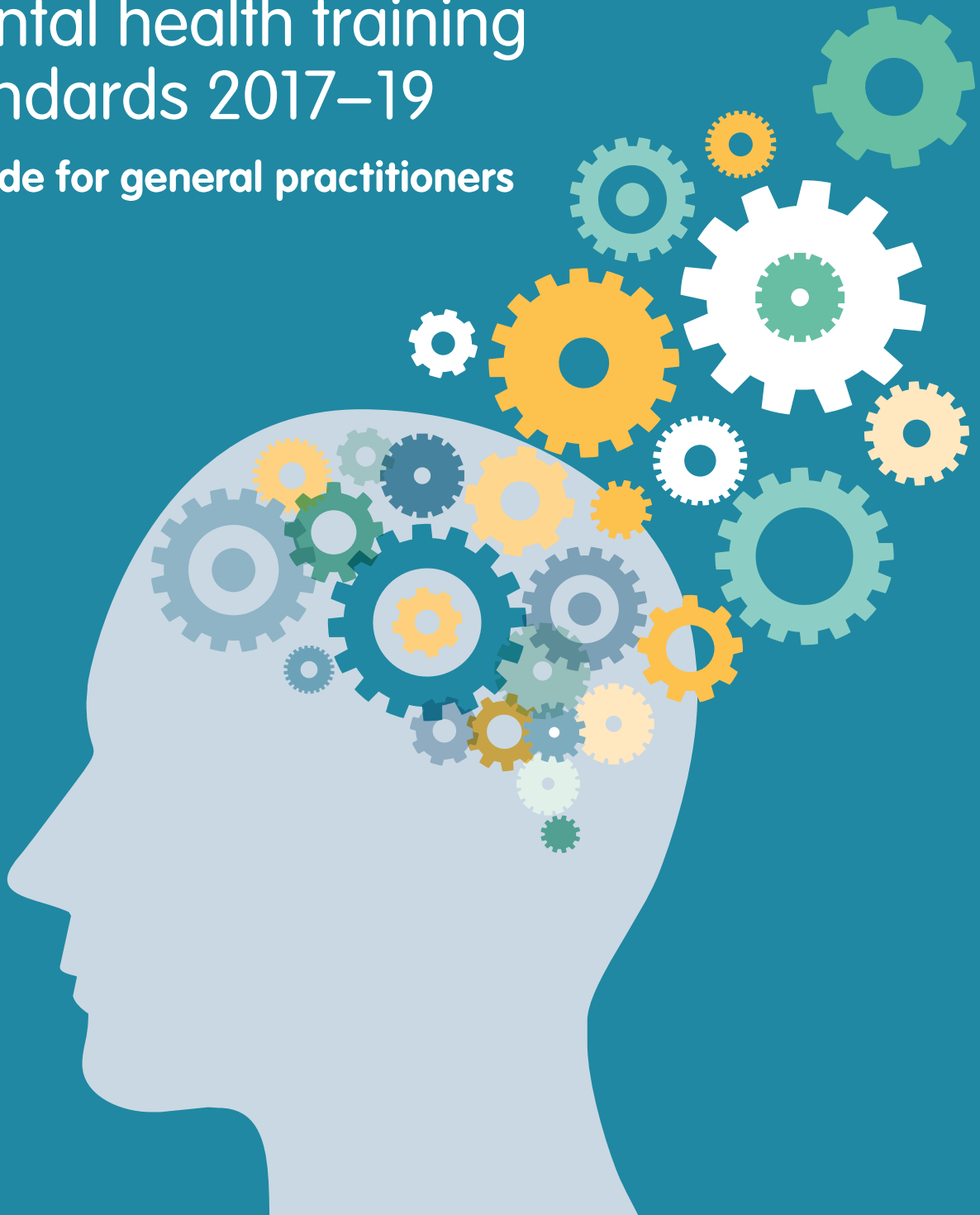


# Mental health training standards 2017–19

A guide for general practitioners



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# Mental health training standards 2017–19

**A guide for general practitioners**

## Mental health training standards 2017–19: A guide for general practitioners

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*We recognise the traditional custodians of the land and sea on which we work and live.*

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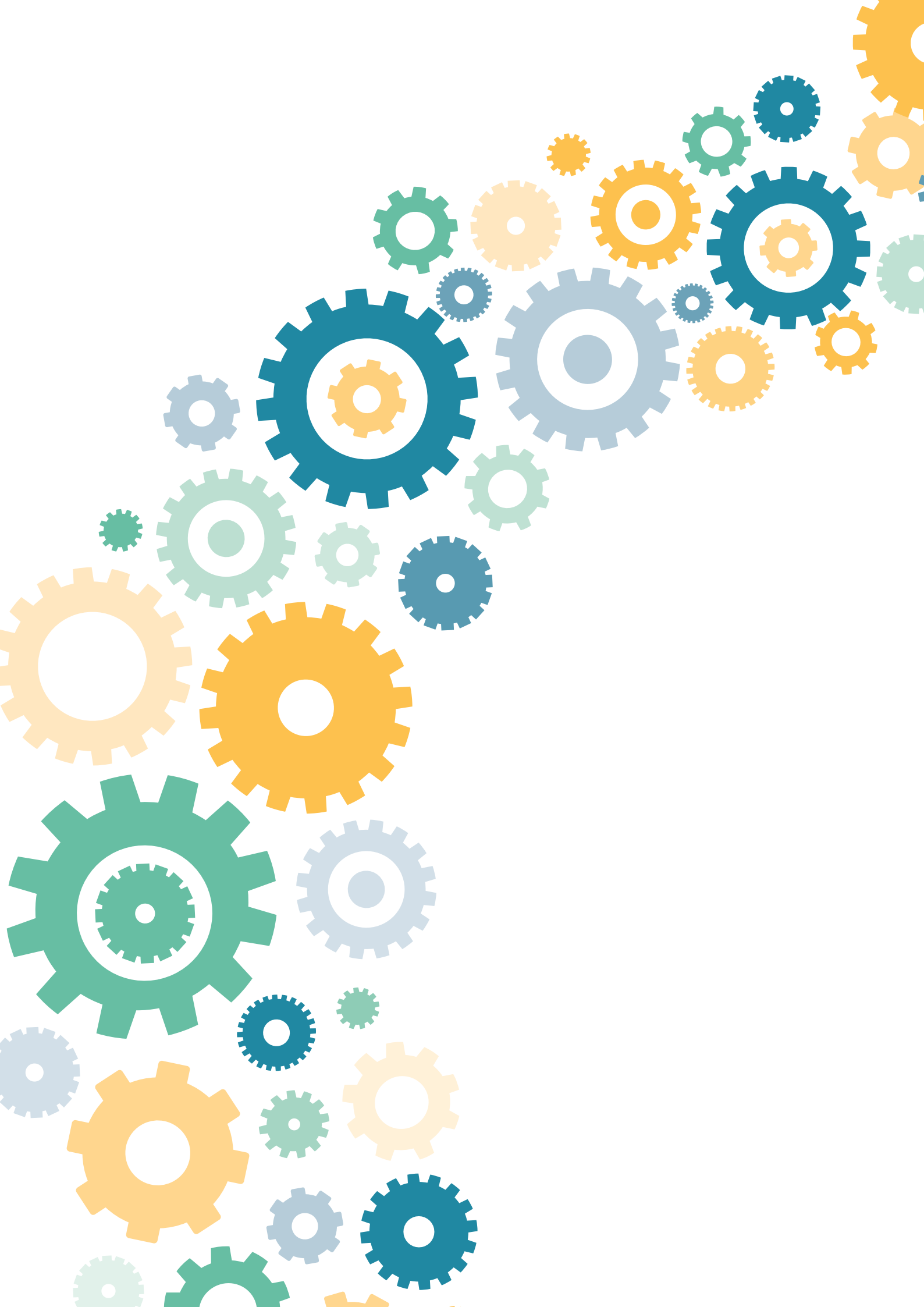
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The GPMHSC is managed by The Royal Australian College of General Practitioners (RACGP) and is funded by the Commonwealth Government.

