

Working with the Stepped Care Model:

Mental health services
through general practice



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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Executive summary

A primary role of the General Practice Mental Health Standards Collaboration (GPMHSC) is the development of competencies in mental health service provision. The GPMHSC identified a need for an easy-to-access guide to the Stepped Care Model for general practitioners (GPs) in Australia.

This guide aims to:

- support the implementation of the Stepped Care Model
- encourage communication between general practice and Primary Health Networks (PHNs)
- promote shared-care decision making with carers and consumers.

This guide details advice on:

- what is the Stepped Care Model?
- what is the role of the GP in stepped care?
- how GPs and PHNs can work together to provide care
- exploring the Stepped Care Model in your community
- thinking about available services
- who is providing the services?
- thinking about your community
- talking to your patients about stepped care
- GP education and training.

At the end of this guide comes a list of useful resources, including PHN website links, and an appendix with current Medicare rebates.

In developing this guide, and ensuring its relevance to all professions involved in primary mental health care, the GPMHSC engaged in a consultation process with relevant member organisations including the Australian Psychological Society, the Australian Association of Social Workers, the Royal Australian and New Zealand College of Psychiatrists, Occupational Therapy Australia and the Australian College of Mental Health Nurses.

On behalf of the GPMHSC, I encourage all GPs to refer to this guide when looking to understand how best to use the stepped care services in their own practice and in collaboration with their PHN.



Associate Professor Morton Rawlin
Chair, General Practice Mental Health Standards Collaboration

Acronyms and initialisms

ACCCHS	Aboriginal Community Controlled Health Services
ADHD	attention deficit hyperactivity disorder
ATSICHS	Aboriginal and Torres Strait Islander Community Health Service
CALD	culturally and linguistically diverse
CEM	clinical enhancement module
EAP	employee assistance program
FPS	Focussed Psychological Strategies
FPS CPD	FPS Continuing Professional Development
FPS ST	FPS Skills Training
GP	general practitioner
GPMHSC	General Practice Mental Health Standards Collaboration
GPMHTP	GP Mental Health Treatment Plan
LGBTIQ	lesbian, gay, bisexual, transgender, intersex, queer or questioning
MBS	Medicare Benefits Schedule
MH CPD	Mental Health Continuing Professional Development
MHST	Mental Health Skills Training
NDIS	National Disability Insurance Scheme
NMHC	National Mental Health Commission
non-VR	non-vocationally registered
PHN	Primary Health Network

Introduction

For most Australians, general practice is the first port of call when they access Australia's healthcare system, and their general practitioner (GP) is usually the first person consulted about their mental health care. An estimated 13% of GP encounters in 2015–16¹ were related to mental health, and GPs and other medical practitioners provided more than 2.7 million Medicare Benefits Schedule (MBS)-subsidised mental health services.² In The Royal Australian College of General Practitioners' (RACGP's) *General Practice: Health of the Nation 2018* report, GPs reported that psychological issues (eg depression, mood disorders, anxiety) are the most common health issues managed.³

The high prevalence and burden of disease associated with mental illness and psychosocial disability means that GPs need to be able to detect and manage mental illness, and must play a central role in providing evidence-based, patient-centred care to people living with mental illness.

Over the past decade, the work undertaken by the General Practice Mental Health Standards Collaboration (GPMHSC) has increased GPs' skills and knowledge in detecting, diagnosing and managing mental illnesses. By upholding high standards of general practice training, the GPMHSC continues to ensure that Australians receive optimal mental health care.

As well as providing care, it is essential that GPs are able to access and use other primary mental health care services effectively and efficiently, if the needs of all Australians are to be met. This includes the appropriate use of services delivered by Primary Health Networks (PHNs). It also means ensuring consumers and carers are able to access resources to assist in recovery.

GPs provide continuity of care throughout a person's illness and recovery, beginning with early detection of mental health concerns through to managing chronic and complex care. GPs have a distinct advantage because they provide whole-person care, ensuring less risk of a person with mental illness 'falling through the cracks' of the healthcare and disability support system.

System change towards a Stepped Care Model

In 2014, the National Mental Health Commission (NMHC) released *Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services*,⁴ a review to assess the efficiency and effectiveness of programs and services in supporting individuals experiencing mental health issues, and their carers.

