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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?
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| **Guardianship status or nominees** (for adults with reduced capacity)Record:* Clear description of roles and boundaries
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| 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?
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| **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
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| **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
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| **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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