

Mental health training standards 2020–22

A guide for training providers



Mental health training standards 2020–22: A guide for training providers

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Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.

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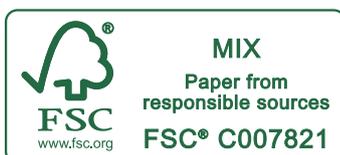
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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Foreword

The release of the *Mental health training standards 2020–22: A guide for training providers* represents a renewed commitment to continually improve Australia's primary mental health system.

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 they consult about their mental health care. An estimated 13% of general practice encounters in 2015–16 were related to mental health,¹ and GPs and other medical practitioners provided more than 2.7 million Medicare Benefits Schedule (MBS)-subsidised mental health services.² In the RACGP's *General Practice: Health of the Nation 2019* 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 means that GPs need to be able to detect and treat mental illness, and must play a central role in providing evidence-based, patient-centred care to people living with a mental illness. In addition, given current rates of suicide in Australia, it is critical that GPs have the skills needed to detect and respond to patients at risk of suicide.

For two decades, the work undertaken by the GPMHSC has increased GPs' skills and knowledge in detecting, diagnosing and managing mental illnesses within the context of general practice. By upholding the standard of high-quality general practice training, the GPMHSC will continue to ensure that Australians receive optimal mental health care.

Building on this work and complementing the standards of education and training of the RACGP and the ACRRM curriculum for Australian general practice, the mental health training standards in this document focus on post-vocational training and continuing professional development (CPD) for GPs.

I would like to thank training providers for taking on the important task of delivering mental health training and educating GPs in delivering the best mental health care they can. Key elements of GPMHSC accreditation include the involvement of GPs, mental health professionals, carers and consumers in each stage of planning, developing, delivering and evaluating your activities. The GPMHSC prides itself on including representatives of each of these groups in adjudicating your activities.

I sincerely thank those who contributed to the consultation and evaluation process that was undertaken to develop these standards. The GPMHSC sought input and advice from professionals who actively provide mental health services in Australia, from organisations with a mental health focus and, importantly, from consumers and carers. The feedback we received gave us a greater understanding of the strengths and weaknesses of our previous work and helped us to improve the GPMHSC approach for the next three years.

On behalf of the GPMHSC, I encourage all training providers to refer to this document when planning, developing, delivering and reviewing accredited education and training in primary mental health.



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

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

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 a carer representative and consumer representative nominated through Mental Health Australia (MHA).

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

Abbreviations

ACRRM	Australian College of Rural and Remote Medicine
APS	Australian Psychological Society
Better Access initiative	Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS
CALD	culturally and linguistically diverse
CBT	cognitive behaviour therapy
CPD	continuing professional development
DoH	Department of Health
FPS	Focussed Psychological Strategies
FPS CPD	Focussed Psychological Strategies Continuing Professional Development
FPS ST	Focussed Psychological Strategies Skills Training
Framework	General Practice Mental Health Training Framework
GP	general practitioner
GPMHSC	General Practice Mental Health Standards Collaboration
GPMHTP	General Practice Mental Health Treatment Plan
ICD-10	<i>International classification of diseases, 10th revision</i>
IPT	interpersonal therapy
MBS	Medicare Benefits Schedule
MHA	Mental Health Australia
MH CPD	Mental Health Continuing Professional Development
MHST	Mental Health Skills Training
PDP	Professional Development Program (with ACCRM)
PHN	Primary Health Network
RACGP	The Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists

Part A: Introduction to this guide and overview of the General Practice Mental Health Training Framework

This guide has been developed for training providers who are interested in developing GPMHSC-accredited mental health training and education activities for GPs.

This document may also be useful for regional training providers 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 must complete to be eligible to access general practice mental health care MBS item numbers under the Better Access initiative
- the course 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 General Practice Mental Health Standards Collaboration

Mission statement

With a multidisciplinary approach to education, policy and advocacy, the GPMHSC strives towards optimal mental health and wellbeing for the Australian population by supporting GPs to deliver quality primary mental health care.

Governance

The GPMHSC is a multidisciplinary body funded by the Commonwealth Government under the Better Access initiative.

The GPMHSC is managed by the RACGP, which provides secretariat services and chairs the GPMHSC Committee.

Membership

The GPMHSC includes representatives from general practice, psychiatry, psychology and the community.

The committee members are nominated by the RACGP, the ACRRM, the RANZCP, the APS and consumer and carer representatives through MHA.

The role of the GPMHSC

The GPMHSC:

- establishes standards for general practice training in mental health in relation to the Better Access initiative
- accredits training activities related to general practice mental health care
- 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) and Focussed Psychological Strategies Continuing Professional Development (FPS CPD) in accordance with the GPMHSC training standards
- notifies the details of GPs who are eligible to claim Better Access initiative MBS item numbers to Medicare
- develops supporting resources about primary mental health care and the Better Access initiative for GPs and training providers
- provides support to the GPMHSC Chair and Committee
- 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.

The GPMHSC distributes a quarterly e-newsletter that includes information on primary mental healthcare information and the latest resources and accredited activities available from the GPMHSC. To subscribe to the GPMHSC e-newsletter please contact the Secretariat on gpmhsc@racgp.org.au

Why GPs are important in mental health

It is estimated that 45% of Australians aged 16–85 years will be affected by a mental illness at some stage during their lifetime.² One in five (around 3.2 million) Australians will be affected during any 12-month period.²

As GPs are often the first point of contact for patients experiencing a mental illness, they are the most common providers of mental health services. Therefore, it is essential that they have the necessary skills and knowledge to address patients' mental health needs.

In Australia, 'general practice mental health care' refers to the assessment and management of people who experience mental illness of varying degrees. Further, it often includes the ongoing care of these patients.

To provide general practice mental health care, GPs need to be able to:

- perform a biopsychosocial assessment, taking into account the patient's chronic and acute physical and mental health issues, as well as their past and present personal, social and cultural circumstances (the GPMHSC does not endorse any diagnostic tool for GPs, who may choose the assessment method and diagnostic tool they believe to be the most suitable)
- identify early warning signs of mental illness
- identify signs of suicide risk, and respond accordingly
- provide or recommend appropriate care based on the patient's assessed needs (eg e-mental health for mild mental health issues, face-to-face counselling for moderate to severe mental health issues) as well as taking into account cultural factors that may influence the model of care chosen
- provide continuity of care, which is a key component of the successful treatment of people with mental illness
- use and participate in a multidisciplinary approach to care.

The Better Access initiative and the role of GPs

In 2006, the Commonwealth Government introduced the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access initiative). The Better Access initiative aims to improve health outcomes through targeted treatment of people with a clinically diagnosed mental illness.

How does the Better Access initiative work?

The Better Access initiative entitles people with an assessed mental illness to access rebated allied mental health services. For each eligible person, this includes up to 10 individual services and up to 10 group services per calendar year. This is correct at the time of writing, but is subject to change. For up-to-date information, visit the Australian Government Department of Health (DoH) website at www1.health.gov.au/internet/main/publishing.nsf/Content/mental-ba

Patients can receive more than 10 individual services and/or more than 10 group services, but only the first 10 individual services and only the first 10 group services within a calendar year are eligible for rebates.

Eligibility for rebated services

Patients with an assessed mental illness are eligible for Better Access initiative sessions when referred:

- by a GP managing the patient under a General Practice Mental Health Treatment Plan (GPMHTP) – refer to Appendix 3
- under a referred psychiatrist assessment and management plan, or
- by a psychiatrist or paediatrician.

One of the above professionals would then refer the patient to an approved provider for the rebated sessions.

Approved providers

Approved providers include:

- GPs who are registered as a provider of Focussed Psychological Strategies (FPS)
- psychologists
- appropriately trained and accredited social workers and occupational therapists.

Ongoing management of a patient

GPs can also provide ongoing management of a patient with mental illness by conducting reviews of their GPMHTP and providing consultations to review their progress. These services are not included in the 10 rebated sessions, can be provided when appropriate and have specific MBS item numbers (refer to Appendix 1).

Renewing a patient's GPMHTP

GPMHTPs do not expire at the end of a calendar year, so the patient does not need a new plan to continue their GPMHTP into the next calendar year unless the referring practitioner considers it is clinically required. This means that a patient can continue to be eligible for rebated allied mental health services in the next calendar year under their existing plan, if the referring GP assesses that the patient continues to need these services.

