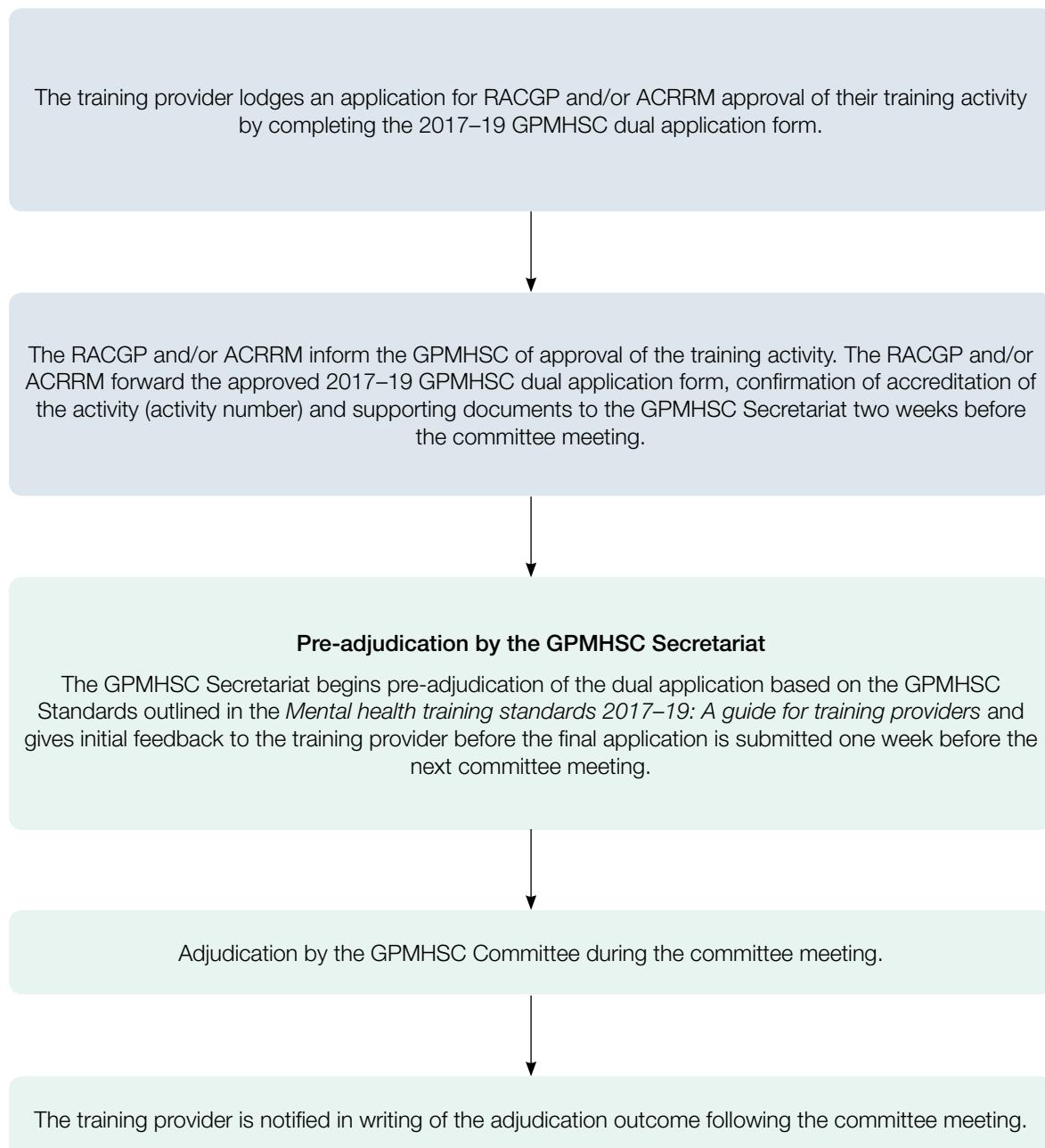
- a) At the next committee meeting, the GPMHSC Committee will determine whether the training activity meets the required standards. Under certain circumstances, your application may be held over until the next meeting (eg if the meeting's agenda is already full, or if your application appears incomplete).
- b) The GPMHSC will notify you in writing of the outcome of the adjudication within one to two days of the committee meeting (adjudication does not guarantee accreditation). If your application is successful, you will also receive the GPMHSC-accredited logo that you can use to promote the program.