The Australian Government response detailed nine interconnected areas of reform, including ‘refocusing primary mental health care programs and services to support a stepped care model’.⁵ To this end, the government tasked PHNs in implementing the primary mental healthcare reform activities with the development and commissioning of services that apply to the Stepped Care Model.

In this document, the term ‘stepped care’ refers specifically to the government’s Stepped Care Model, a key element to its mental health reform initiative to fund PHNs for regional mental health planning and commissioning. Stepped care is an approach to care delivery where the level of intensity of care is matched to the complexity of the condition (Figure 1).

The idea is not new; GPs already use this approach in all aspects of patient care, including physical care. GPs make assessments to determine the best management approach to guide their patients in accessing services appropriate to their level of need, and thus ensure that more intensive and often costly services are directed to patients best able to benefit from them.

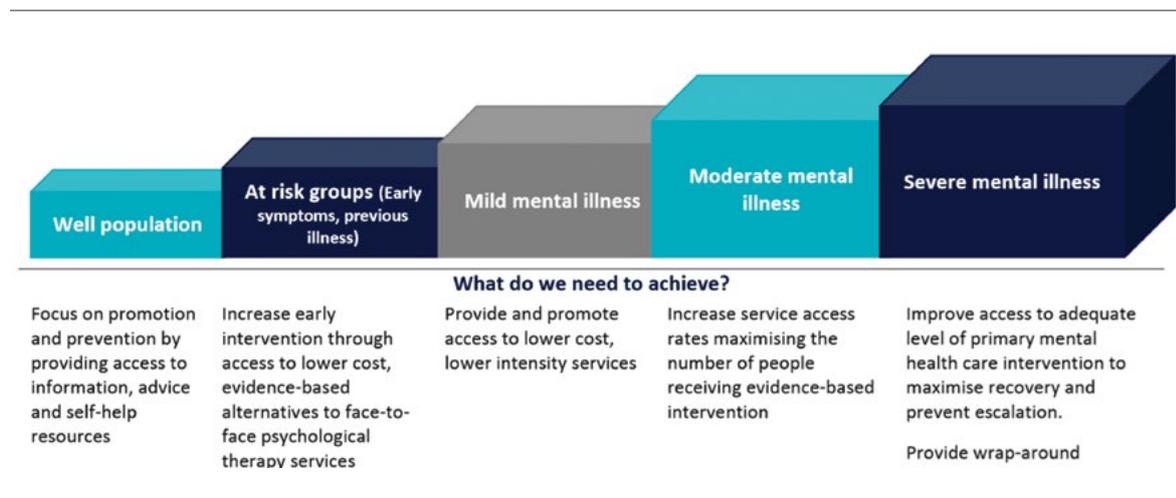


Figure 1. System changes to strengthen the Stepped Care Model in primary mental healthcare clinical service delivery⁶

Reproduced from the Department of Health. PHN mental health and suicide prevention implementation guidance: Stepped care. Canberra: DoH, [date unknown]; p. 3. Available at [www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/\\$File/1PHN%20Guidance%20-%20Stepped%20Care.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/$File/1PHN%20Guidance%20-%20Stepped%20Care.pdf) [Accessed 21 February 2019].

In Australia, the Stepped Care Model aims to comprise a range of support services of varying interaction, where a person presenting is matched to the intervention level that most suits their current need. An individual need not start at the lowest level of intensity in order to progress; rather, they are matched with a service that meets their needs.⁶

The Stepped Care Model is an attempt to broaden the scope of treatments offered while maintaining affordable and accessible services. Because each PHN covers different populations and multiple communities, the services offered also differ. The Australian Government Department of Health (DoH) offers the following definitions:

Stepped care

Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. Within a stepped care approach, an individual will be supported to transition up to higher intensity services or transition down to lower intensity services as their needs change. Stepped care is a different concept from 'step up/step down' services which is defined below.

Step up/step down services

These are clinically supported services which offer short-term care to manage the interface between inpatient and community settings. They provide an alternative to hospital admission (pre-acute) and provide bridging support following discharge from hospital (post-acute). Step up/step down services are usually delivered through staffed residential facilities but may be delivered in the person's home.⁶

PHNs are tasked with structuring the model with targeted services tailored to their communities' needs – these should assist GPs and are not intended to replace GP care. The GP role continues to ensure a patient receives guided and coordinated care across the care continuum either as a referrer, as a service provider or as a care coordinator.