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 the community through Mental Health Australia (MH A).

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







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## Foreword

The release of the *Mental health training standards 2017–19: A guide for general practitioners* 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 healthcare. According to the Bettering the Evaluation of Care in Health (BEACH) survey, an estimated 13% of GP encounters in 2013–14 were related to mental health, and, in 2013–14, GPs and other medical practitioners provided more than 2.7 million Medicine Benefits Scheme (MBS)-subsidised mental health services.<sup>1</sup>

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.

Over the past decade, the work undertaken by the GPMHSC has increased GPs' skills and knowledge in detecting, diagnosing and managing mental illnesses, and by upholding the standard of high-quality GP training, we will continue to ensure that Australians receive optimal mental healthcare.

Building on the work that has been achieved over the past 15 years, and complementing the standards of education and training of the RACGP and the ACRRM curriculum for Australian general practice, the standards in this document focus on post-vocational training and continuing professional development (CPD) for GPs.

I sincerely thank all 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, 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's approach for the next three years.

On behalf of the GPMHSC, I encourage all GPs to refer to this document when reviewing their current skill sets and when participating in professional development relating to mental health.

Associate Professor Morton Rawlin  
Chairperson, GPMHSC



# Part A: Introduction to this guide and overview of GP mental health training framework

## The purpose of this document

This document is for GPs who wish to find out about:

- the training that is required to gain and maintain access to specific Medicare Benefit Schedule (MBS) items related to mental health consultations
- continuing professional development (CPD) in mental health that the GPMHSC recommends, to ensure skills and knowledge in mental health are up to date and broad-ranging.

## About the GPMHSC

### Mission statement

The GPMHSC strives to ensure optimal mental health for the Australian population by ensuring that GPs receive high quality education and training in mental health.

### Governance

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

The GPMHSC is managed by the RACGP.

### Membership

The GPMHSC includes representatives from general practice, psychiatry, psychology, and the community. The RACGP provides secretariat services and chairs the GPMHSC Committee.

The committee members are nominated by the RACGP, ACRRM, APS, RANZCP and MHA.

### The role of the GPMHSC

The GPMHSC:

- establishes standards for GP training in mental health in relation to the Better Access initiative
- accredits training activities related to general practice mental healthcare
- 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 CPD (MH CPD) in accordance with the GPMHSC's training standards
- reports the details of GPs who are eligible to claim Better Access MBS item numbers to Medicare Australia
- develops supporting resources about primary mental healthcare and the Better Access initiative for GPs and training providers
- provides support to the GPMHSC Committee and Chair
- 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.

## Identifying mental health training activities that are GPMHSC-accredited



Training providers will display this logo on skills training activities that have been accredited by the GPMHSC.



Training providers will display one of these logos on CPD activities that have been accredited by the GPMHSC.

## Why GPs are important in mental health

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

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 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 healthcare, GPs need to be able to:

- perform a bio-psychosocial 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
- 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 Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative.

Better Access aims to improve health outcomes through targeted treatment of people with a clinically diagnosed mental illness.

### How does Better Access work?

Better Access 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.\*\*

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 disorder are eligible for Better Access sessions when referred:

- by a GP managing the patient under a GP Mental Health Treatment Plan (GPMHTP)
- 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 of Better Access for the rebated sessions.

### Approved Better Access providers

Approved Better Access providers include:

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

\* 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.

\*\* This is correct at the time of printing, but is subject to change. For up-to-date information, visit the Department of Health website at [www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-pat](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-pat)



## Ongoing management of a patient

You 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.

## 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 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 items:

- a GPMHTP review item
- a GP mental health consultation item
- standard GP consultation item.

## Mental illnesses applicable under Better Access

The training accredited by the GPMHSC provides the fundamental skills required to assess a patient's needs, recommend appropriate referral options and manage a patient's ongoing mental healthcare.

At the time of printing, the following mental illnesses/disorders are eligible for treatment under Better Access, as per the *International classification of diseases*, 10th revision (ICD-10).<sup>3</sup> Refer to the *International classification of diseases* 11th revision (ICD-11) when it is released for up-to-date information.