Generally, new plans should not be developed within 12 months of the previous plan, unless the referring practitioner considers it to be clinically required.

A GP can assess and manage the patient's progress and write a new referral for further services using any of the following:

- GPMHTP review item
- general practice mental health consultation item
- standard general practice consultation item.

Further information on using the Better Access initiative in practice can be found at www.humanservices.gov.au/organisations/health-professionals/enablers/education-guide-better-access-mental-health-care-general-practitioners-and-allied-health

Mental illnesses applicable under the Better Access initiative

GPMHSC-accredited training provides the fundamental skills required to assess a patient's needs, recommend appropriate referral options and manage a patient's ongoing mental health care within the context of general practice.

At the time of writing, the following mental illnesses/disorders are eligible for treatment under the Better Access initiative, as per the *International classification of diseases, 10th revision (ICD-10)*.⁴

- 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 disorder, otherwise not specified
- mixed anxiety and depression
- neurasthenia
- panic illness
- phobic disorders
- sexual disorders
- sleep problems
- unexplained somatic complaints.

'Mental disorder, otherwise not specified' covers any mental disorder that does not meet the description of any of the other mental disorders in the ICD-10, similar to the not otherwise specific codes in the *Diagnostic and statistical manual of mental disorders*, allowing for atypical cases. The patient must have mental health symptoms that reach the threshold for clinical significance but not fall neatly into one of the disorder categories.

However, the MBS online notes indicate that organic mental disorders (due to brain damage) are excluded under 'Mental disorder, otherwise not specified'.

Other illnesses not applicable under the Better Access initiative

Illnesses not applicable include:

- delirium
- dementia
- mental retardation
- tobacco-use illness.

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

The role of the GPMHSC and GPs in the Better Access initiative

The GPMHSC sets and monitors the training standards for GPs that correspond to mental health MBS item numbers for GP consultations. Table 1 sets out services GPs can provide based on their mental health training.

Table 1. Service provision eligibility

Training	Services
No Mental Health Skills Training (MHST)	Preparation of a patient's GPMHTP (minimum MBS rebate applies)
Level 1: MHST	Preparation of a patient's GPMHTP (maximum [higher schedule] MBS rebate applies)
Level 2: FPS ST Focussed Psychological Strategies Skills Training (FPS ST) and Focussed Psychological Strategies Continuing Professional Development (FPS CPD)	Registered to provide FPS interventions to patients for their mental health conditions as identified in the patient's GPMHTP (MBS rebates apply for up to 10 FPS sessions per person per calendar year)

For details about the relevant MBS item numbers and rebates, refer to Appendix 1.

If and when the requirements, item numbers or rebates change, the GPMHSC will update the standards and training requirements accordingly.

For more information about the Better Access initiative, visit the Australian Government DoH website at www.health.gov.au/mentalhealth-betteraccess

GPMHSC promotion of accredited activities

The GPMHSC will promote accredited skills training and CPD* activities to GPs, PHNs and other interested stakeholders on the website and in the e-newsletter.

Seeking assistance from the GPMHSC

If, after reading this guide, you require further information and assistance with GPMHSC accreditation of your training activities or how to meet the requirements, please contact the GPMHSC Secretariat:

Telephone 03 8699 0556

Email gpmhsc@racgp.org.au

<https://gpmhsc.org.au>

The General Practice Mental Health Training Framework

The Framework, shown in Table 2, has been developed according to GPMHSC recommendations for GPs delivering primary mental health care.

It contains:

- a hierarchy of training levels relating to both the assessment and diagnosis of mental illness and the provision of FPS within the context of general practice:
 - Level 1 – achieved after completing MHST (for assessment and diagnosis)
 - Level 1 extended – all GPs should aim to include MH CPD in the course of regular professional development activities, taking into account the profile of their practice
 - Level 2 – completion of Focussed Psychological Strategies Skills Training (FPS ST) for provision of FPS and registration with Medicare
 - Level 2 extended – registered general practice providers of FPS are required to complete one FPS CPD activity in each subsequent triennium to remain registered
- the training activities that the GPMHSC recommends to GPs in achieving proficiency at each level (while not exhaustive, they broadly indicate areas of training GPs should consider when developing their skills in providing mental health care)
- the MH CPD and training that the GPMHSC recommends to GPs to ensure that their mental health skills and knowledge remain up to date.

The GPMHSC has also developed a position statement in acknowledgement of GPs with advanced mental health skills (refer to Appendix 2), to address the missing Level 3 of care and training not recognised by the MBS. Under the statement, the GPMHSC acknowledges the GPs who have undertaken extended and extensive training and education for additional skills in psychiatry and psychology.

The position statement will serve as an advocacy tool when the GPMHSC meets with key government stakeholders in our ongoing work to champion the vital role of GPs and contribute to the development of policy in primary mental health care.

Expected areas of proficiency at the completion of undergraduate and prevocational training

The Framework expects that, at the conclusion of undergraduate and prevocational training, a GP has achieved entry-level proficiency in the following areas:

- general clinical skills, including communication, cultural competency and recording of patients' medical history

*As of the 2020–22 triennium, the QI&CPD Program will be renamed to the CPD Program.

- knowledge of the general aetiology, epidemiology and prevalence of mental illness in the community
- knowledge of the principles of psychiatric assessment and diagnosis
- knowledge of common evidence-based pharmacological and non-pharmacological treatments.

The GPMHSC recommends that GPs undertake training programs that refresh and broaden their undergraduate and prevocational skills and knowledge in primary mental health care.

Table 2. General Practice Mental Health Training Framework (the GPMHSC recommendations for GPs delivering primary mental health care)

Level 1 Mental Health Skills Training (MHST)	
Action	Complete MHST Primary Pathway (targeted at general practice registrars and other doctors entering Australian general practice) or Complete MHST Modular Pathway – completion of an MHST core module and a clinical enhancement module (targeted at more experienced GPs/GPs with particular interests)
Outcomes	a. Undertake mental health assessments for common mental disorders within the context of general practice or b. Undertake mental health assessments for common and more complex mental disorders/specific population groups within the context of general practice and Develop and review GPMHTPs
Recognition	Eligibility to access MBS item numbers 2715 and 2717 (or equivalent non-vocationally registered [non-VR] numbers)
Level 1 (Extended) Mental Health Continuing Professional Development (MH CPD)	
Action	(Recommended) Complete at least one MH CPD activity each triennium
Possible topics	<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-use disorders – eating disorders • 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
Outcome	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

**Table 2. General Practice Mental Health Training Framework
(the GPMHSC recommendations for GPs delivering primary mental health care)**

Level 2 Focussed Psychological Strategies Skills Training (FPS ST)	
Action	Complete FPS ST (prerequisite: MHST)
Outcome	Provide cognitive behaviour therapy (CBT) or interpersonal therapy (IPT) to patients eligible for treatment under the Better Access initiative within the context of general practice Provision of holistic healthcare to Aboriginal and Torres Strait Islander peoples can include narrative therapy within the context of general practice
Recognition	Registration with Medicare as a general practice FPS provider, eligible to access MBS item numbers 2721, 2723, 2725, 2727 and 2729, 2731 (or equivalent non-VR numbers)
Level 2 (Extended) Focussed Psychological Strategies Continuing Professional Development (FPS CPD)	
Action	Complete FPS CPD (required for ongoing Medicare provider registration)
Possible topics	<ul style="list-style-type: none"> • Refreshing and expanding upon skills and knowledge learnt in FPS ST (provision of FPS interventions as listed under the relevant MBS item numbers) • 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 – people from culturally and linguistically diverse (CALD) backgrounds – children and young people • Provision of evidence-based psychological therapies
Outcome	Provide CBT and IPT to patients with more complex mental health presentations and patients from specific patient groups
Recognition	Continuing registration with Medicare as a GP FPS provider, eligible to access MBS item numbers 2721, 2723, 2725, 2727 and 2729, 2731 (or equivalent non-VR numbers)

Part B: Guide to mental health training for GPs

An overview of mental health training accredited by the GPMHSC

The GPMHSC accredits activities under two broad categories:

1. Skills training activities
2. CPD activities

Skills training activities

The specific knowledge, abilities, skills and attitudes required to access, manage and provide ongoing mental health care within the context of general practice, either through preparing high quality GPMHTPs and/or providing FPS. – GPMHSC

Types of skills training

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

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



Continuing professional development activities

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. – The Medical Board of Australia⁵

Types of CPD

GPMHSC-accredited CPD activities are accredited as either standard CPD or gold standard CPD as indicated by the logos below.