Retrospective accreditation

The GPMHSC does not grant retrospective accreditation for training activities and will not consider applications for accreditation of training activities that were delivered before adjudication of your application.



Training accreditation flow chart





After you have received accreditation of your skills training activity

Promoting your GPMHSC-accredited mental health training activities

You cannot advertise a training activity as GPMHSC-accredited unless you have received written confirmation of accreditation from the GPMHSC.

After you receive written confirmation of accreditation, please display the following GPMHSC logo on your MHST and FPS ST activities, as well as any promotional media (eg websites, brochures) for those activities.



Re-accreditation for the 2017–19 triennium

If you have had activities accredited with the GPMHSC in the 2014–16 triennium, you will need to apply for re-accreditation for the 2017–19 triennium. In your application, you need to provide:

- responses to the five new learning outcomes
- a cover letter outlining any changes from the original application that have been incorporated into the activity for which you are now seeking accreditation
- relevant attachments reflecting these changes (eg updated program outline, case studies used, participant activities, changes to predisposing and reinforcing activities)
- evaluation reports that contain aggregated data from activities completed in the previous triennium.

Delivering an accredited skills training activity that has been accredited with another training provider

Some training providers, such as PHNs or RTPs, may share their resources. If you want to adopt or use an existing GPMHSC-accredited training activity, contact the GPMHSC Secretariat before you deliver the activity in order to establish if there are any anticipated changes or variations to the original program.



The GPMHSC quality assurance program

The GPMHSC's quality assurance program demonstrates our commitment to providing GPs with high quality general practice education and training in mental health.

The quality assurance program:

- ensures that all GPMHSC-accredited skills training activities continue to meet the standards
- reviews and evaluates how accredited training activities are being delivered
- provides an avenue for training providers to openly discuss their mental health training activities and receive feedback on their performance.

The GPMHSC uses two main methods to monitor the quality of GPMHSC-accredited training activities:

- **Attendance at accredited training activities by a GPMHSC staff member**

Each triennium, the GPMHSC is required by the Department of Health to complete quality assurance reviews on accredited training activities, which are selected at random. If one or more of your training activities are selected, the GPMHSC Secretariat will notify you one month before the scheduled training. The GPMHSC reviewer will either arrange to attend the training on a particular date (for face-to-face activities) or arrange enrolment in e-learning activities. The reviewer will contact the training provider to give feedback and an outcome from the quality assurance review. If there is concern that a training program does not meet the standards, the training program will be re-reviewed by the GPMHSC Committee and a decision made about ongoing accreditation.

- **Review of participants' evaluation forms**

Within six weeks of the first delivery of an activity, the GPMHSC will review the participant evaluation report submitted to the RACGP and/or ACRRM as per their requirements for ongoing accreditation of activities. Providers of e-learning activities are also required to submit learning management system logs within six weeks of the launch of the e-learning activity that show the time participants take to complete the training. If there are concerns raised via training program evaluation reports and/or learning management system logs, the training provider will be contacted and the activity will be subject to a quality assurance review (as above).

Reporting after delivery of skills training

After delivering an accredited MHST activity

- Provide participants who successfully completed the activity with a certificate of completion.
- Update each GP's training records with the RACGP and/or ACRRM, so that the GPMHSC can accurately report this information to Medicare Australia.
- Advise participants that they must wait until they have received written confirmation from Medicare Australia before claiming the relevant MBS item numbers.

After delivering an accredited FPS ST activity

- Provide participants who successfully completed the activity with a certificate of completion.
- Advise participants that to become a registered provider of FPS with Medicare Australia, they will need to:
 - complete the application form available on the GPMHSC website at www.racgp.org.au/education/gpmhsc/gps/provider
 - forward the completed application form and a copy of their certificate of completion to gpmhsc@racgp.org.au
 - wait until they have received written confirmation from Medicare Australia before claiming the relevant MBS item numbers.

Changing a skills training activity after it has been accredited

Contact the GPMHSC Secretariat if you want to make or have made changes to an accredited activity.



Part E: Planning and developing MH CPD and FPS CPD activities

Learning outcomes of MH CPD activities

MH CPD activities have learning outcomes that extend, refresh or consolidate the skills and knowledge that participants learnt in MHST to detect, assess and manage mental illnesses in general practice.