- 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 illness, not otherwise specified
- Mixed anxiety and depression
- Neurasthenia
- Panic illness
- Phobic disorders
- Sexual disorders
- Sleep problems
- Unexplained somatic complaints

### Mental illnesses not applicable under Better Access

- Dementia
- Delirium
- Tobacco-use illness
- Mental retardation

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

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

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 you can provide based on your mental health training.

For details about the relevant MBS item numbers and rebates, see Appendix 1 on page 25.

**Table 1. Service provision eligibility**

Training	Services
No Mental Health Skills Training (MHST)	Preparation of a patient's GPMHTP (minimum Medicare rebate applies)
Level 1: MHST	Preparation of a patient's GPMHTP (maximum [higher schedule] Medicare 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 (Medicare rebates apply for up to 10 FPS sessions per person per calendar year)

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

For more information about Better Access, visit the Australian Government Department of Health's website at [www.health.gov.au/mentalhealth-betteraccess](http://www.health.gov.au/mentalhealth-betteraccess).



## The GP mental health training framework

The GP mental health training framework (the 'Framework'), shown in Table 2 on page 8, has been developed according to the GPMHSC's recommendations for GPs who deliver primary mental healthcare.

It contains:

- a hierarchy of training levels relating to both the assessment and diagnosis of mental illness and the provision of FPS:
  - **entry level** – achieved after completing Level 1 training (for assessment and diagnosis) and Level 2 training (for provision of FPS)
  - **intermediate level** – areas that all GPs should aim to include in the course of regular professional development activities, taking into account the profile of their practice
  - **advanced level** – areas that GPs seeking advanced skills and knowledge in mental health (eg those who predominantly see patients for mental health issues) should aim to address.
- the training activities that the GPMHSC recommends to GPs in achieving proficiency at each level (while not exhaustive, they broadly indicate areas of training you should consider when developing your skills in providing mental healthcare)
- the Mental Health CPD and training that the GPMHSC recommends to GPs to ensure that their mental health skills and knowledge remain up to date.

## Presumed areas of proficiency at the completion of undergraduate and prevocational training

The Framework presumes 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
- 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.





## The Framework

Table 2. GP mental health training framework

Level of training	Mental Health Skills Training (MHST) – Level 1	Focused Psychological Strategies (FPS) – Level 2
<b>Entry level</b> ↓ ↓		
<b>Action</b>	Complete MHST Primary Pathway (targeted at general practice registrars and other doctors entering Australian general practice)	Complete MHST Modular Pathway (targeted at more experienced GPs/GPs with particular interests)
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Undertake mental health assessments for common mental disorders</li> <li>Develop and review GPMHTPs</li> </ul>	<ul style="list-style-type: none"> <li>Undertake mental health assessments for common and more complex mental disorders/specific population groups</li> <li>Develop and review GPMHTPs</li> </ul>
		<ul style="list-style-type: none"> <li>Complete FPS ST (prerequisite: MHST)</li> </ul>
		<ul style="list-style-type: none"> <li>Provide cognitive behaviour therapy (CBT) or interpersonal therapy (IPT) to patients eligible for treatment under the Better Access initiative</li> <li>Provision of holistic healthcare to Aboriginal and Torres Strait Islander peoples can include narrative therapy</li> </ul>
<b>Intermediate level</b> ↓ ↓		
<b>Action</b>	Completion of MHST	Completion of FPS ST
<b>Prerequisite topics/areas</b>	<ul style="list-style-type: none"> <li>Complete at least one <b>MH CPD</b> activity each triennium</li> <li>Identification and management of planning for illness groups such as those with:                             <ul style="list-style-type: none"> <li>– affective disorders</li> <li>– anxiety disorders</li> <li>– somatising disorders</li> <li>– substance misuse issues</li> </ul> </li> <li>Suicide prevention: undertaking risk assessments, recognising and responding to those at risk of suicide</li> <li>Mental health first aid training</li> <li>Interpersonal skills training: relationships, rapport, communication skills, interview skills</li> </ul>	<ul style="list-style-type: none"> <li>Complete <b>FPS CPD</b> (required for ongoing Medicare Australia provider registration)                             <ul style="list-style-type: none"> <li>• Refreshing and expanding upon skills and knowledge learnt in FPS ST (provision of FPS)</li> <li>• Provision of FPS to other specific population groups including:                                     <ul style="list-style-type: none"> <li>– Aboriginal and Torres Strait Islander peoples</li> <li>– those experiencing family violence</li> <li>– addictions/alcohol and other drugs (AOD)</li> <li>– people from culturally and linguistically diverse backgrounds</li> <li>– children and young people</li> </ul> </li> <li>• Provision of evidence-based psychological therapies</li> </ul> </li> </ul>
<b>Outcomes</b>	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	Provide CBT and IPT to patients with more complex mental health presentations and patients from specific patient groups



Advanced level		↓	↓
<b>Prerequisite</b>	MHST + MH CPD		FPS ST + FPS CPD (one per triennium)
<b>Action</b>	Complete advanced MH CPD		Complete advanced FPS CPD/ postgraduate mental health training relating to provision of psychological intervention
<b>Possible topics/areas</b>	<ul style="list-style-type: none"> <li>• Identifying and managing complexity and comorbidity (eg substance use, impaired cognition, physical comorbidities)</li> <li>• Identifying and managing illness sub-types</li> <li>• Identifying and managing other disorders – for example:               <ul style="list-style-type: none"> <li>– eating disorders</li> <li>– complex trauma</li> <li>– personality disorders</li> <li>– psychotic disorders</li> <li>– childhood disorders</li> </ul> </li> </ul>	→ ←	<ul style="list-style-type: none"> <li>• Extended skills in CBT/IPT</li> <li>• Provision of family therapy</li> <li>• Provision of narrative therapy for Aboriginal and Torres Strait Islander peoples</li> <li>• Provision of psychological interventions for specific population groups such as children and adolescents, people with antenatal-related and postnatal-related mental health issues</li> <li>• Provision of psychological interventions for people with more complex disorders – for example:               <ul style="list-style-type: none"> <li>– personality disorders</li> <li>– eating disorders</li> <li>– psychotic disorders</li> <li>– complex trauma</li> </ul> </li> </ul>
<b>Outcomes</b>	Assess and diagnose patients with complex mental disorders, manage specific patient groups and coordinate care		Provide a variety of psychological interventions and therapies to patients with complex mental health conditions

## Choosing training activities from the Framework

You are encouraged to complete a variety of mental health training activities from the entry and intermediate training levels.

