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| Aboriginal and Torres Strait Islander social and emotional wellbeing plan  (GP Mental Health Treatment Plan) | | | | | |
| **Note:** This form is designed for use with the following Medicare Benefits Schedule (MBS) items. Users should be familiar with the most recent item definitions and requirements.  **MBS item number:** 2700  2701  2715  2717  281  282  This document is **not** a referral letter. A referral letter must be sent to any additional providers involved in this Social and Emotional Wellbeing Plan.  Major headings are in **bold;** prompts to consider are in lower case; Underlined items of either bold or lower case are mandatory for compliance with Medicare requirements. | | | | | |
| Contact and demographic details | | | | | |
| **GP name** |  | **GP phone number** |  | | |
| **General practice name** |  | **GP fax number** |  | | |
| **General practice address** |  | **Provider number** |  | | |
| **Patient last name** |  | **Date of** **birth** (dd/mm/yyyy) |  | | |
| **Patient first name/s as per Medicare card** |  | **Patient preferred name** |  | | |
| **Pronouns** | She/her/hers  He/him/his  They/them/theirs  Other: | | | | |
| **Sex assigned at birth** | Male  Female  Intersex  Another term: | | | | |
| **Gender** | Female  Male  Transgender  Non-binary  Gender diverse  Different term:   Do not know  Prefer not to answer | | | | |
| **Patient address** |  | **Patient** **phone number**  Can leave a message?  Yes  No |  | | |
| **Medicare number** |  | **Health Care Card/Pensioner Concession Card number** |  | | |
| **Emergency contact person details**  (Option to record more than one contact) | **1.**  **2.**  **3.** | **Patient consent for healthcare team to contact emergency contacts?** | | Yes  No | |
| **Information that cannot be shared with emergency contacts and/or carers** |  | | | | |
| **Carer/next of kin name, phone number and email address**  Record:   * Who else can the healthcare team contact to discuss care of the patient? * Who else is involved in making decisions for the patient? |  | | | | |
| **Guardianship status or nominees** (for adults with reduced capacity)  Record:   * Clear description of roles and boundaries |  | | | | |
| Patient wellbeing assessment | | | | |
| **Reasons for presenting**  Consider asking:   * What are the patient’s current mental health issues? * What requests and hopes does the patient have? |  | | | |
| **Patient history**  Record:   * Relevant medical/biological information * **Social and emotional wellbeing** (mental health/psychological information)   **Family and social history**   * Is the patient in the same area as their close mob / family? * What are the patient’s cultural responsibilities and their relationship with the community? * Does the patient have strong connections with their mob/family?   **Social and cultural determinants of health**   * Education level/work * Socioeconomic status * Connections with family and community * Stability (housing, family, relationships) * Other relevant cultural history |  | | | |
| **Results of the Mental State Examination (MSE)**  [Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice](https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf) (Table 16.2. Implications and considerations in MSEs, page 281) |  | | | |
| **Risk assessment**  Note any identified risks, including risks of self-harm and harm to others, ideation/thoughts, intent or plans |  | | | |
| **Assessment/outcome tool used and the results**  (except where clinically inappropriate and culturally unsafe) |  | | | |
| **Provisional diagnosis of mental health disorder** |  | | | |
| **Case formulation**  Consider:   * Patient’s perception of the origin of their illness, spiritual views and beliefs * Presenting * Predisposing * Precipitating * Perpetuating * Protective |  | | | |
| **Setting personal recovery goals: Considerations**  Consider asking about:   * what recovery looks like for the patient * the person themselves prioritising the goal/s to focus on * which strengths and positive dispositions (abilities, talents, interests) are relevant and be can built in to pursue goals. |  | | | |

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| Personal management plan | | | | | |
| **Identified issues/problems** | **Goals**  Record goals made in collaboration with the patient (also goals for future treatments, longer-term goals) | | **Treatments and interventions**   * Actions and support services required to achieve patient goals * Actions to be taken by the patient.   Consider:   * psychological and/or pharmacological options * face-to-face options * internet-based options:   + [myCompass](https://www.mycompass.org.au/)   + [THIS WAY UP](https://thiswayup.org.au/)   + [MindSpot](http://www.mindspot.org.au/)   + [e-couch](https://ecouch.com.au/home)   + [moodgym](https://moodgym.anu.edu.au/welcome)   + [Mental Health Online](https://www.mentalhealthonline.org.au/)   + [OnTrack](https://www.ontrack.org.au/web/ontrack) * Australian Psychologist Society (APS):   + [Find a Psychologist](https://psychology.org.au/find-a-psychologist) | | **Referrals**  Support services or local groups that are culturally appropriate.  Consider:   * referral to internet-based mental health programs for education and/or specific psychotherapy, such as:   + [myCompass](https://www.mycompass.org.au/)   + [THIS WAY UP](https://thiswayup.org.au/)   + [MindSpot](http://www.mindspot.org.au/)   + [e-couch](https://ecouch.com.au/home)   + [moodgym](https://moodgym.anu.edu.au/welcome)   + [Mental Health Online](https://www.mentalhealthonline.org.au/)   + [OnTrack](https://www.ontrack.org.au/web/ontrack)   + [Headspace (national)](https://headspace.org.au/) |
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| **Intervention/relapse-prevention plan**  If appropriate at this stage, note arrangements to intervene in case of relapse or crisis | |  | | | |
| **Psychoeducation provided?** | | Yes  No | | | |
| **Patient consent for having their plan recorded in their medical records?** | | Yes  No | | | |
| **Patient consent for sharing their plan with other healthcare providers?** | | Yes  No | | | |
| **Plan added to the patient’s records?** | | Yes  No | | | |
| **Completing the plan**  On completion of the plan, record (tick boxes below) that you have:  Discussed the assessment with the patient  Discussed all aspects of the plan and the agreed date for review  Offered a copy of the plan to the patient and/or their carer (if agreed by the patient) | | | | **Date plan completed (dd/mm/yyyy)** | |
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