The Stepped Care Model is intended to support integrated care. By working with the patient's care team, such as GPs, allied health professionals, other specialists and carers, it aims to ensure that the most appropriate service is provided at the time the patient needs it.

The Stepped Care Models aim to:

- offer a variety of support options for people with different levels and types of need, from low intensity to high intensity
- provide clear pathways between these care options as individuals' needs change
- improve collaboration and integration between services
- connect to other community, health and clinical mental health services available in the local area.

Care may range from using a digital app, to brief non-intensive interventions initiated by a GP, to interventions requiring the coordinated, ongoing efforts from a range of professionals on a range of conditions. Interventions within a Stepped Care Model must be consistent with the principles of self-management and have wider application beyond mental health.⁷

This document aims to clarify the role of the GP within stepped care services delivered by PHNs, providing GPs with a better understanding of the mental health care continuum across the patient journey.

What is the role of the GP in stepped care?

GPs are typically the first point of clinical contact for people seeking help for mental health problems and mental illness. The ongoing nature of the GP–patient relationship provides the opportunity to appropriately screen for and identify mental health issues impacting patient wellbeing.

GPs are best placed to understand and manage a patient's mental health needs in the context of their physical health, economic participation and social inclusion. GPs play an integral role in directing treatment through referrals to other service providers, from early intervention low-intensity services to higher intensity care coordination and case management.

GPs generally manage mental illness, providing continuity of care using a multi-tiered approach:

- GP counselling of patient without the structure of formal psychological therapy
- Referral to digital mental health treatment programs
- GP assessment and diagnosis, with option of prescription medication
- GP delivering face-to-face focused psychological therapy (for appropriately trained GP)
- Referral to an allied health professional such as a psychologist, occupational therapist, social worker or a specialist psychiatry service through a GP Mental Health Treatment Plan (GPMHTP)
- Support to access disability services
- Engagement with families and carers

The Better Access initiative and GP Mental Health Treatment Plans

GPMHTPs help GPs and their patients determine the level and acceptability of the intervention. Interventions may be face-to-face psychological therapy provided as part of the Better Access initiative, or may be online therapy or another low-intensity service provided within a local PHN area for patients with mild illness.

GPMHTPs provide referral for psychological services to psychologists and other allied mental health service providers. This scheme enables patients to access up to 10 individual and up to 10 group sessions per year. PHNs have facilitated greater access to services for certain underserved groups where there are barriers to accessing MBS-based psychological intervention through the Psychological Therapies (formerly ATAPS) program.

Using GPMHTP templates can ensure that a GP covers all aspects in developing the best treatment for their patient. Templates are available in most practice software systems including Medical Director, Best Practice and Genie Solutions, or can be found on the [GPMHSC website](#).

Box 1. What are the benefits to the GP of developing a GPMHTP?

Developing a GPMHTP:

- provides continuity and a 'cycle of care' for a patient with a mental illness
- provides a structured way to perform an early intervention as well as accurately assess and manage a patient with mental illness
- helps coordinate the patient's care, identify holistic needs and provide appropriate referrals to clinical psychologists and allied mental health service providers
- ensures that the patient and, where possible, their carer/s are actively involved in the patient's treatment
- enables the GP to engage the patient in conversation around the issues concerning them
- enables periodic review of the care plan and outcomes with the patient and carer/s.

There will be instances when access to psychological therapies through the Better Access initiative is not the most appropriate way to address patient needs. The Better Access initiative is generally targeted at patients with moderate illness and is only one approach to deliver mental health care.

A GPMHTP is still recommended to assist GPs and their patients determine the level and acceptability of an intervention – which might not be face-to-face psychological therapy but may be online therapy or another low-intensity service provided within a local PHN area for patients with mild illness. Care coordination or disability support services may be appropriate for people with severe mental illness.

The GPMHTP review process allows for adjustment of care and transitioning patients from one step to another in either direction. While not formally part of the MBS GPMHTP specifications, some patients will benefit from social support services available through the National Disability Insurance Scheme (NDIS) and PHN commissioning.