If you need advanced skills in mental healthcare, we encourage you to select relevant activities from the advanced level.

Although the Framework does not address all possible variations of general practice, you can use it to plan your professional development in mental health at different stages during your career.



## Part B: Your 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:

- skills training activities
- continuing professional development (CPD) activities.

#### Skills training activities

##### Definition

The specific knowledge, abilities, skills and attitudes required to access, manage and provide ongoing mental healthcare in general practice, either through preparing high quality GPMHTPs and/or providing FPS.

– The GPMHSC

##### Types of skills training

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

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



## Continuing professional development activities

### Definition

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.<sup>4</sup>

– The Medical Board of Australia

### Types of CPD

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

- Mental Health CPD (MH CPD)
- Focussed Psychological Strategies CPD (FPS CPD).

### Earning CPD points

When you complete any mental health training and education that is accredited by the GPMHSC, you can also accrue RACGP Quality Improvement and Continuing Professional Development (QI&CPD) and/or ACRRM Professional Development Program (PDP) points. This includes for:

- MHST
- FPS ST
- MH CPD
- FPS CPD.





## Overview

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

	Type and level	Outcomes	Associated MBS item numbers	Format
ST activities	MHST (Level 1)	In relation to mental illnesses commonly presented in general practice: <ul style="list-style-type: none"> <li>• able to assess mental health</li> <li>• able to develop and review MHTP</li> <li>• able to review patient's progress</li> </ul>	2712 2713 2715 2717	Any six-hour or seven-hour interactive, structured learning format, plus: <ul style="list-style-type: none"> <li>• predisposing activities</li> <li>• reinforcing components</li> </ul> For further details, see page 14
	FPS ST (Level 2)	In relation to mental illnesses commonly presented in general practice: <ul style="list-style-type: none"> <li>• able to provide evidence-based FPS as part of a treatment plan</li> </ul>	2721 2723 2725 2727	Twenty hours comprised of at least 12 hours of supervised face-to-face training, plus: <ul style="list-style-type: none"> <li>• an eight-hour active learning module (ALM)</li> <li>• predisposing activities</li> <li>• reinforcing components</li> </ul> For further details, see page 17
CPD	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 on page 22–24
	FPS CPD	Extended skills and knowledge to provide FPS  Mandatory to maintain registration to provide FPS	2721 2723 2725 2727	

## Your mental health training options

As shown in Figure 1, you have several options to choose from when you undertake mental health training:

- To begin your mental health training, you complete MHST (Level 1).
  - This has two pathways and you can choose the one most suited to your needs and situation.
  - The Primary Pathway is usually completed by general practice registrars and other doctors entering Australian general practice.
  - The Modular Pathway is usually completed by more experienced GPs and GPs who have an interest in mental health.



- After completing MHST (Level 1), you:
  - are able to claim MBS items 2715 and 2717
  - are encouraged to complete MH CPD
  - can complete FPS ST in order to be registered to deliver FPS.
- To begin FPS ST, you need to have previously completed MHST.
- After completing FPS ST:
  - you are able to claim MBS items 2721, 2723, 2725 and 2727
  - you must complete at least one FPS CPD in each subsequent triennium in order to maintain your FPS registration
  - are encouraged to complete MH CPD at any time.