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

1. Mental Health CPD (MH CPD)
2. Focussed Psychological Strategies CPD (FPS CPD).

These activities are adjudicated by the GPMHSC Secretariat as containing mental health and/or FPS content.



Gold standard activities are an interactive structured learning format – a minimum six-hour activity with predisposing and reinforcing activities, and have genuine involvement from both carer and consumer representatives. Gold standard activities in this area are:

- MH CPD Gold Standard
- FPS CPD Gold Standard.



Table 3. Overview of each type of mental health training accredited by the GPMHSC

	Type and level	Outcomes	Associated MBS item numbers	Format
	MHST (Level 1)	In relation to mental illnesses commonly presented in general practice: <ul style="list-style-type: none"> able to assess mental health able to develop and review GPMHTP able to review patient's progress within the context of general practice 	2712 2713 2715 2717	A minimum six-hour (Primary Pathway) or seven-hour (Modular Pathway – core module and clinical enhancement module) interactive, structured learning format, plus: <ul style="list-style-type: none"> predisposing activities reinforcing components For further details, refer to 'Details of Mental Health Skills Training'
ST activities	FPS ST (Level 2)	In relation to mental illnesses commonly presented in general practice: <ul style="list-style-type: none"> able to provide evidence-based FPS as part of an MHTP within the context of general practice 	2721 2723 2725 2727	20 hours comprising at least 12 hours of supervised face-to-face training, an eight-hour interactive structured learning format, plus: <ul style="list-style-type: none"> predisposing activities reinforcing components For further details, refer to 'Details of Focussed Psychological Strategies Skills Training'
	MH CPD	Extended skills and knowledge to assess and review mental health illness	2712 2713 2715 2717	One or more of the learning activities listed in 'Details of Mental Health CPD and Focussed Psychological Strategies CPD'
CPD	FPS CPD	Extended skills and knowledge to provide FPS Mandatory to maintain registration with Medicare to provide FPS	2721 2723 2725 2727	

Mental health training options for GPs

As shown in Figure 1, GPs have several options when undertaking mental health training:

- To begin GPMHSC-accredited mental health training, complete MHST (Level 1), which has two pathways; GPs can choose the one most suited to their needs and situation.
 - the Primary Pathway is usually completed by general practice registrars and other doctors entering Australian general practice.
 - the Modular Pathway (completion of a MHST core module **and** clinical enhancement module) is usually completed by more-experienced GPs and GPs who have an interest in mental health.

- After completing MHST (Level 1), GPs:
 - are eligible to claim MBS items 2715 and 2717 (or the equivalent item numbers for non-VR GPs)
 - are encouraged to complete ongoing MH CPD
 - can complete FPS ST to be eligible to apply to be registered with Medicare to deliver FPS.
- To begin FPS ST, GPs need to have previously completed MHST.
- After completing FPS ST, GPs:
 - are able eligible to claim MBS items 2721, 2723, 2725 and 2727 (or the equivalent item numbers for non-VR GPs)
 - must complete at least six hours of FPS CPD in each subsequent triennium to maintain FPS registration
 - are encouraged to complete MH CPD at any time.

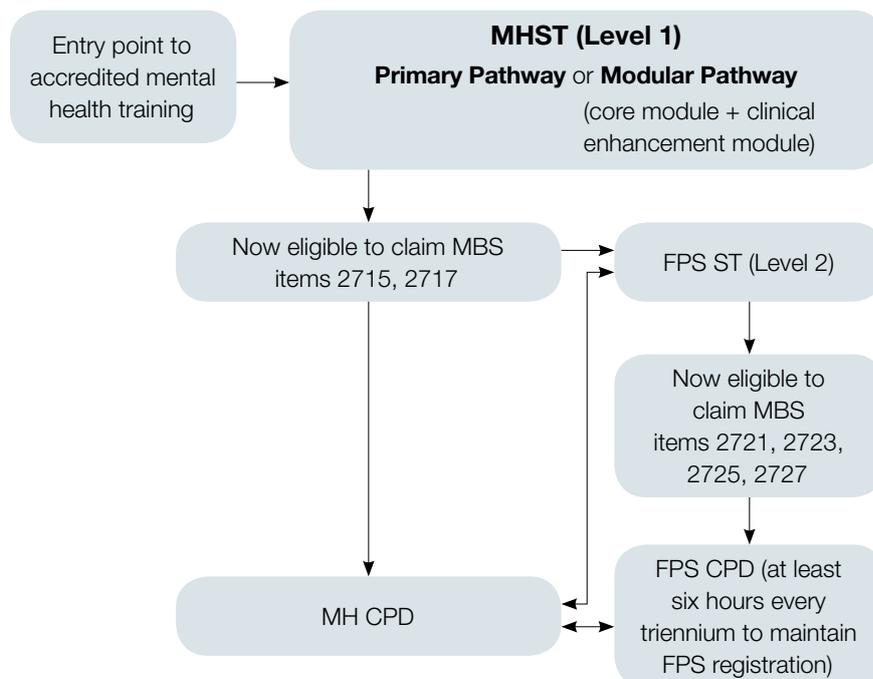


Figure 1. GPMHSC-accredited pathway for GP mental health training

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 <https://gpmhsc.org.au/resources-for-training-providers>

National Aboriginal and Torres Strait Islander Health Plan 2013–23

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 2013–23. For further information, visit www.health.gov.au/internet/publications/publishing.nsf/Content/oatsih-healthplan-toc

Training providers who are looking for further guidance around developing training can refer to the resource 'Education for GPs providing mental health care for Aboriginal and Torres Strait Islander people' at www.racgp.org.au/FSDEDEV/media/documents/Education/GPs/GPMHSC/Aboriginal-and-Torres-Strait-Islander-peoples.pdf

In addition, in 2018 the GPMHSC developed a Reconciliation Statement of Commitment; this can be found at www.racgp.org.au/FSDEDEV/media/documents/Education/GPs/GPMHSC/GPMHSC-Reconciliation-Statement-of-Commitment.pdf

Part C: Planning and developing skills training activities

As shown in the GP mental health training framework on page 7–8, GPs can complete two types of skills training activities:

1. MHST (also called Level 1 training)
2. 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 (detailed here) and the specific requirements (listed under 'Learning outcomes' and 'Course content' for each different type of skills training activity) so that GPs achieve the necessary learning outcomes required to provide quality mental health care.

The GPMHSC believes in the importance of trauma-informed care within a psycho-social and cultural context, a recovery-focused/recovery-oriented model, multidisciplinary approaches, and consumer-centred and consumer-agreed informed choices with the collaboration of carers.

Audience

Although the learning outcomes outlined here 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 Continuing Professional Development (CPD) Program, and/or
- accredited with the ACRRM Professional Development Program (PDP).

Mandatory involvement of health professionals

It is essential that you genuinely involve the following professionals in each stage when you plan, develop, deliver and evaluate skills training activities to be 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 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 health care 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 in each stage when you plan, develop, deliver and evaluate 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.

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 carers' and consumers' 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 (eg 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.mhaustralia.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.

Requirements of 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

Distance learning

Any activity using distance learning software should provide extensive detail on the technology used in activities and how it translates to covering attendance and interaction with attendees. This includes documentation by the facilitator of those who contributed, so that both attendance and participation is noted. Key elements for the GPMHSC Committee include interactivity and a record of active participation by attendees.

It should fit in with the same requirements of a face-to-face education where people have time and opportunity to ask a question and interact.

All online and distance learning applications must include provision of login details.

Mental Health Skills Training (Level 1 training)

Objectives

Within the context of general practice, MHST aims to equip participants with:

- the skills to recognise and assess mental illnesses 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.

Note: According to the World Health Organization, 'mental illness' describes a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities.⁴

Assumed knowledge

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

Skills training pathways

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

- The **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 as part of the Better Access initiative. 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 specific mental illnesses.

