

Minimal requirements mental health treatment plan updates

Aspect	Change	Rationale
Template format changes	Record of patient consent page, request for services and review template removed	Non-mandatory sections including the ' <i>Setting personal recovery goals</i> ' and ' <i>Record of patient consent</i> '. This will help shorten the template, making it more concise and functional for the busy GP to complete.
Patient wellbeing assessment and <i>recovery plan</i>	Patient wellbeing assessment and <i>management plan</i>	The word 'recovery' removed: Careful consideration should also be given to the term 'recovery' in the title, as most patients in acute situations are not ready, willing or cannot share their perspective on their recovery journey.
	Addition of '(GP Mental Health Treatment Plan)'	Avoid confusion for GPs who may not be familiar with 'Patient wellbeing assessment and recovery plan'.
	Addition of 281 and 282 item numbers	Include non-VR items, given that majority of GPs working in rural and remote communities are non-VR.
Patient <i>surname</i>	Patient <i>last name</i>	This is more in align with best practice methods used when collecting patient data.
	Addition of pronouns, sex assigned at birth and gender	As per guidelines on best practice data collection: ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2021

	Addition of <i>Carer or support person details, including their roles (if relevant)</i>	Include section that captures carer details, including primary carer and supports.
	Addition of <i>'Information that cannot be shared with emergency contacts and/or carers'</i>	Include section that captures carer details, including primary carer and supports.
	Addition of preferred languages spoken, interpreter required and country of birth	Ensuring demographic information relevant to the broader Australian population
Reasons for presenting	Addition of: <i>Consider asking: What are the patient's current mental health issues? What requests and hopes does the patient have?</i>	
Medications and psychotropics (if relevant)	Addition of: <i>Consider asking about: Current meds Date of commencement/recent change of dose Previously prescribed</i>	
Results of mental state examination	Addition of: <i>Appearance, cognition, thought process, thought content, attention, memory, insight, behaviour, speech, mood and affect, perception, judgement, orientation</i>	
Risk assessment Note any identified risks, including risks of self-harm and harm to others	Addition of <i>'ideation/thoughts, intent or plan</i>	
<u>Assessment/outcome tool used and results</u> (except where clinically inappropriate)	Addition of <i>'or culturally unsafe'</i>	
Case formulation	Addition of <i>Consider:</i>	Inclusion of cultural formulation that considers a patient's perception of origin of illness, spiritual views

	<p><i>Patient's perception of origin of illness, spiritual views and beliefs</i></p> <p><i>Presenting</i></p> <p><i>Predisposing</i></p> <p><i>Precipitating</i></p> <p><i>Perpetuating</i></p> <p><i>Protective</i></p>	<p>and beliefs and listing the 5 P factors may assist the GP to make a more accurate and meaningful case formulation</p>
<p>Setting personal recovery goals – considerations (The patient themselves prioritising the goal/s to focus on)</p> <p>The CHIME framework: connectedness, hope, identity, meaning and purpose, and empowerment</p> <p>Which strengths are relevant and can be built on to pursue goal/s</p> <p>How the person's values, treatment and support preferences will affect the action plan</p> <p>Breaking goals down into smaller, manageable steps and making plans for who will do what and when – informally or using the SMART (specific, meaningful, attainable, realistic, timetabled) approach</p> <p>Supporting the person to undertake independent or joint actions rather than accepting passive actions)</p>	<p>Previous considerations removed, below added:</p> <p><i>What recovery looks like for the patient</i></p> <p><i>The person themselves prioritising the goal/s to focus on</i></p> <p><i>Which strengths and positive dispositions (abilities, talents, interests) are relevant and be can built in to pursue goals</i></p>	<p>LBGTQI+ & CALD WG agreed psychologists assist patients with goal setting and this section should not necessarily be performed by the GP (due to time constraints). Use of the term recovery in this section should be carefully considered – in acute circumstances, most patient's are not ready to talk about their recovery journey.</p>
	<p>Addition of <i>Social prescribing</i></p>	<p>Addition as per feedback from the Veterans WG (Social prescribing is the practice where health professionals, including GPs, have the resources and infrastructure to link patients with social services)</p>

	Addition of 'Australian Psychologist Society (APS): Find a Psychologist	Addition as per LBGTQI+ WG - This will help both the patient and GP search for a psychologist in their area.
Plan added to the patients records?	Patient consent to have plan recorded in their medical records?	
	Patient consent to have plan shared with healthcare providers?	

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Aspect	Change	Rationale
<u>Assessment/outcome tool used and results</u> (except where clinically inappropriate)	Addition of ' <i>or culturally unsafe</i> '	
Review of patient's progress against goals, checking, reinforcing and expanding education, modification of treatment plan (if required)	Comments – review of patient's progress against goals, checking, reinforcing and expanding education, modification of treatment plan (if required), any changes in medication, any recent significant stressors or lifestyle changes.	
Risk assessment – note any identified risks, including risks of self-harm, risk of suicide and harm to others.	Addition of: Also consider risk of: <ul style="list-style-type: none"> • Domestic family violence • Intimate partner abuse/violence 	Addition of 'risk assessment' as per LBGTQI WG to assess for risk to self and consider risk of IPV