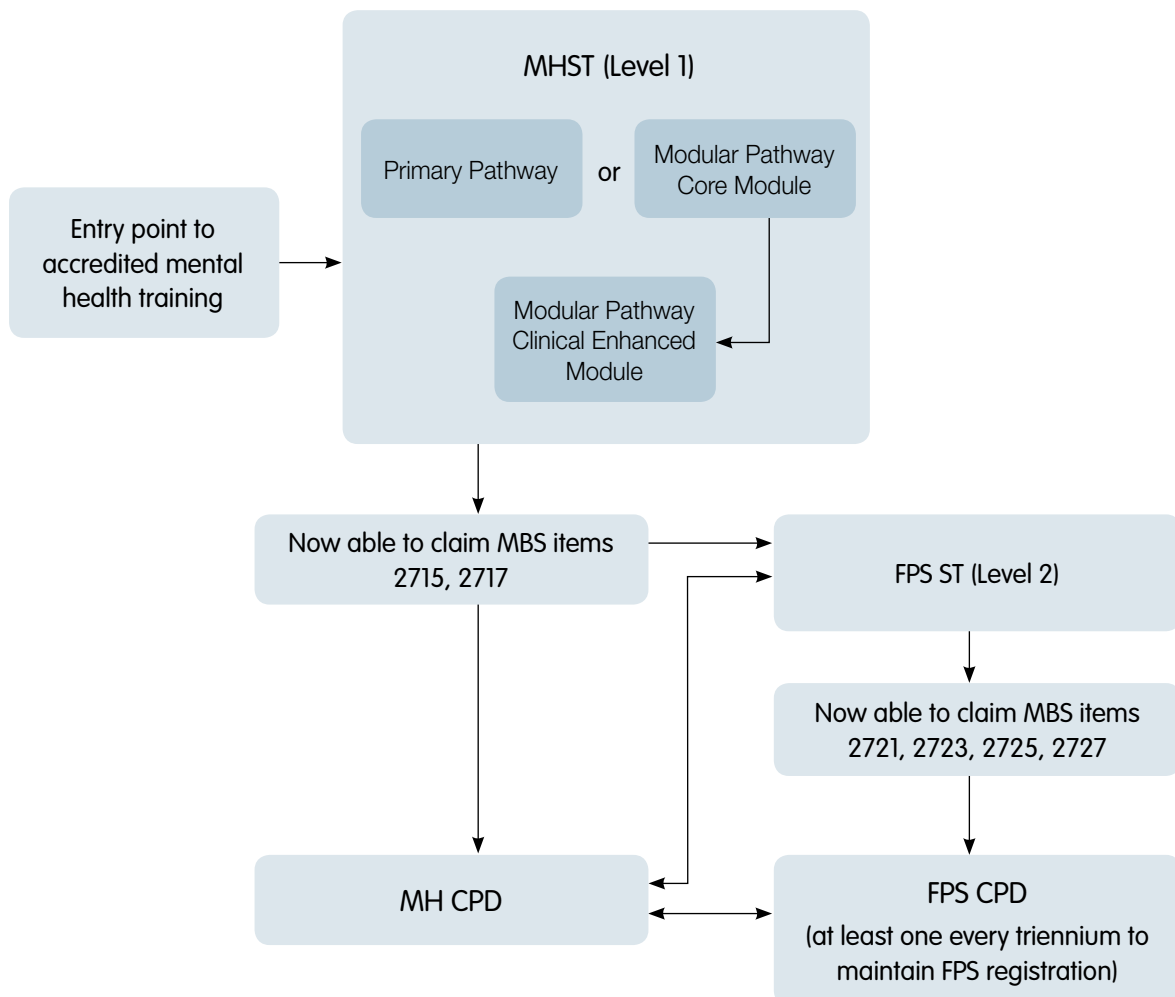


Figure 1. GP mental health training recommended pathway

## Details of MHST

MHST provides you with:

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

When you achieve MHST accreditation, you can provide services with the following MBS item numbers: 2715 and 2717. See Appendix 1 for further details about these item numbers.

## The two MHST pathways

In order to cater for GPs' diversity of skills, experience and interest, there are two options for completing MHST: the MHST Primary Pathway; and the MHST Modular Pathway.

### The MHST Primary Pathway

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.

#### Required education

To satisfy the requirements of the MHST Primary Pathway, you must complete:

- a six-hour (at minimum) MHST Primary Pathway activity that is accredited by the GPMHSC (this can be via e-learning or face-to-face structured interactive learning activity)
- the relevant predisposing activities
- the relevant reinforcing activities.

#### Learning outcomes – MHST Primary Pathway

After completing the MHST Primary Pathway, you will be able to:

- identify and manage treatment for mental health issues experienced by patients
- develop evidence-based and needs-based GPMHTPs in consultation with patients and carers, and incorporate the perspectives and needs of the patient, their carers and others in the patient's network so that subsequent care providers consider these perspectives and needs
- review GPMHTPs in consultation with patients and carers
- use practice systems to identify local services and resources that safeguard patient safety and help to provide holistic mental healthcare to patients
- use relevant MBS item numbers relating to the provision of mental healthcare by a GP who has completed MHST.

### The MHST Modular Pathway

Developed in response to the increasingly complex mental health issues that patients present with, this pathway is designed for more experienced GPs who have a particular interest in mental health.

To satisfy the requirements of the MHST Modular Pathway, you must complete one Core Module (CM) (three hours) plus one Clinical Enhancement Module (CEM) (four hours).

You can choose to do the CM and a CEM as a combined activity, or as two separate stand-alone activities.

\* According to the World Health Organization (WHO), mental illness describes a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities.<sup>3</sup>



**Do I have to complete both the CM and the CEM with the same training provider or do the modules on the same day?**

You do not have to complete them with the same training provider or on the same day. However, you (or your training provider/s) must send both certificates of completion to the GPMHSC so that you obtain your MHST accreditation. Ask your training provider/s whether they send your certificates of completion, or if you have to.

Please be aware that if you do not complete the CM and the CEM with the same training provider, your RACGP QI&CPD/ACRRM PDP accrual of points may be affected. Please contact your respective college for more information.

**Learning outcomes – MHST Modular Pathway**

If you complete an activity that combines the CM and a CEM (MHST Modular Pathway), you will be able to:

- identify and manage treatment for mental health issues experienced by patients, including common mental health conditions and the specific illnesses or related issues covered in the module
- in consultation with patients and carers, develop evidence-based and needs-based GPMHTPs for mental illnesses covered in the module, incorporating the perspectives and needs of patients, their carers and others in the patient's network so that subsequent care providers consider these perspectives and needs
- in consultation with patients and carers, review GPMHTPs for the specific mental illnesses covered in the module
- use practice systems to identify local services and resources relating to the specific mental illnesses covered in the module that safeguard patient safety and help to provide holistic mental healthcare to patients
- use appropriate MBS item numbers relating to the provision of mental healthcare.

If you complete a stand-alone CM, you will be able to:

- identify and manage treatment for mental health issues experienced by patients
- develop and review evidence and needs based GPMHTP in consultation with patients and carers
- use practice systems to identify local services and resources that safeguard patient safety and assist in providing holistic mental healthcare to patients
- use appropriate MBS item numbers relating to the provision of mental healthcare

If you complete a stand-alone CEM, you will be able to:

- identify and manage treatment for a specific mental health issue or other issues experienced by patients
- develop and review evidence-based and needs-based GPMHTPs in relation to the specific mental health issues/other issues in consultation with patients and carers
- incorporate the perspectives and needs of patients, their carers and others in the patient's network so that subsequent care providers consider these perspectives and needs
- use practice systems to identify local services and resources that safeguard patient safety and help to provide holistic mental healthcare to patients.





## Which MHST pathway is right for me?

Choose the MHST Primary Pathway if:

- you have recently entered general practice in Australia
- you need to refresh your core mental health skills.

Choose the MHST Modular Pathway if:

- you want to know more about mental health
- your practice or you see many patients with mental illness.

By choosing the Modular Pathway, you can acquire core skills and knowledge in mental health, and then tailor your MHST learning according to your special interests and needs by completing different CEMs as part of your MH CPD to expand your ability to treat complex mental illnesses.

## Registering with Medicare Australia to access MBS items 2715 and 2717

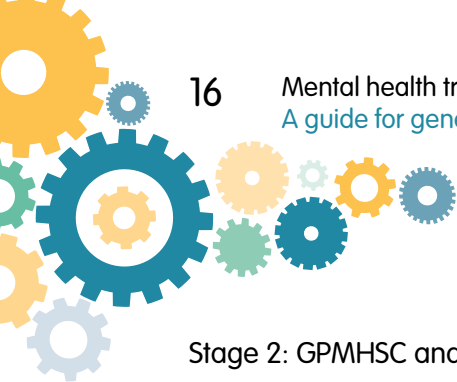
### Stage 1: Complete relevant activities and notify GPMHSC

1. If you are a member of the RACGP or ACRRM, tell the training provider when you register or enrol for the MHST training activity, and give them your RACGP or ACRRM identification number.
2. Complete a GPMHSC-accredited MHST activity from the Primary Pathway, or the CM and a CEM from the Modular Pathway (includes the predisposing and reinforcing activity).
3. Find out whether your training provider is going to send your certificate/s of completion to the GPMHSC. If they are, continue from Step 4.