- GPs who choose to complete the **MHST Modular Pathway** will need to complete two modules:
 1. mental health core module
 2. mental health clinical enhancement module.

GPs do not have to complete the core module and clinical enhancement module with the same training provider, or on the same day.

Core module

The core module covers the fundamentals of mental health care in Australian general practice, and should cover:

- an overview of the Better Access initiative, mental health care services and resources available to GPs
- the key components of a GPMHTP
- 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 health care.

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

Clinical enhancement module

GPs should have completed the mental health core module before they can complete a mental health clinical enhancement module. GPs can choose the mental health clinical enhancement module 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 clinical enhancement modules as part of their CPD.

Clinical enhancement modules:

- build on the knowledge acquired in the core module
- 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.

Developing a Mental Health Skills Training 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 are:

- 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

To be accredited by the GPMHSC, MHST Primary Pathway activities must deliver the five learning outcomes for participants by including course content listed in Table 4. If your activity does not adequately address each prescribed content area, it will not be accredited.

Table 4. Learning outcomes and course content for an MHST Primary Pathway activity

Learning outcomes (What participants will be able to demonstrate after completing this activity)	Course content (What training providers should cover)
1. Identify and manage treatment for mental health issues experienced by consumers within the context of general practice	1.1 Overview of Australia's mental health care system* 1.2 Epidemiology and aetiology of mental illnesses included for treatment under the Better Access initiative (refer to Appendix 1)* 1.3 Detection and assessment of mental illnesses in primary care, including recognition of physical and differential factors 1.4 Skills needed in mental health assessment of the individual, including interview skills, psychosocial history-taking, risk assessment (including risk of suicide and self-harm), current psychosocial status and the effect of social determinants of health 1.5 Complexities and comorbidities often associated with mental illness 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 within the context of general practice	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 psycho-education and advice on self-help, including proactively responding to early warning signs 2.3 Appropriate and inappropriate use of evidence-based pharmacological therapy alone, use of evidence-based psychological therapies alone and combination treatments of mental illness 2.4 Skills in shared care, multidisciplinary communication and team work 2.5 Developing relapse prevention strategies

Table 4. Learning outcomes and course content for an MHST Primary Pathway activity

Learning outcomes (What participants will be able to demonstrate after completing this activity)	Course content (What training providers should cover)
3. Incorporate perspectives and needs of consumers, their carers and others in a person's network in a GPMHTP to inform subsequent care received within the context of general practice	<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</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</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>
4. Use practice systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental health care to consumers within the context of general practice	<p>4.1 Systematic approaches to risk assessment and coordination of care for consumers</p> <p>4.2 Knowledge of local services relevant to consumers' needs</p> <p>4.3 Resources, frameworks and referral pathways available to assist in consumer care</p>
5. Use appropriate MBS item numbers relating to provision of mental health care within the context of general practice	5.1 Discuss MBS item numbers relating to development of GPMHTP, and other GP mental health item numbers

*These items can be included in pre-reading

Developing a Mental Health Skills Training 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 clinical enhancement modules.

To satisfy the requirements of the MHST Modular Pathway, a GP completes one core module plus one clinical enhancement module.

- The mental health core module (minimum three hours):
 - covers an overview of the Australian mental health care system, including the relevant MBS item numbers associated with GP mental health care 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 core module, a GP completes a mental health clinical enhancement module if they want to achieve MHST for Medicare billing purposes.

- Each mental health clinical enhancement module (minimum four hours):
 - builds on the knowledge acquired in the core module
 - 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:

- a stand-alone core module
- a stand-alone clinical enhancement module (or clinical enhancement modules).

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

Please be aware that if GPs do not complete the core module and the clinical enhancement module with the same training provider, their RACGP CPD/ACRRM PDP categorisation and accrual of points may be affected.

Developing a stand-alone Mental Health Skills Training core module activity

The mental health core module 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 core module activity with completion of a clinical enhancement module (refer below).

Learning outcomes and course content for a stand-alone MHST core module activity

To be accredited by the GPMHSC, MHST Modular Pathway core module activities must deliver the four learning outcomes for participants by including the course content listed in Table 5. If your activity does not adequately address each prescribed content area, it will not be accredited.

Table 5. Learning outcomes and course content for a stand-alone MHST core module activity

Learning outcomes (What participants will be able to demonstrate after completing this activity)	Course content (What training providers should cover)
1. Identify and manage treatment for mental health issues experienced by consumers within the context of general practice	1.1 Overview of Australia's mental health care system* 1.2 Epidemiology and aetiology of common mental illnesses included for treatment through the Better Access initiative (refer to Appendix 2)* 1.3 Detection and assessment of mental illnesses in primary care, including recognition of physical and differential factors 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 and the effect of social determinants of health 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 within the context of general practice	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 psycho-education and advice around self-help, including proactively responding to early warning signs, and developing personal relapse prevention plans and safety plans 2.3 Appropriate and inappropriate use of evidence-based pharmacological alone, use of evidence-based psychological therapies alone and combination 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 health care to consumers within the context of general practice	3.1 Systematic approaches to risk assessment and coordination of care for consumers 3.2 Knowledge of local services relevant to consumers' needs 3.3 Resources, frameworks and referral pathways available to assist in consumer care
4. Use appropriate MBS item numbers relating to provision of mental health care within the context of general practice	4.1 Discuss MBS item numbers relating to development of GPMHTP and other GP mental health item numbers and their application to practice

*These items can be included in pre-reading

Developing a stand-alone Mental Health Skills Training clinical enhancement module activity

The mental health clinical enhancement module 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 should have completed an accredited core module activity before completing this activity.

To be accredited by the GPMHSC, MHST Modular Pathway clinical enhancement module activities must deliver the four learning outcomes for participants by including the course content listed in Table 6. If your activity does not adequately address each prescribed content area, it will not be accredited.

Table 6. Learning outcomes and course content for a stand-alone MHST clinical enhanced module activity

Learning outcomes (What participants will be able to demonstrate after completing this activity)	Course content (What training providers should cover)
1. Identify and manage treatment for specific mental health or other issues experienced by consumers within the context of general practice	1.1 Epidemiology and aetiology of the specific mental illness/es included for treatment through the Better Access initiative if applicable (refer to Appendix 1)* 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, and the effect of social determinants of health 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

Table 6. Learning outcomes and course content for a stand-alone MHST clinical enhanced module activity

Learning outcomes (What participants will be able to demonstrate after completing this activity)	Course content (What training providers should cover)
2. Develop and review evidence-based and needs-based GPMHTP for specific mental illness/es in consultation with consumers and carers within the context of general practice	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 2.2 Provision to consumers and carers of psycho-education and advice on self-help, including proactively responding to early warning signs, developing personal relapse prevention plans and safety plans 2.3 Appropriate and inappropriate use of evidence-based pharmacological alone, use of evidence-based psychological therapies alone and combination treatment of the specific mental illness/es 2.4 Skills in shared care, multidisciplinary communication and teamwork 2.5 Developing relapse prevention strategies
3. Incorporate perspectives and needs of consumers, their carers and others in a person's network in a GPMHTP to inform subsequent care received within the context of general practice	Consumer experience 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 3.2 Helpful and unhelpful aspects of relationship with the GP and/or healthcare system 3.3 Value of the GPMHTP from a recovery perspective and the recovery journey 3.4 Improvements that could be made to the primary healthcare system for consumers of mental health services to eliminate barriers to access 3.5 Useful resources Carer experience 3.6 How the mental illness diagnosis of the consumer has impacted on the carer role, their life and their health and wellbeing 3.7 How GPs can best support carers and other support people 3.8 The values of the GPMHTP and the carer role in the recovery journey 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 3.10 Useful resources
4. Use practice systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental health care to consumers within the context of general practice	4.1 Systematic approaches to risk assessment and coordination of care for consumers 4.2 Knowledge of local services relevant to consumers' needs 4.3 Resources, frameworks and referral pathways available to assist in consumer care

*These items can be included in pre-reading

Focussed Psychological Strategies Skills Training (Level 2 training)

Objectives

GPs can become a Medicare-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 within the context of general practice and, after registering with Medicare as a registered provider of FPS, can use relevant MBS item numbers.