PHN stepped care services may accept provisional referrals (ie accept a referral without a GPMHTP on the proviso one will be completed at a more appropriate time) into psychological therapies in urgent situations (eg involving those affected by domestic violence), with the aim to link back later to the GP.

How GPs and PHNs can work together to provide care

The GP must remain central to the patient's care. It is the PHN's remit to commission or provide stepped care services to their populations, but PHNs can also help GPs navigate non-PHN funded mental health care services. Individual PHNs will have different eligibility criteria and ways to navigate care – for example, some PHNs require a GP referral and GPMHTP, while others accept self-referral with the aim of linking the patient back to their GP early in their care.

Initiatives such as HealthPathways or the government's [Head to Health](#) website can help GPs find these services within their PHN region, or GPs can explore their local PHN's website for more information on what is available.

Direct communication between GPs and PHNs is vital to ensure that GPs fully understand the services offered through the PHN and how the PHN intends to work with the GP to make sure that the patient is not 'lost' between services, especially when care is being transitioned from one step to another.

It should be highlighted that there are 31 PHNs and there will be different services across districts. It should also be acknowledged that PHN services only account for a small part of the total mental health system, and services delivered by other providers may suit the treatment need.

The following are examples of how stepped care services can work based on the different tier levels of care; these in no way provide a full picture of services available.

Low intensity

- A patient presents to their GP with mild symptoms. The patient works full time but is keen to explore online options. The GP creates a GPMHTP, and uses HealthPathways (or similar resource) to provide the patient with e-therapy information. The GP arranges follow-up with the patient in four weeks' time.
- A patient has had six face-to-face psychology sessions with a mental health professional and their symptoms have improved considerably. They do not want to continue any further sessions, but are at risk of relapse based on past history. The GP discusses online e-therapy options, or refers to PHN-commissioned low-acuity telephone-based care.

Moderate intensity

- A patient has moderate symptoms and is keen to consider face-to-face psychological treatment. Their GP creates a GPMHTP and refers the patient to a private psychologist or a PHN-commissioned face-to-face psychological service for no-fee access.
- The patient describes moderate symptoms, but has not previously engaged well with face-to-face psychological care, falling into a vulnerable demographic group. The GP creates a GPMHTP and refers the patient to a PHN-commissioned stepped care service for initial assessment to determine appropriate treatment and eligibility criteria. Appropriate treatment may include support from a range of service providers such as credentialed mental health clinicians, care coordinators or peer workers.
- The patient describes moderate symptoms and requires disability support to aid recovery. The GP accesses disability and social support available through PHN-commissioned services.

Care coordination

- A child has learning disabilities and attention deficit hyperactivity disorder (ADHD) causing significant impact on schooling and family life. The child attends a public paediatrician, a children and youth mental health service, and an NDIS service. The child's family is somewhat chaotic and the child continues to miss appointments. The child's GP refers to PHN-commissioned stepped care services for care coordination.
- An Aboriginal man with depression presents to his GP. The GP creates a GPMHTP and suggests psychological treatment but is unsure of local culturally appropriate services. The GP refers to PHN-commissioned stepped care services for care coordination.

There are 31 PHNs across Australia with vastly different populations, which means each PHN can have a different array of services. For example, some PHNs accept self-referrals direct from patients, others require referrals from a GP or other health

professional. Some PHNs conduct their own intake and assessment processes, others use a service offered by another provider.

Contact your PHN and ask to speak to the GP liaison staff member. The following are some questions GPs could ask their PHN to find out more about the processes and available services offered.

Questions to ask your PHN

- What services are provided?
- How does a GP or patient obtain access to the service?
- Which patients are suitable and/or eligible?
- Who decides what service is offered and how is that determined?
- Who provides the service?
- How is the patient reassessed at the end of a cycle of care?
- How does clinical handover occur between the GP and the service?
- How often is the person encouraged to make contact with their GP and how is the GP incorporated into the care plan?
- Who does the GP or patient contact if there are concerns about the service?
- Is there any facility to manage patients from marginalised groups (eg geographically isolated, Aboriginal and Torres Strait Islander peoples, elderly people, children, people from culturally and linguistically diverse [CALD] backgrounds)?
- What is the process for reporting back to the referring GP?

Sign up to receive regular communications (refer to the appendix for PHN website links), keeping in mind that PHNs may not be the only mental health services available in each region.