If they do not send certificates of completion to the GPMHSC, you will need to send copies of them to the GPMHSC as follows:

- If you have not received the certificate/s in a reasonable amount of time after you complete the reinforcing activity, contact the training provider.
  - If you are a member of the RACGP or ACRRM, email or fax your certificate/s of completion to the GPMHSC Secretariat, with details of your RACGP or ACRRM membership.
  - If you are not a member of the RACGP or ACRRM, email or fax your certificate/s of completion to the GPMHSC Secretariat, and include your date of birth and Medicare Provider number in this correspondence.
4. Check that your details are correct with Medicare Australia, particularly:
    - your provider number details (correct, active, and attached to the correct practice/s)
    - your postal address.

The GPMHSC now knows that you have completed the training activity.



## Stage 2: GPMHSC and Medicare Australia process your details

1. In accordance with Medicare Australia's requirements, each fortnight, the GPMHSC forwards a list of GPs who have completed MHST to Medicare Australia. Medicare Australia processes your details and then registers your MHST accreditation.
2. Medicare Australia mails you a letter (approximately four weeks after it receives details from the GPMHSC) confirming your registration to access MBS item numbers 2715 and 2717. You cannot claim against these numbers until you receive this letter.

## Why is Medicare Australia rejecting my 2715 and 2717 item claims when I have completed MHST?

There are two probable reasons for this:

- You may not have completed a reinforcing activity.

After you complete an MHST activity, you must also complete a reinforcing activity in order to meet the requirements of the training and receive your certificate of completion. The training provider will send you this reinforcing activity soon after you complete the initial activity.

- Medicare Australia may not have updated your record.

It can take up to four weeks for Medicare Australia to update your record and advise you of this in writing. You must wait until you receive the confirmation letter from Medicare before you send in 2715 or 2717 claims to Medicare Australia.

## Details of FPS ST

You can become a registered provider of FPS by completing FPS ST (Level 2), after completing MHST (Level 1).

After completing FPS ST, you will have the skills needed to treat common mental illnesses and, after registering with Medicare Australia as a registered provider of FPS, can use relevant MBS item numbers. See Appendix 1 for details of the MBS items you can use if you are a registered provider of FPS.

## Definition of FPS

Focussed Psychological Strategies (FPS) refers to specific mental healthcare treatments based on 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 therapy (IPT).

## Narrative therapy for Aboriginal and Torres Strait Islander peoples

There is some flexibility to also use narrative therapy with Aboriginal and Torres Strait Islander peoples.

FPS ST activities that focus on the provision of mental healthcare to Aboriginal and Torres Strait Islander people can include narrative therapy.



## National Aboriginal and Torres Strait Islander Health Plan 2013–2023

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 2013–2023.

For further information, visit [www.health.gov.au/internet/publications/publishing.nsf/Content/oatsih-healthplan-toc](http://www.health.gov.au/internet/publications/publishing.nsf/Content/oatsih-healthplan-toc)

## 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 patient identify unhelpful irrational thoughts, emotions and behaviours.

CBT has two aspects: behaviour therapy and cognitive therapy.

- 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, which leads 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 patient'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 patient's perceptions and expectations of relationships, and aims to improve communication and interpersonal skills.

## What are the benefits of being a registered FPS provider?

GPs who are registered providers of FPS deliver many benefits for patients and communities:

- 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.



## FPS training activities

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 all of the following strategies</p>
<ul style="list-style-type: none"> <li>• Psychoeducation</li> <li>• Motivational interviewing</li> <li>• Theory and principles underlying CBT</li> <li>• Behavioural interventions:               <ul style="list-style-type: none"> <li>– behaviour modifications</li> <li>– activity scheduling (optional)</li> <li>– exposure techniques (optional)</li> </ul> </li> <li>• Cognitive interventions:               <ul style="list-style-type: none"> <li>– cognitive analysis, thought challenging and cognitive restructuring</li> <li>– self-instructional training, attention regulation and control (optional)</li> </ul> </li> <li>• Relaxation strategies</li> <li>• Skills training (eg problem-solving, communication training, parent management training and stress management)</li> </ul>	<ul style="list-style-type: none"> <li>• Psychoeducation</li> <li>• Motivational interviewing</li> <li>• Theory and principles underlying IPT, mental illnesses linked to four types of relationship difficulties (loss, role dispute, role transitions and interpersonal deficits)</li> <li>• IPT training:               <ul style="list-style-type: none"> <li>– explore patient’s perceptions, expectations of others and relationships</li> <li>– identify problems with relationships</li> <li>– use affect to bring about change</li> <li>– problem-solve to achieve a resolution of relationship issues</li> <li>– communication analysis and training</li> <li>– role play changed behaviour</li> <li>– use therapeutic relationship</li> </ul> </li> </ul>





## Education requirements

To achieve FPS ST accreditation, you must have already completed MHST (Level 1), and then you must complete an accredited FPS ST activity comprised of:

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

## Learning outcomes

After completing the FPS ST, you will be able to:

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

## Registering with Medicare Australia as an FPS provider

### Stage 1: Complete relevant activities and notify GPMHSC

1. Complete an accredited MHST course.
2. Complete an accredited FPS ST course.
3. Fill out the application form available on the GPMHSC website.
4. Email or fax a copy of the certificate of completion for the FPS ST activity and your completed application form to the GPMHSC.

### Stage 2: GPMHSC and Medicare Australia process your application

1. The GPMHSC notify Medicare Australia that you have completed FPS ST and request that you are registered as a GP FPS provider.
2. Medicare Australia processes your application and registers your FPS accreditation.
3. Medicare Australia mails you a letter (approximately 2–4 weeks after it receives your notification from the GPMHSC) confirming your status as an FPS provider able to access MBS item numbers 2721, 2723, 2725, and 2727. You cannot claim against these numbers until you receive this letter.