Definition of FPS

FPS refers to specific mental health care 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 health care to Aboriginal and Torres Strait Islander peoples can include narrative therapy.

Note: Eligible FPS are currently defined as the evidence-based forms of treatment recognised for use through the Better Access initiative.

Definitions of CBT and IPT

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 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.

Activities based on CBT and IPT

Table 7 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.

Table 7. Developing activities based on cognitive behaviour therapy or interpersonal therapy

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>	<p>Activities predominantly based on IPT must provide skills in the following strategies, except those shown as optional</p>
<ul style="list-style-type: none"> • Psycho-education • 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) 	<ul style="list-style-type: none"> • Psycho-education • Motivational interviewing (optional) • 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"> – explores consumer’s perceptions, expectations of others and relationships – identifies problems with relationships – uses the patient’s affect to bring about change – problem-solves to achieve a resolution of relationship issues – includes communication analysis and training – includes role-play changed behaviour – looks at use of the therapeutic relationship

Developing an FPS ST activity

Components are:

- a 20-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 FPS ST

To be accredited by the GPMHSC, FPS ST activities must deliver the five learning outcomes for participants by including the course content listed in Table 8.

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

Table 8. Learning outcomes and course content for Focussed Psychological Strategies Skills Training

Learning outcomes	Course content
(What participants will be able to demonstrate after completing this activity)	(What training providers should cover)
1. Select and demonstrate appropriate evidence-based FPS intervention relevant to consumer issues/needs outlined in the GPMHTP within the context of general practice	<p>1.1 Brief outline of the range of evidence-based FPS, and the rationale for use in different clinical circumstances, including when working with consumers from CALD backgrounds*</p> <p>1.2 Explain the aetiology and epidemiology of the conditions covered*</p> <p>1.3 For CBT programs, teach techniques to provide CBT-based FPS to consumers as part of the treatment plan for their mental illness</p> <p>1.4 For IPT programs, teach techniques to provide IPT-based FPS to consumers as part of their treatment plan for their mental disorder</p> <p>1.5 For each condition covered, outline the relevant FPS treatment models that apply to particular disorders, and the modes of assessment for making these determinations, learning how best to apply these interventions</p> <p>1.6 Consideration of the cultural, environmental and social influences on the delivery and uptake of FPS</p> <p>1.7 Discuss integrated FPS and medication, and e-therapies</p> <p>1.8 Discuss consumer progress review</p> <p>1.9 Discuss safe closure/termination of intervention</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 within the context of general practice	<p>Consumer experience</p> <p>2.1 How the consumer applied the strategies learned in their everyday life</p> <p>2.2 What was helpful about the therapy and strategies they learned and aspects of therapy that they found challenging</p> <p>2.3 How the GP assisted the consumer to navigate services</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>

3. Use the practice's systems to identify local services and resources that safeguard consumer safety and assist in providing holistic mental health care with consumers within the context of general practice	<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>
4. Engage in regular supervision and other professional development to maintain and extend skills in the provision of FPS within the context of general practice	<p>4.1 Requirement to complete FPS CPD activity every triennium</p> <p>4.2 Types of FPS CPD activities (refer to https://gpmhsc.org.au/mental-health-training-and-education)</p> <p>4.3 Discuss and model principles of professional supervision and reflective practice, including self-care</p> <p>4.4 Provide information on professional supervisor registers/networks</p>
5. Use appropriate MBS item numbers relating to the provision of mental health care within the context of general practice	5.1 Discuss MBS item numbers relating to providing FPS, including telehealth items

*Can be included in pre-reading

How does a GP maintain FPS provider registration?

To maintain registration with Medicare as an FPS provider, during each triennium after the triennium in which the GPs first receives registration, the GP will need to complete at least six hours of FPS CPD activity that is accredited by the GPMHSC, including one activity that is in an interactive structured learning format with predisposing and reinforcing components.

For example, if a GP were registered as an FPS provider in the 2020–22 triennium, they must complete a minimum of six hours of FPS CPD learning during the 2023–25 triennium to remain registered, and one in every subsequent triennium.

Figure 2 illustrates how a GP becomes a registered FPS provider and maintains that registration.



Figure 2. Education required to be a registered FPS provider

Part D: Accreditation of your skills training activities

Why accredit your skills training activity?

By accrediting your activity with the GPMHSC, GPs who complete your activities will be eligible to access additional item numbers under the MBS.

GPs who have completed MHST can provide, within the context of general practice:

- the skills to recognise and assess mental illnesses in order to prepare evidence-based GPMHTP
- 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.

GPs who are registered providers of FPS deliver many benefits for patients and communities within the context of general practice:

- Members of the community can receive cost-effective psychological interventions, which is particularly important if there is a shortage of psychologists and psychiatrists, or access to them is difficult (eg in rural and remote settings).
- FPS can be an effective form of treatment for people with depression and anxiety.
- When delivered by a GP who is a registered FPS provider, FPS can address the immediate needs of patients in an acute medical situation.
- When delivered by a registered GP, particularly in rural and remote locations, FPS can help communities overcome disasters and widespread adversities such as droughts.
- GPs skilled in FPS are better equipped to manage stressful situations and support people having difficulties with their mental health, such as those experiencing trauma following an event, or an exacerbation of a pre-existing mental health illness.

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.

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 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

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

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 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

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 an application for a skills training activity

Stage 1: Submit a draft application for pre-adjudication

We require 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.

- Prepare your training activity.
- Download and complete the application form, available at <https://gpmhsc.org.au>
- Submit your draft application for adjudication by the respective college at the same time it is submitted to the GPMHSC Secretariat (at least two weeks before the committee meeting you would like your application to be considered at).
- The Secretariat will review your draft against the GPMHSC Standards and provide you with feedback.

Stage 2: Submit your final application for adjudication

- Revise your draft application based on the feedback you receive.
- Submit your final application by the final closing date (10 days before the next committee meeting). While under adjudication, training providers can include the statement 'This activity has been submitted to the GPMHSC for adjudication – recognition of this course by GPMHSC does not occur until adjudication is complete' in advertising material.

Stage 3: GPMHSC Committee adjudicates your application

- 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).
- 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.

Closing dates for draft applications and final applications, meeting dates and further information on applying can be found on the GPMHSC website.

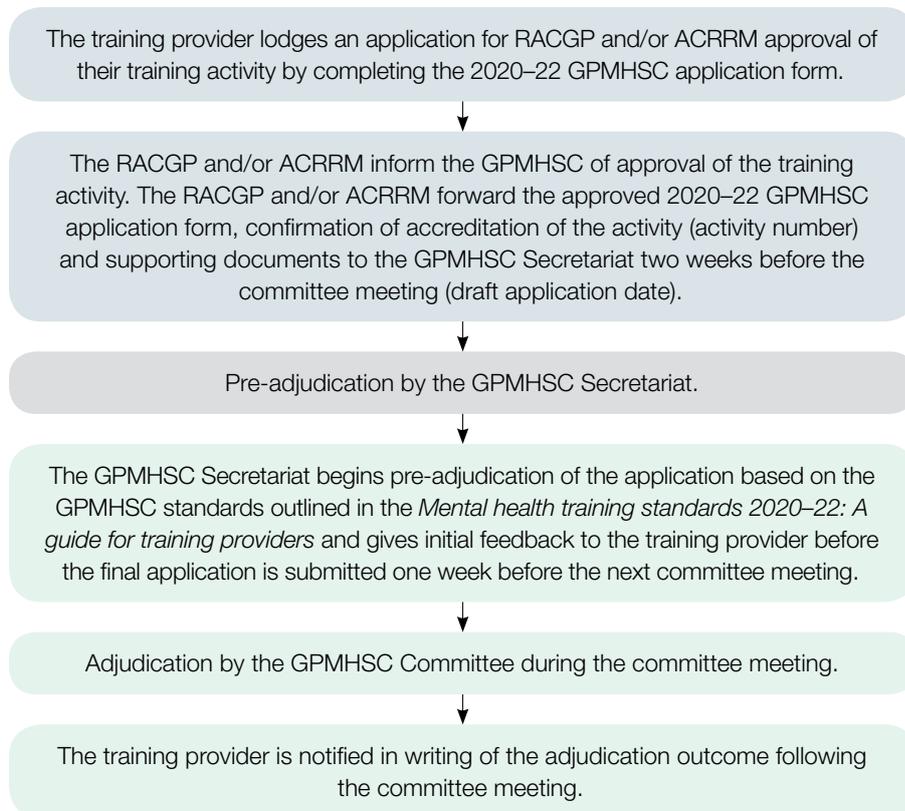


Figure 3. Training accreditation flow chart

After you have received accreditation of your skills training activity

Promoting your GPMHSC-accredited 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, you should display the supplied GPMHSC logo on your MHST and FPS ST activities (refer to Part B), as well as any promotional media (eg websites, brochures) for those activities.