Other considerations

Aboriginal and Torres Strait Islander people

GPs will continue to play a central role in the management of physical and mental health needs of Aboriginal and Torres Strait Islander people with a mental illness. In recognition of the difficulties in accessing GPs and psychiatrists or other referring health professionals to obtain a referral, 'provisional referral' from an Aboriginal Community Controlled Health Service (ACCHS) or Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) could enable service provision to commence while arrangements are being made for the patient to see a GP or a psychiatrist.

Carers and dependants

Systematic approaches to risk assessment follow-up and coordination of care for patients is best practice – taking into account others affected such as carers, children and other dependants.

Specific groups

Particular populations in the community may have special needs, including those people identifying as lesbian, gay, bisexual, transgender, intersex, queer or questioning (LGBTIQ), those from CALD backgrounds, people with a disability, and elderly people.

Rural and remote

GPs in rural and remote areas should also consider the use of telehealth, including telepsychology. For further information on these services, visit the RACGP [Telepartnerships in mental health](#) web page.

When stepped care services may not be appropriate

Depending on what is commissioned by the PHN, stepped care services may not be suitable for patients:

- with acute psychosis or suicidality
- with intellectual disability
- with chronic illness or physical disability
- with situational crises (eg rape, grief, community trauma such as natural disasters)
- in rural and remote regions (eg where bandwidth and internet access is limited)
- with low literacy (many e-mental health resources have a minimum literacy requirement).

In these situations, GPs will use established referral pathways and networks to access the care their patients need. This may include referral to their local mental health facility for acute situations, or referral to another appropriate mental health care provider. Identifying a service that best meets their patient's needs, whether it be a PHN-commissioned service or other available service, will assure appropriate care.

Box 2. Determining appropriate treatment for your patient

Consider the following in deciding on the best treatment for your patient:

- importance of a long-term therapeutic relationship, particularly when the patient is a victim of trauma and struggles to develop and maintain helpful supports
- GP advocacy for carers and patients, ensuring these people will not 'fall through the cracks' of services
- physical health of patients with mental illness; for example, people with schizophrenia often die decades earlier than they should due to lifestyle diseases such as diabetes and heart disease⁸⁻¹⁰
- public preference for a low-stigma service – patients can consult GPs without admitting to a mental health problem
- comorbidities
- importance of life transitions (eg loss and grief, pregnancy, separation) on mental wellbeing
- fluidity of mental health services and criteria; the GP may represent the only consistent service in a patient's treatment
- social determinants of health, including Centrelink payments, NDIS, housing, employment, education documentation and support
- crossing between pharmacological and psychological care.

Focussed Psychological Strategies

GPs who have undertaken extended mental health skills training and who are registered with Medicare can provide Focussed Psychological Strategies (FPS) and advanced care to patients who need it.

GPs trained in FPS can provide evidence-based psychological interventions directly to their own patients. This is particularly important for GPs who work in rural and remote areas, where access to psychologists and psychiatrists can be limited. Other GPs can refer to FPS-trained GPs for psychological services through a GPMHTP. These FPS-trained GPs can offer the same services as those provided by allied mental health professionals.

For further information on training and registering as a GP provider of FPS, refer to the discussion under '[GP education and training](#)' or go to the [GPMHSC website](#).

Duty of care

It is important for GPs to consider duty of care when managing patients with severe mental illness. Responsibility for managing a particular individual's care may at times be transferred between primary care and state or privately funded specialist services, particularly given the episodic nature of some severe mental illnesses.

Given the potential vulnerability of these patients, where a patient is transferred to another service, a duty of care exists for the commissioned service and referring GP to ensure that the receiving service has accepted care of the patient and is aware of their needs.

If a patient is in immediate danger, call 000. If you have any concerns or questions around this issue, contact your medical defence provider.

Exploring the Stepped Care Model in your community

GPs who explore mental health services within their area and other resources relevant to the level of need in a Stepped Care Model will be best informed to provide care for their patients. Being familiar with local mental health care providers or other agencies and referral pathways relevant to the specific mental illness can assist in decision making. This research should include knowledge of, and familiarity with:

- local mental health care providers and eligibility criteria
- other mental health care agencies
- referral pathways
- evidence-based treatments
- workplace employee assistance programs (EAPs)
- school or university services and local social/council authorities.