### Why is Medicare Australia rejecting my 2721, 2723, 2725 and 2727 item claims when I have completed FPS ST?

There are two probable reasons for this:

- You may not have completed a reinforcing activity.

After you complete an FPS ST activity, you must also complete a reinforcing activity in order to meet the requirements of the training and receive your certificate of completion. The training provider will send you this reinforcing activity soon after you complete the initial activity.

- Medicare may not have updated your records.

It can take up to four weeks for Medicare Australia to update your record and advise you of this in writing. You must wait until you receive the confirmation letter from Medicare Australia before you send in 2721, 2723, 2725 and 2727 claims to Medicare Australia.

### How do I maintain my FPS registration?

To maintain your registration with Medicare Australia as an FPS provider, during each triennium after the triennium in which you first receive registration, you need to complete at least one FPS CPD activity that is accredited by the GPMHSC.

For example, if you were registered as an FPS provider in the 2014–16 triennium, you must complete at least one FPS CPD course during the 2017–19 triennium to remain registered, and one in every subsequent triennium.

Figure 2 illustrates how to become a registered FPS provider and maintain your registration.

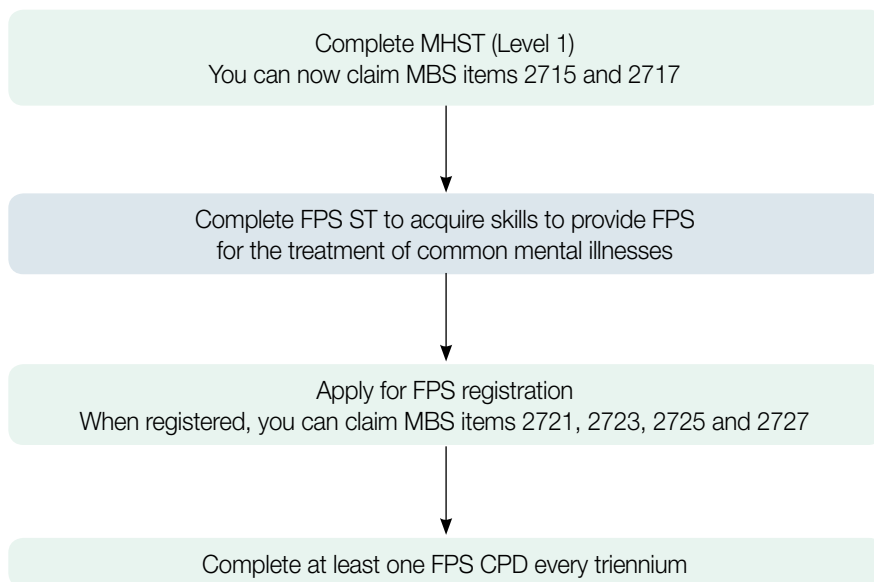


Figure 2. Education required to be a registered FPS provider

## Details of MH CPD and FPS CPD

MH CPD and FPS CPD activities allow you to extend your skills in mental health in your areas of interest. The GPMHSC strongly encourages all GPs to complete mental health-related CPD.

The GPMHSC recommends two types of CPD activities:

- MH CPD
- FPS CPD.

### MH CPD

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

Because MH CPD builds on the areas addressed in MHST, we encourage you to complete a variety of MH CPD activities as part of your ongoing professional development, even though it is not mandatory.

Completing clinical enhancement modules is a good way of keeping your mental health skills and knowledge up to date and ensuring that you have a broad knowledge across several different areas.

#### Recommendation

We strongly recommend that you complete modules that address areas such as suicide prevention, family violence, AOD, and other areas that are relevant to the community in which you practice.

### FPS CPD

FPS CPD builds on the skills you acquired in your FPS ST, and extends your skills in providing FPS as part of treatment under a GPMHTP plan.

You can attend courses conducted by training providers or design your own CPD activity. If you design a CPD activity, accreditation by the GPMHSC is required. Contact the GPMHSC to find out what you are required to do to have your CPD activity accredited.

### Retaining your registration as an FPS provider

If you are registered as an FPS provider, you are required to complete at least one FPS CPD activity each triennium to retain your registration and use relevant MBS item numbers.

#### Re-registering as a GP FPS provider if your registration expires

If your registration expired in the previous triennium, you can apply for re-registration. To do so, you will be required to complete two FPS CPD activities during the current triennium.

If your registration expired before the previous triennium, contact the GPMHSC Secretariat to discuss your individual situation. Based on your circumstances, the GPMHSC Secretariat, in consultation with the committee, will make a decision about what you need to do to be re-accredited.



## Types of MH CPD and FPS CPD activities

MH CPD and FPS CPD activities include the following:

ALMs	<p>ALMs are structured, quality educational activities, designed to enhance your performance, knowledge, skills, behaviours and attitudes.</p> <p>All ALMs include a predisposing activity, a structured learning activity, and a reinforcing activity.</p> <p>The most common ALMs are training activities delivered in a workshop or seminar format.</p>
Individual ALMs	<p>Many GPs attend sessions organised by non-GP specialists, such as the APS. These courses have not been approved for RACGP QI&amp;CPD or ACRRM PD points but can be useful if you wish to improve your skills in mental health.</p> <p>Individual ALMs offer GPs the option of gaining CPD recognition by completing these courses. Please contact the GPMGSC if you attend an individual ALM and would like to apply for retrospective accreditation.</p>
Clinical audits	<p>Clinical audits give you the opportunity to systematically review aspects of your own clinical performance in practice. This is particularly useful if you use your FPS skills frequently.</p> <p>Some training providers offer ‘ready to use’ clinical audit packages, or GPs can plan and conduct an audit based on their own learning objectives.</p>
Research activities	<p>Mental health research activities in general practice are designed to strengthen the evidence base of primary mental healthcare, and may also be eligible for CPD accreditation.</p>
Small group learning	<p>Small group learning gives you an opportunity to debrief with your peers, which can help with the often complex process of managing mental health cases. An advantage of small group learning is that the group can set its own learning objectives and vary the content of the session depending on the participants’ needs.</p>
Supervised clinical attachments	<p>Supervised clinical attachments give you the opportunity to work directly with a mental health practitioner. This can be undertaken in a variety of settings, such as an inpatient psychiatric facility, community mental health service or a drug and alcohol service.</p>





## Applying for an exemption to complete MHST and/or FPS ST

In exceptional circumstances, the GPMHSC can award a GP exemption from completing MHST and/or FPS ST accreditation in order to gain access to mental healthcare items through the MBS.