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

Some training providers, such as PHNs or regional training providers, 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 to establish if there are any anticipated changes or variations to the original program.

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.

Reporting of training completion to Medicare after delivery of skills training

After delivering an accredited MHST activity:

- ensure participants complete the relevant reinforcing activity
- provide participants who successfully completed the activity with a certificate of completion
- advise participants to contact the GPMHSC by phone or email to ensure their provider number is on record; this avoids delays in GPs' eligibility to claim the item numbers
- update each GP's training records with the RACGP and/or ACRRM, so that the GPMHSC can accurately report this information to Medicare.
- advise participants that they must wait until they have received written confirmation from Medicare before claiming the relevant MBS item numbers. This process may take four to six weeks following completion of the reinforcing activity.

After delivering an accredited FPS ST activity:

- ensure participants complete the relevant reinforcing activity
- provide participants who successfully completed all requirements of the activity with a certificate of completion

- advise participants that to become a registered provider of FPS with Medicare, they will need to:
 - complete the application form available on the GPMHSC website at <https://gpmhsc.org.au/info-for-gps/becoming-a-gp-provider-of-fps/registering-with-medicare>
 - 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 before claiming the relevant MBS item numbers. This process may take four to six weeks following completion of the reinforcing activity.

Re-accreditation for the 2020–22 triennium

If you had activities accredited with the GPMHSC in the 2017–19 triennium, you will need to apply for re-accreditation for the 2020–22 triennium. Complete the updated GPMHSC application form for 2020–22, available on the GPMHSC website. Contact the GPMHSC Secretariat if you have further questions.

In your application, you need to provide:

- 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 (eg updated program outline, predisposing and reinforcing activities, evaluation material, participant resources/workbooks)
- evaluation reports that contain aggregated data from activities completed in the previous triennium.

The GPMHSC quality assurance program

The GPMHSC 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 skills 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.

GPMHSC reserves the right to ask the training providers and participants for information on any issues concerning the training, to be included in evaluation activities.

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

- **Attendance at accredited skills training activities by a GPMHSC staff member:** Each triennium, the GPMHSC is required by the Australian Government DoH to complete quality assurance reviews on accredited training activities, which are selected at random. If one or more of your skills 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).

Part E: Planning and developing Mental Health CPD and Focussed Psychological Strategies CPD activities

Optional GPMHSC accreditation

The determination of MH CPD and FPS CPD activities for the purposes of GPs meeting their ongoing CPD requirements remains the responsibility of the respective RACGP CPD Program and the ACRRM PDP. The GPMHSC is available to provide guidance to both the RACGP and ACRRM in determining the suitability of an activity such as MH CPD or FPS CPD from a mental health content perspective.

Training providers are able to have their RACGP and/or ACRRM accredited CPD activities categorised as either MH CPD or FPS CPD.

CPD activities accredited by the GPMHSC are then able to include the GPMHSC accreditation logo when advertising (page 10). The GPMHSC will also promote accredited CPD activities to interested GPs, PHNs and other interested stakeholders through the website and the e-newsletter.

Learning outcomes of Mental Health 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.

Clinical enhancement modules can also be accredited as CPD and can act as a good way of extending mental health skills and knowledge and ensuring a broad knowledge across several different areas.

Recommendation

The GPMHSC strongly recommend the development of activities that address areas such as suicide prevention, family violence, addictions/alcohol and other drugs, and other areas that are relevant to the community.

Learning outcomes of Focussed Psychological Strategies 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.

Note: Eligible FPS are currently defined as the evidence-based forms of treatment recognised for use through the Better Access initiative.

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 health care 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 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.

Accreditation types for CPD activities

GPMHSC-accredited CPD activities are accredited as either gold standard CPD or standard CPD as indicated by the logos in Part B of this guide. Gold standard activities are an interactive structured learning format 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 and/or FPS CPD accreditation from GPMHSC, after receiving accreditation by RACGP and/or ACRRM for 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 CPD Program and/or the ACRRM PDP.

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

1. Prepare your activity for RACGP/ACRRM CPD purposes.
2. Write an outline of the activity's content, explaining how it meets the requirements of either MH CPD or FPS CPD. At least 50% of the activity must relate to the relevant specific requirement.
3. Send your written outline with your application for CPD points to the RACGP CPD Program or ACRRM PDP, and inform the relevant staff member that you would also like to seek GPMHSC accreditation for either MH CPD or FPS CPD.
4. The relevant RACGP or ACRRM staff member will send to the GPMHSC Secretariat seeking MH CPD or FPS CPD accreditation.

Review of your application

1. The GPMHSC Secretariat will adjudicate your CPD activity when they receive it.
2. The GPMHSC will notify the RACGP or ACRRM staff member 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.
 - If the GPMHSC does not approve the activity, the Secretariat will either provide feedback on reasons for not accrediting or request further information.

FAQs

Training providers are encouraged to review the FAQ page on the GPMHSC website, and contact the GPMHSC Secretariat if they have any further questions.

Useful resources

GPMHSC resources

- Access Mental Health Treatment Plan consultations, <https://gpmhsc.org.au/resources-for-gps/telepartnerships>
- *After suicide: A resource for GPs*, <https://gpmhsc.org.au/resources-for-gps/after-suicide>
- Become a Focussed Psychological Strategies Provider, <https://youtu.be/CGVfG-aSb8w>
- Carer and consumer guides, www.racgp.org.au/FSDEDEV/media/documents/Education/GPs/GPMHSC/Incorporating-the-carer-and-consumer-perspective-in-mental-health-training_1.pdf
- Free webinar on effective communication strategies in mental health, www.mhpn.org.au/WebinarRecording/97/Tips-and-strategies-to-enhance-communication-between-medical-and-mental-health-professionals
- GP Mental Health Treatment Plan template, <https://gpmhsc.org.au/resources-for-gps/gp-mental-health-treatment-plans>
- GPMHSC e-newsletters, <https://gpmhsc.org.au/newsletter>
- GPMHSC promo 2018 video, <https://youtu.be/P1jWBbkm9YM>
- *Mental health training standards 2020–22: A guide for training providers*, <https://gpmhsc.org.au/resources-for-training-providers/mental-health-training-standards>
- *Practice guide: Communication between medical and mental health professionals*, <https://gpmhsc.org.au/resources-for-gps/communication-between-medical-and-mental-health-professionals>
- *Suicide prevention and first aid: A resource for GPs*, <https://gpmhsc.org.au/resources-for-gps/suicide-prevention-and-first-aid>

Other resources

- Australian Government Department of Health. Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative, www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba
- Australian Government Department of Human Services. Education guide: Better access to mental health care for eligible practitioners and allied health professionals, www.humanservices.gov.au/organisations/health-professionals/enablers/education-guide-better-access-mental-health-care-general-practitioners-and-allied-health
- Australian Government National Mental Health Commission. *Sit beside me, not above me. Supporting safe and effective engagement and participation of people with lived experience*, www.mentalhealthcommission.gov.au/media/253244/Sit%20beside%20me,%20not%20above%20me%20-%20Supporting%20safe%20and%20effective%20engagement%20a....pdf

- Australian Psychological Society. *Evidence-based psychological interventions in the treatment of mental disorders: A review of the literature*, www.psychology.org.au/getmedia/23c6a11b-2600-4e19-9a1d-6ff9c2f26fae/Evidence-based-psych-interventions.pdf
- Mazza D, Brijnath B, Chakraborty, SP, Guideline Development Group. *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice*, www.monash.edu/medicine/spahc/general-practice/work-related-mental-health-guideline
- MBS Online, www.mbsonline.gov.au
- Mental Health Australia, <https://mhaustralia.org>
- National Eating Disorders Collaboration, www.nedc.com.au
- Orygen, The National Centre of Excellence in Youth Mental Health. *Australian clinical guidelines for early psychosis*, www.orygen.org.au/Education-Training/Resources-Training/Resources/Free/Clinical-Practice/Australian-Clinical-Guidelines-for-Early-Psychosis
- Royal Australian and New Zealand College of Psychiatrists. Guidelines and resources for practice, www.ranzcp.org/publications/guidelines-and-resources-for-practice
- Royal Australian and New Zealand College of Psychiatrists. *GPs and psychiatrists: Best practice guidelines for referral and communication*, www.ranzcp.org/publications/guidelines-and-resources-for-practice/gps-and-psychiatrists

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Appendices

Appendix 1: Better Access initiative item numbers and rebates

The GPMHSC recommends that GPs review these numbers and the explanatory notes through MBS Online. The following information is current as of June 2019.