The stepped care services can involve four processes, which may vary across communities.

1. The patient is referred into the system. This may be from the GP, allied health provider, carer or via self-referral depending on the PHN.
2. The patient is assessed (by the GP or another commissioned service, or by the PHN central intake services, if relevant).
3. A cycle of therapy is allocated and may be discussed with the GP.
4. Recovery is evaluated, the patient is reassessed and directed to a different service, or deemed to have their needs met to exit the system.

As defined by the DoH, activities **not** considered to be in scope for implementation within a Stepped Care Model, managed by PHNs, are those that:

- are not supported by an empirical evidence base;
- fall outside the scope of primary mental health care; specifically
 - services principally targeted at providing social support, with the exception of suicide prevention activities ... ; and
 - bed-based services;
- duplicate or replace existing services provided by other organisations, including state and territory government services; and
- are not supported by the funding guidelines for the primary mental health flexible funding pool.⁶

Who is providing the stepped care services?

With any available services, it is important to consider the training of the service providers, whether that be tele-coaches who may be trained for six weeks or more, GP providers of FPS, provisionally qualified psychologists, clinical psychologists, mental health workers or others. It is important that GPs understand the roles of different health professionals in order to ensure an accurate referral, decreasing the need for the patient to explain their situation to multiple health professionals.

Thinking about how these services communicate with acute care is important, because GPs may need to understand how best to manage the severe end of the spectrum quickly and effectively.

Talking to your patients about stepped care

While GPs may not talk to their patients about the Stepped Care Model specifically, it is important to discuss the range of stepped care services available. Part of the Stepped Care Model is not to defer to a repeated approach for mental health care, such as psychological services, if there are other services available that would better suit the level of treatment.

Discussions with patients should cover what treatment they feel most comfortable with, and ensuring the patient has the information they need in relation to their treatment. Another important part of this discussion will be considering the place of the carer in the patient's treatment and care. This is part of providing a 'patient-centred' service.

Applying stepped care

Best practice by GPs in the treatment of patients with mental illness will continue with the following key aspects.

- Identify and manage treatment for mental health issues experienced by consumers.
- Develop and review an evidence-based and needs-based GPMHTP in consultation with consumers and carers.
- To inform subsequent care received, incorporate into the GPMHTP the perspectives and needs of consumers, their carers and others in a person's network.
- Use practice systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental health care to consumers.
- Use appropriate MBS item numbers relating to provision of mental health care.

Using GPMHTP templates can ensure that a GP covers all aspects in developing the best treatment for their patient.

GP education and training

Mental health in general practice training

The General Practice Mental Health Standards Collaboration (GPMHSC) is the body responsible for setting the standards and accrediting training in mental health for GPs. The GPMHSC recommends GPs undertake training programs that refresh and broaden their undergraduate and prevocational skills and knowledge.

GPs can achieve two levels of accredited mental health training, each correlating with specific sets of MBS item numbers. The following information covers the range of accredited training available to GPs in mental health care and how it links with the Stepped Care Model.

Mental Health Skills Training

To begin mental health training, GPs complete a GPMHSC-accredited Mental Health Skills Training (MHST; Level 1). This training is associated with the GP as the assessor/triage and referrer for mental illness. This has two pathways and GPs can choose the one most suited to their needs and situation:

- the Primary Pathway, usually completed by general practice registrars and other doctors entering Australian general practice
- the Modular Pathway, usually completed by more experienced GPs and GPs who have an interest in mental health.

Learning outcomes

After completing the MHST (Level 1), it is expected a GP will have:

- the skills to recognise and assess mental illnesses in order to prepare evidence-based GPMHTPs
- the skills to monitor and review the patient's progress
- insight into the perspective of people who have experienced mental illness
- insight into the perspective of non-professional carers caring for people living with mental illness.

When a GP achieves MHST accreditation through approval with Medicare, they can provide services with the MBS item numbers 2715 and 2717.