Although the GPMHSC strongly recommends that all GPs complete mental health training, if you can demonstrate that you have achieved the learning objectives of MHST (Primary Pathway or Modular Pathway) and/or FPS ST, you can apply for an exemption, as explained below.

### Stage 1: Complete application

1. Complete the application form for exemption from MHST and/or FPS ST, available at [www.gpmhsc.org.au](http://www.gpmhsc.org.au)
2. Attach evidence of the formal mental health training that you have completed. This includes copies of certificates of completion and/or academic transcripts.
3. If you completed the training more than five years ago, also attach evidence of MH CPD you have completed in the past five years.
4. Attach a current résumé that includes your training history.
5. Attach a letter of reference from a professional person who can vouch for your previous education, training, and experience.
6. Send all of the above to the GPMHSC Secretariat.

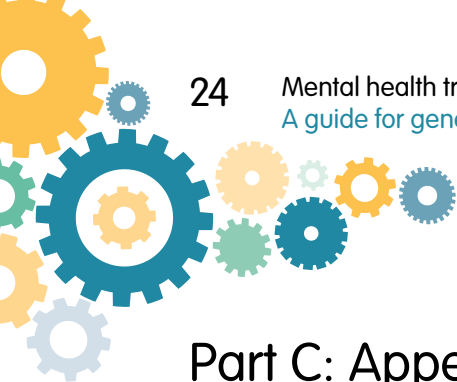
### Stage 2: GPMHSC processes your application

1. The GPMHSC Committee will review your application at the next meeting of the GPMHSC Committee.
2. Within 10 business days of the meeting, they will notify you of the outcome in writing. If your application is successful, the GPMHSC will provide relevant details to Medicare Australia.
3. Medicare Australia will mail you a letter (usually approximately 2–4 weeks after it receives notification from the GPMHSC) confirming your status and the MBS item numbers you can claim. You cannot claim against these numbers until you have received this letter.

### Why is Medicare Australia rejecting my item claims when the GPMHSC has confirmed that I am exempt from the training?

Medicare may not have processed the notification from the GPMHSC.

It can take up to four weeks for Medicare Australia to update your record and advise you of this in writing. You must wait until you receive the confirmation letter from Medicare Australia before claiming against the relevant item numbers.



## Part C: Appendices

### Appendix 1: Better Access item numbers and rebates

Mental health consultations that you can provide if you have not completed MHST

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

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

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



## Mental health consultations that you can provide if you have completed FPS ST (and have retained your registration)

To use these MBS item numbers, you must be accredited with FPS ST.

MBS item number	Description	Rebate	
2721	FPS of 30–39 minutes in consultation room	\$92.75	
2725	FPS of at least 40 minutes in consultation room	\$132.75	
2723	FPS of 30–39 minutes out-of-surgery consultation	Up to 6 patients: \$92.75, plus \$25.95 divided by the number of patients seen	Seven or more patients: \$92.95, plus \$2.00 for each patient seen
2727	FPS of at least 40 minutes out-of-surgery consultation	Up to 6 patients: \$132.75, plus \$25.95 divided by the number of patients	Seven or more patients: \$132.75, plus \$2.00 for each patient

### Example rebate calculations for items 2723 and 2727

Item number	Number of patients	Calculating rebate (per patient)	Rebate (per patient)
2723	1	$92.75 + (25.95/1) = 92.75 + 25.95$	\$118.70
	5	$92.75 + (25.95/5) = 92.75 + 5.19$	\$97.95
	8	$92.75 + 2$	\$94.75
2727	1	$132.75 + (25.95/1) = 132.75 + 25.95$	\$158.70
	5	$132.75 + (25.95/5) = 132.75 + 5.19$	\$137.94
	8	$132.75 + 2 =$	\$134.75



## Appendix 2: Abbreviations used in this document

<b>ACRRM</b>	Australian College of Rural and Remote Medicine
<b>ALM</b>	active learning module
<b>APS</b>	Australian Psychological Society
<b>CBT</b>	cognitive behaviour therapy
<b>CPD</b>	continuing professional development
<b>FPS CPD</b>	Focussed Psychological Strategies Continuing Professional Development
<b>FPS ST</b>	Focussed Psychological Strategies Skills Training
<b>GP</b>	general practitioner
<b>GPMHTP</b>	General Practitioner Mental Health Treatment Plan
<b>GPMHSC</b>	General Practice Mental Health Standards Collaboration
<b>IPT</b>	interpersonal therapy
<b>MBS</b>	Medicare Benefits Schedule
<b>MH CPD</b>	Mental Health Continuing Professional Development
<b>MHA</b>	Mental Health Australia
<b>MHST</b>	Mental Health Skills Training
<b>PDP</b>	Professional Development Program
<b>PHN</b>	Primary Health Network
<b>QI&amp;CPD</b>	Quality Improvement and Continuing Professional Development
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RANZCP</b>	Royal Australian and New Zealand College of Psychiatrists





## Appendix 3: Developing and reviewing a patient's GPMHTP

### Developing a GPMHTP

#### What are the benefits of developing a GPMHTP?

Developing a GPMHTP:

- provides continuity and a 'cycle of care' for a patient with a mental illness
- gives you a structured way to make an early intervention, as well as assess and manage a patient with mental illness
- helps you 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.

### Preparing a GPMHTP

#### 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.
- 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.



#### 3. Review a patient's GPMHTP

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

- record the patient's agreement to the Better Access service (development of a GPMHTP and subsequent referral for FPS or evidence-based psychological interventions)
- reapply the same outcome measurement tool used during the assessment, unless you consider 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.



## 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.

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