Learning outcomes of FPS CPD activities

FPS CPD activities have learning outcomes that extend, refresh or consolidate the skills and knowledge that participants learnt in FPS ST to provide FPS in a general practice.

FPS CPD activities are highly interactive and structured, creating high levels of participant engagement and active learning.

Accreditation types for CPD activities

GPMHSC-accredited CPD activities are accredited as either gold standard CPD or standard CPD as indicated by the logos below. Gold standard activities are ALMs and have genuine involvement from both carer and consumer representatives.





Applying for accreditation of CPD training activities

This section explains how to apply to the GPMHSC to have CPD activities accredited.

Dual accreditation of your MH CPD or FPS CPD activities

If you are developing CPD activities with a mental health focus, we encourage you to seek MH CPD or FPS CPD accreditation from GPMHSC, after receiving accreditation by RACGP and/or ACRRM for QI&CPD/PDP points. The GPMHSC can assist the RACGP and ACRRM to determine which MH CPD category an activity belongs to.

This may attract more participants to your activities as you can display the GPMHSC-accredited logo when you advertise your activity.

Submitting your application

If you wish to have an MH CPD or FPS CPD activity accredited by GPMHSC, you need to first seek accreditation from the RACGP QI&CPD Program and/or the ACRRM PDP.

You do not need to complete a dual application form for CPD activities.

- a) Prepare your activity for RACGP/ACRRM CPD purposes.
- b) Write an outline of the activity's content, explaining how it meets the requirements of either MH CPD or FPS CPD.
- c) Send your written outline with your application for CPD points to the RACGP QI&CPD Program or ACRRM PDP, and inform the RACGP QI&CPD and/or ACRRM PDP staff member that you would also like to seek GPMHSC accreditation for either MH CPD or FPS CPD.
- d) The relevant RACGP or ACRRM staff member will send to the GPMHSC Secretariat seeking requesting MH CPD or FPS CPD accreditation.

Review of your application

- a) The GPMHSC Secretariat will adjudicate your CPD activity when they receive it.
- b) The GPMHSC will notify you in writing of the outcome of the adjudication as soon as practicable (adjudication does not guarantee accreditation). If your application is successful, you will also receive the GPMHSC-accredited logo that you can use to promote the program.



Part F: Appendices

Appendix 1: Abbreviations used in this document

ACRRM	Australian College of Rural and Remote Medicine
ALM	active learning module
APS	Australian Psychological Society
CBT	cognitive behaviour therapy
CPD	continuing professional development
DoH	Department of Health
FPS CPD	Focussed Psychological Strategies Continuing Professional Development
FPS ST	Focussed Psychological Strategies Skills Training
GP	general practitioner
GPMHTP	General Practitioner Mental Health Treatment Plan
GPMHSC	General Practice Mental Health Standards Collaboration
IPT	interpersonal therapy
MBS	Medicare Benefits Schedule
MH CPD	Mental Health Continuing Professional Development
MHA	Mental Health Australia
MHST	Mental Health Skills Training
PHN	Primary Health Network
QI&CPD	Quality Improvement and Continuing Professional Development
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists

Appendix 2: Mental illnesses applicable under Better Access

A mental illness is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities.³

Mental illnesses applicable under Better Access

At the time of printing, the following mental illnesses/disorders are eligible for treatment under Better Access as per the *International classification of diseases*, 10th revision (ICD-10).⁴ Refer to the *International classification of diseases*, 11th revision (ICD-11) when it is released for up-to-date information.

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

Mental illnesses not applicable under Better Access

- Dementia
- Delirium
- Tobacco-use illness
- Mental retardation

Although these are not mental illnesses applicable under the Better Access initiative, you can address them when patients who present with mental illness have comorbidity with one or more of these conditions (eg when you are treating a patient who has impaired cognition and mental illness).



References

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4. World Health Organization. Diagnostic and management guidelines for mental disorders in primary care: International classification of diseases 10th revision (ICD-10), Chapter V: Primary healthcare version. Göttingen, Germany: WHO/Hogrefe & Huber Publishers, 1996. Available at http://apps.who.int/iris/bitstream/10665/41852/1/0889371482_eng.pdf [Accessed 6 June 2016].







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