FPS Skills Training

FPS Skills Training (FPS ST) is associated with the GP as a treatment provider for at-risk groups and mild mental illness. In particular, a GP provider of FPS can ensure treatment within their own communities in rural and remote locations. To achieve FPS ST accreditation, a GP must have already completed MHST (Level 1). The GP must then complete a GPMHSC-accredited FPS ST activity comprised of:

- a minimum of 12 hours of face-to-face or live/interactive contact time (these can be delivered over consecutive weekdays or a weekend)
- an additional interactive structured learning activity of a minimum of eight hours

- presentations from a carer and a consumer
- a predisposing activity
- a reinforcing activity.

Once the activity is completed, the GP can then apply to the GPMHSC to register with Medicare using the appropriate form (refer to the [GPMHSC website](#)).

Learning outcomes

After completing the FPS ST, it is expected a GP will be able to:

- select and use appropriate evidence-based FPS that are relevant to patient issues and needs, as outlined in the GPMHTP
- incorporate the perspectives and needs of the patient, their carers and others in the patient's network, as outlined in the GPMHTP, into the FPS that you provide
- use your practice's systems to identify local services and resources that safeguard patient safety and help to provide holistic mental health care to patients
- use appropriate MBS item numbers relating to the provision of mental health care
- know and understand the value of regular professional supervision with a more experienced mental health professional and of completing other professional development in order to maintain and extend your skills in the provision of FPS.

Retaining registration as an FPS provider

Once a GP is registered as an FPS provider, they are required to complete at least one FPS CPD activity each triennium to retain registration and use relevant MBS item numbers.

Mental Health Continuing Professional Development and FPS Continuing Professional Development

Mental Health Continuing Professional Development (MH CPD) and FPS Continuing Professional Development (FPS CPD) activities allow GPs to extend their skills in mental health in areas of interest. This training can assist GPs when considering their patient communities and populations. The GPMHSC strongly encourages all GPs to complete mental health-related CPD.

MH CPD

MH CPD activities aim to extend GP skills in assessing or managing mental illnesses in the context of general practice.

Because MH CPD builds on the areas addressed in MHST, the GPMHSC encourages GPs to complete a variety of MH CPD activities as part of their ongoing professional development, even though it is not mandatory.

Completing clinical enhancement modules (CEMs) is a good way of keeping your mental health skills and knowledge up to date and ensuring that you have a broad knowledge across several different areas. 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. GPs are encouraged to complete a range of Mental Health CEMs as part of their CPD.

CEMs:

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

Recommendation

The GPMHSC strongly recommend that GPs complete modules that address areas such as suicide prevention, family violence, use of alcohol and other drugs, and other areas relevant to the community in which they practice.

FPS CPD

FPS CPD builds on the skills GPs have acquired during FPS ST, and extends these skills in providing FPS as part of treatment under a GPMHTP plan.

GPs can attend courses conducted by training providers or design their own CPD activity. If a GP designs a CPD activity, accreditation by the GPMHSC is required. Contact the GPMHSC to find out what is required to have your CPD activity accredited.

Access the [Mental health training standards 2017–19: A guide for general practitioners](#) for detailed information about the specific education and training required before being eligible to access mental health care MBS item numbers.

Further information can be found on the GPMHSC website at www.gpmhsc.org.au

Useful resources

GPMHSC

Accredited Focussed Psychological Strategies Continuing Professional Development (FPS CPD), www.racgp.org.au/education/courses/activitylist/?category=1&specificRequirement=FPS_CPD

Accredited Focussed Psychological Strategies Skills Training (FPS ST), www.racgp.org.au/education/courses/activitylist/?category=1&specificRequirement=FPS_ST

Accredited Mental Health Continuing Professional Development (MH CPD), www.racgp.org.au/education/courses/activitylist/?specificRequirement=MH_CPD

Accredited Mental Health Skills Training (MHST), www.racgp.org.au/education/courses/activitylist/?category=1&specificRequirement=MH_ST

e-Mental health: A guide for GPs, www.racgp.org.au/your-practice/guidelines/e-mental-health

GP Mental Health Treatment Plan (GPMHTP) templates, www.racgp.org.au/education/gpmhsc/gps/gp-mental-health-treatment-plan-templates

Mental health training standards 2017–19: A guide for general practitioners, www.racgp.org.au/download/Documents/Mental%20Health/2017-19-Mental-health-training-standards-A-guide-for-GPs.pdf

Mental health training standards 2017–19: A guide for training providers, www.racgp.org.au/download/Documents/Mental%20Health/2017-19-Mental-health-training-standards-A-guide-for-training-providers.pdf

