

Aboriginal and Torres Strait Islander social and emotional wellbeing plan

(GP Mental Health Treatment Plan)



Note: This form is designed for use with the following Medicare Benefits Schedule (MBS) items. Users should be familiar with the most recent item definitions and requirements.

MBS item number: 2700 2701 2715 2717 281 282

This document is **not** a referral letter. A referral letter must be sent to any additional providers involved in this Social and Emotional Wellbeing Plan.

Major headings are **bold**; prompts to consider lower case; **Underlined** items of either bold or lower case are mandatory for compliance with Medicare requirements.

Contact and demographic details

GP name	GP phone number			
General practice name	GP fax number			
General practice address	Provider number			
Patient last name	Date of birth (dd/mm/yyyy)			
Patient first name/s as per Medicare card	Patient preferred name			
Pronouns: She/her/hers He/him/his They/them/theirs Other:				
Sex assigned at birth: Male Female Intersex Another term:				
Gender: Male Female Transgender Non-binary Gender diverse				
Different term: Do not know Prefer not to answer				
Patient address	Patient phone number			
Medicare number	Health Care Card/Pensioner Concession Card number	Can leave a message?	Yes	No

Emergency contact person details (Option to record more than one contact)

1. Name	Contact number	Patient consent for healthcare team to contact emergency contacts?
2. Name	Contact number	
3. Name	Contact number	

Information that cannot be shared with emergency contacts and/or carers

Carer/next of kin name, phone number and email address

Record:

- Who else can the healthcare team contact to discuss care of the patient?
- Who else is involved in making decisions for the patient?

Guardianship status or nominees

(for adults with reduced capacity)

Record:

- Clear description of roles and boundaries

Patient wellbeing assessment

Reasons for presenting

Consider asking:

- What are the patient's current mental health issues?
- What requests and hopes does the patient have?

Patient history

Record:

- Relevant medical/biological information
- Social and emotional wellbeing (mental health/psychological information)

Family and social history

- Is the patient in the same area as their close mob / family?
- What are the patient's cultural responsibilities and their relationship with the community?
- Does the patient have strong connections with their mob/family?

Social and cultural determinants of health

- Education level/work
- Socioeconomic status
- Connections with family and community
- Stability (housing, family, relationships)
- Other relevant cultural history

Results of the Mental State Examination (MSE)

[Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice](#) (Table 16.2. Implications and considerations in MSEs, page 281)

Risk assessment

Note any identified risks, including risks of self-harm and harm to others, ideation/thoughts, intent or plans

Assessment/outcome tool used and the results (except where clinically inappropriate and culturally unsafe)

Provisional diagnosis of mental health disorder

Case formulation

Consider:

- Patient's perception of the origin of their illness, spiritual views and beliefs
- Presenting
- Predisposing
- Precipitating
- Perpetuating
- Protective

Setting personal recovery goals:

Considerations

Consider asking about:

- what recovery looks like for the patient
- the person themselves prioritising the goal/s to focus on
- which strengths and positive dispositions (eg abilities, talents, interests) are relevant and be can built in to pursue goals.

Personal management plan

Identified issues/problems	Goals	Treatments and interventions	Referrals
	Record goals made in collaboration with the patient (also goals for future treatments, longer-term goals)	<ul style="list-style-type: none"> • Actions and support services required to achieve patient goals • Actions to be taken by the patient. Consider: <ul style="list-style-type: none"> • psychological and/or pharmacological options • face-to-face options • internet-based options: <ul style="list-style-type: none"> - myCompass - THIS WAY UP - MindSpot - e-couch - moodgym - Mental Health Online - OnTrack • Australian Psychologist Society (APS): <ul style="list-style-type: none"> - Find a Psychologist 	Support services or local groups that are culturally appropriate. Consider: <ul style="list-style-type: none"> • referral to internet-based mental health programs for education and/or specific psychotherapy, such as: <ul style="list-style-type: none"> - myCompass - THIS WAY UP - MindSpot - e-couch - moodgym - Mental Health Online - OnTrack - Headspace (national)

Intervention/relapse-prevention plan

If appropriate at this stage, note arrangements to intervene in case of relapse or crisis

Psychoeducation provided? Yes No

Patient consent for having their plan recorded in their medical records? Yes No

Patient consent for sharing their plan with other healthcare providers? Yes No

Plan added to the patient's records? Yes No

Completing the plan

On completion of the plan, record (tick boxes below) that you have:

Discussed the assessment with the patient

Discussed all aspects of the plan and the agreed date for review

Offered a copy of the plan to the patient and/or their carer (if agreed by the patient)

Date plan completed (dd/mm/yyyy)