Table A1. Mental health consultations that GPs can provide if they have not completed Mental Health Skills Training

Item number	Description	Rebate (amount Medicare will reimburse GP/patient)
2700	Preparation of a GPMHTP for a patient lasting at least 20 minutes but less than 40 minutes	\$72.85
2701	Preparation of a GPMHTP for a patient lasting at least 40 minutes	\$107.25
2712	Review of a GPMHTP prepared by a GP	\$72.85
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, on a patient in relation to a mental disorder and lasting at least 20 minutes	\$72.85

Item number non-VR	Description	Rebate (amount Medicare will reimburse GP/ patient)
272	Preparation of an MHTP for a patient lasting at least 20 minutes but less than 40 minutes by a medical practitioner	\$58.30
276	Preparation of an MHTP for a patient lasting at least 40 minutes by a medical practitioner	\$85.80
277	Review of an MHTP prepared by a medical practitioner	\$58.30
279	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, on a patient in relation to a mental disorder and lasting at least 20 minutes by a medical practitioner	\$58.30

Table A2. Mental health consultations that GPs can provide if they have completed Mental Health Skills Training

Item number	Description	Rebate (amount Medicare will reimburse GP/patient)
2715	Preparation of a GPMHTP for a patient lasting at least 20 minutes but less than 40 minutes	\$92.50
2717	Preparation of a GPMHTP for a patient lasting at least 40 minutes	\$136.25
2712	Review of a GPMHTP prepared by a GP	\$72.85
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, on a patient in relation to a mental disorder and lasting at least 20 minutes	\$72.85

Item number non-VR	Description	Rebate (amount Medicare will reimburse GP/ patient)
281	Preparation of an MHTP for a patient lasting at least 20 minutes but less than 40 minutes by a medical practitioner	\$74.00
282	Preparation of an MHTP for a patient lasting at least 40 minutes by a medical practitioner	\$109.00
277	Review of an MHTP prepared by a medical practitioner	\$58.30
279	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, on a patient in relation to a mental disorder and lasting at least 20 minutes by a medical practitioner	\$58.30

Table A3. Mental health consultations that GPs can provide if they have completed Focussed Psychological Strategies Skills Training (and have retained registration)

MBS item number	Description	Rebate (amount Medicare will reimburse GP/patient)	
2721	FPS of 30–39 minutes in consultation room	\$94.25	
2725	FPS of at least 40 minutes in consultation room	\$134.85	
2723	FPS of 30–39 minutes out-of-surgery consultation	Up to six patients: \$94.25, plus \$26.35 divided by the number of patients seen	Seven or more patients: \$94.25, plus \$2.05 for each patient seen
2727	FPS of at least 40 minutes out-of-surgery consultation	Up to six patients: \$134.85, plus \$26.35 divided by the number of patients	Seven or more patients: \$134.85, plus \$2.05 for each patient

Table A3. Mental health consultations that GPs can provide if they have completed Focussed Psychological Strategies Skills Training (and have retained registration)

MBS item number non-VR	Description	Rebate (amount Medicare will reimburse GP/patient)	
283	FPS of 30–39 minutes in consultation room	\$75.40	
286	FPS of at least 40 minutes in consultation room	\$107.90	
285	FPS of 30–39 minutes out-of-surgery consultation	Up to six patients: \$75.40 plus \$21.10 divided by the number of patients seen	Seven or more patients: \$75.40 plus \$1.65 for each patient seen
287	FPS of at least 40 minutes out-of-surgery consultation	Up to six patients: \$107.90 plus \$21.10 divided by the number of patients	Seven or more patients: \$107.90 plus \$1.65 for each patient

Note: To use these MBS item numbers, GPs must be accredited with FPS ST.

Table A4. MBS items for general practice provision of Focussed Psychological Strategies via telehealth

Professional attendance at consulting rooms by a GP, for the purpose of providing FPS for assessed mental disorders by a GP registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service where:

- attendance is by video conference
- the patient is not an admitted patient
- the patient is located within a telehealth eligible area, and
- the patient is, at the time of the attendance, at least 15 kilometres by road from the GP.

MBS item	Duration	Location of services	Rebate
2729	At least 30 minutes but less than 40 minutes	At consulting rooms	\$94.25
2731	At least 40 minutes	At consulting rooms	\$134.85

Professional attendance at consulting rooms by a medical practitioner ('medical practitioner' is a non-VR GP), for providing FPS for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service where:

- attendance is by video conference
- the patient is not an admitted patient
- the patient is located within a telehealth eligible area, and
- the patient is, at the time of the attendance, at least 15 kilometres by road from the medical practitioner.

MBS item	Duration	Location of services	Rebate
371	At least 30 minutes but less than 40 minutes	At consulting rooms	\$75.40
372	At least 40 minutes	At consulting rooms	\$107.90

Appendix 2: Advanced Mental Health Skills Acknowledgement Position Statement

GPs are an important source of support and referral for those who experience mental health conditions.¹ Often considered as the first point of contact for people concerned about their mental health, GPs are in a unique position to provide mental health care across the illness spectrum and the lifespan. According to the Australian Institute of Health and Welfare, approximately 18 million GP encounters in 2015–16 were mental health related. This is an annual increase of 4.7% and comparable to the nine million services provided by state and territory mental health services in the same period.*

The limited availability of specialist services means that patients are more likely to seek help for mental distress from their GPs.[†]

At present, two distinct levels of care are defined within the Medicare Benefits Schedule (MBS) structure:

- Level 1 Mental Health Skills Training (MHST) care enables GPs to provide basic assessment and management of high prevalence disorders, such as depression and anxiety.
- Level 2 Provider of Focussed Psychological Strategies (FPS) care enables GPs to provide psycho-education and cognitive behavioural therapy to patients. Both levels have specific training requirements as defined under the Better Access initiative, and the standards of this training are accredited by the GPMHSC.

However, the GPMHSC believes there is a need for a third level of care and training to be recognised by the MBS – Level 3 Advanced MHST. The purpose of this position statement is to acknowledge the GPs who have undertaken extended and extensive training and education for additional skills in psychiatry and psychology.

This position statement will serve as an advocacy tool when the GPMHSC meets with key government stakeholders in ongoing work to champion the vital role of the GPs in primary mental health care.

GPs with Level 3 Advanced MHST would be likely to operate at a secondary care level: equivalent to GP anaesthetists or GP obstetricians. This includes acute and emergency care for patients with acute psychosis, acute suicidality and severe mental illness. It is expected this cohort of GPs would work with other mental health agencies, such as acute mental health units, and provide alternative services to psychiatrists and psychologists in areas that are geographically isolated and/or lack appropriate services. These skills would be particularly important in rural and remote communities so GPs can provide these services to patients who are unable to access other services.

Advantages of Level 3 Advanced MHST recognition include:

- addressing the current and future shortage of psychiatrists in the Australian workforce
- the ability of carers, consumers and other health professionals to identify highly skilled GPs in their area to provide care for patients with complex needs
- the capacity of the MBS to incorporate targeted remuneration to this group to enable them to practise advanced mental health without experiencing profound financial disadvantage
- the capacity to target training and upskilling programs to appropriate GPs to enable psychiatry and psychology cover in areas of need

*Australian Institute of Health and Welfare. Mental health services in Australia. Canberra: AIHW, 2019. Available at www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia

†Kelly BJ, Stain HJ, Coleman C, et al. Mental health and wellbeing within rural communities: The Australian Rural Mental Health Study. *Aust J Rural Health* 2010;18(1):16–24.