The place of e-mental health in a stepped care model (webinar), www.racgp.org.au/education/courses/stepped-care

Practice Guide: Communication between medical and mental health professionals, www.racgp.org.au/download/Documents/Mental%20Health/Practice-guide-Communication-between-medical-and-mental-health-professionals.pdf

Telepartnerships in mental health, www.racgp.org.au/education/gps/gpmhsc/guides/telepartnerships-in-mental-health

Government

PHN primary mental health care flexible funding pool implementation guidance, www.health.gov.au/internet/main/publishing.nsf/content/phn-mental_tools

Central and Eastern Sydney PHN Stepped Care Model, www.cesphn.org.au/health-services/mentalhealth/2433-stepped-care-approach

Head to Health, <https://headtohealth.gov.au>

Other mental health organisations

Black Dog Institute, Stepped Care and eMH in General Practice (workshop),
https://blackdoginstitute.secure.force.com/forms/bdi_EducationMasterCourseIndividual?mstrCrId=a1K1200000350WgEAI

headspace, <https://headspace.org.au>

Royal Australian and New Zealand College of Psychiatrists, *GPs and psychiatrists: Best practice guidelines for referral and communication*,
www.ranzcp.org/Files/Resources/College_Statements/Practice_Guidelines/PS-Best-Practice-Referral-Communication-between-ps.aspx

Primary Health Networks

www.health.gov.au/PHN

New South Wales	Queensland	Victoria
Murrumbidgee PHN	Darling Downs and West Moreton PHN	Eastern Melbourne PHN
Nepean Blue Mountains PHN	Brisbane North PHN	Murray PHN
South Western Sydney PHN	Brisbane South PHN	North Western Melbourne PHN
Western NSW PHN	Central Queensland, Wide Bay, Sunshine Coast PHN	Gippsland PHN
Western Sydney PHN	Gold Coast PHN	Western Victoria PHN
Central and Eastern Sydney PHN	Northern Queensland PHN	South Eastern Melbourne PHN
Hunter New England and Central Coast PHN	Western Queensland PHN	
North Coast PHN		
Northern Sydney PHN		
South Eastern NSW PHN		
	South Australia	Western Australia
	Adelaide PHN	Perth North PHN
	Country SA PHN	Country WA PHN
		Perth South PHN
Northern Territory	Tasmania	Australian Capital Territory
Northern Territory PHN	Tasmania PHN	ACT PHN

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Appendix

The following is a list of available MBS item numbers relating to GP mental health care. Check www.mbsonline.gov.au for detailed descriptions of numbers. For queries relating exclusively to interpretation of the schedule, email the Department of Human Services at askMBS@humanservices.gov.au or phone 13 21 50.

Mental health consultations you can provide if you have NOT completed MHST*

Item number	Description	Rebate (amount Medicare will reimburse)
2700	Preparation of a GPMHTP for a patient lasting at least 20 minutes but less than 40 minutes	\$71.70
2701	Preparation of a GPMHTP for a patient lasting at least 40 minutes	\$105.55
2712	Review of a GPMHTP prepared by a GP	\$71.70
2713	Taking relevant history, identifying presenting problem(s), providing treatment, advice and/or referral for other services or treatments and documenting the outcomes of the consultation, for a patient in relation to a mental disorder and lasting at least 20 minutes	\$71.70

Mental health consultations you can provide if you have completed MHST*

Item number	Description	Rebate (amount Medicare will reimburse)
2715	Preparation of a GPMHTP for a patient lasting at least 20 minutes but less than 40 minutes	\$91.05
2717	Preparation of a GPMHTP for a patient lasting at least 40 minutes	\$134.10
2712	Review of a GPMHTP prepared by a GP	\$71.70
2713	Taking relevant history, identifying presenting problem(s), providing treatment, advice and/or referral for other services or treatments and documenting the outcomes of the consultation, for a patient in relation to a mental disorder and lasting at least 20 minutes	\$71.70

GP, general practitioner; GPMHTP, GP Mental Health Treatment Plan; MHST, Mental Health Skills Training

*For non-vocationally registered (non-VR) GPs these items have been duplicated in the A7 item group with new item numbers. Regardless of their location, non-VR GPs should now claim from the A7 item group for these services.