- secondary care, on referral by other GPs or care providers
- provision and coordination of care and support to patients with chronic and complex mental and physical health needs and severe mental illness in the community
- potential provision of complex mental health care in specialised contexts (eg paediatrics, within Aboriginal and Torres Strait Islander communities, in palliative care, with patients experiencing substance abuse, for people who are homeless, for those who are culturally and linguistically diverse, and among torture and trauma survivors)
- continuing care in the community for patients at high risk of suicide and/or chronic suicidality
- leadership, professional development, clinical supervision and collegiate support for other GPs caring for patients with mental illness.

Example of training and education completed by GPs with Advanced MHST

Prerequisites

- Fellowship in ACRRM or RACGP
- Registrars training for an advanced specialised training (AST)/advanced rural specialised training (ARST) in mental health
- All should have MHST and accreditation via the GPMHSC – MHST Level 1 and FPS Skills Training (FPS ST) Level 2 (registered with Medicare)

Desirable

- Tertiary Education Quality and Standards Agency accredited qualifications in mental health (eg graduate certificate, graduate diploma or Masters degree in psychiatry, psychotherapy, mental health or related field)
- Extended clinical experience in a mental health field (eg registrar experience in psychiatry)
- Advanced specialised training in mental health Australian College of Rural and Remote Medicine (ACRRM)
- Advanced rural specialised post in psychiatry The Royal Australian College of General Practitioners (RACGP)
- Previous qualifications in a mental health related discipline (eg psychology or social work)
- Extended peer-learning experience (eg Balint groups, clinical supervision)
- Leadership roles in a mental health field (eg in mental health education, policy or research)
- Clinical supervision in mental health (eg participates in personal supervision, Balint groups or similar)

Appendix 3: Developing and reviewing a patient's GP Mental Health Treatment Plan

Why GPMHTPs are important

Developing a GPMHTP:

- provides continuity and a 'cycle of care' for a patient with a mental illness
- gives GPs a structured way to make an early intervention, as well as assess and manage a patient with mental illness
- helps GPs to coordinate the patient's care and provide appropriate referrals to clinical psychologists and allied mental health service providers
- ensures that the patient and, where possible, their carers, are actively involved in their treatment.

1. Assess the patient

- Record the patient's agreement for the GPMHTP
- Record the patient's relevant history (biological, psychological, social), including the presenting complaint
- Conduct a mental health examination
- Assess any associated risk and any comorbidity
- Assess current and previous medication
- Make a diagnosis and/or formulation
- Administer an outcome measurement tool, unless you consider it clinically inappropriate



2. Prepare a GPMHTP

Discuss the assessment with the patient, including the diagnosis and/or formulation

- Identify, and discuss with the patient, referral and treatment options and appropriate support services
- Agree with the patient on goals, including what should be achieved by treatment and what actions the patient will take
- Provide psycho-education
- Develop a plan to prevent relapses
- Develop a plan, if appropriate, for crisis intervention
- Make arrangements for referrals, treatment support services, reviews and follow-ups
- Document all of the above in the plan; it may assist to use a template such as those on the GPMHSC website



3. Reviewing a patient's GPMHTP and why it is important

Reviewing a patient's progress is an important part of mental health care. When doing so, GPs need to:

- record the patient's agreement to the Better Access service (development of a GPMHTP and subsequent referral for Focussed Psychological Strategies [FPS] or evidence-based psychological interventions)
- reapply the same outcome measurement tool used during the assessment, unless the GP considers it clinically inappropriate
- review the patient's progress towards the goals specified in the treatment plan, as reported by the patient
- modify the GPMHTP, if required, including the plan for crisis intervention and the plan to prevent relapses, if appropriate
- check, reinforce and expand psycho-education

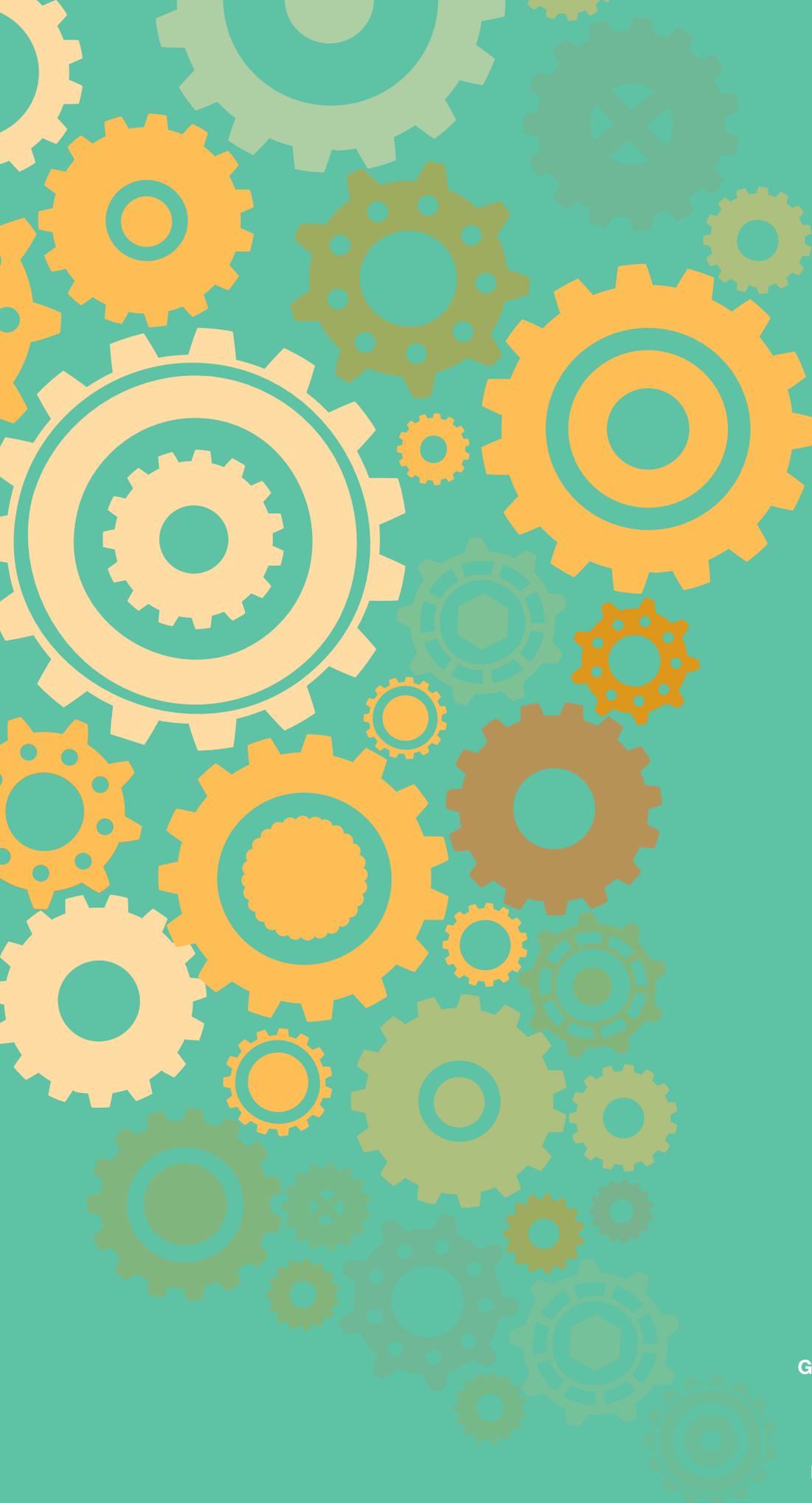
Figure A1. Preparing a GPMHTP

Renewing a patient's GPMHTP

GPMHTPs do not expire at the end of a calendar year, so the patient does not need a new plan to continue their GPMHTP into the next calendar year unless the referring practitioner considers that it is clinically required. Generally, this should not be within 12 months of the previous plan.

This means that a patient can continue to be eligible for rebated allied mental health services in the next calendar year under their existing plan if the referring GP assesses that the patient continues to need these services.

The number of rebatable psychological sessions available through the GPMHTP is capped at 10 per calendar year.



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