

# Mental health training standards 2020–22

A guide for general practitioners



## **Mental health training standards 2020–22: A guide for general practitioners**

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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 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 health care. An estimated 13% of general practice encounters in 2015–16 were related to mental health,<sup>1</sup> and GPs and other non-specialist medical practitioners provided more than 2.7 million Medicare Benefits Schedule (MBS)-subsidised mental health services.<sup>2</sup> 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.<sup>3</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.

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 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, 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 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  
Chair, General Practice Mental Health Standards Collaboration



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# Acknowledgements

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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 a 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

## The purpose of this document

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

- the specific training that is required to be eligible to access general practice mental health care MBS item numbers under the Better Access initiative
- 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 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 skills training activities related to general practice mental health care

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

- 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](mailto: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. 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 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 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 Department of Health (DoH) 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)

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](http://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):<sup>4</sup>

- 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 DoH website at [www.health.gov.au/mentalhealth-betteraccess](http://www.health.gov.au/mentalhealth-betteraccess)

## 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.

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

**1. Attendance at accredited training activities by a GPMHSC staff member:**

Each triennium, the GPMHSC is required by the DoH to complete quality assurance reviews on accredited training activities, which are selected at random. 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.

- 2. Review of participants' evaluation forms:** The GPMHSC reviews the participant evaluation reports 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 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).

If, after reading this guide, you have questions about GPMHSC accreditation of training activities you have attended or how activities meet the requirements, please contact the GPMHSC Secretariat:

Telephone 03 8699 0556  
 Email [gpmhsc@racgp.org.au](mailto: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 in contributing to policy 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
- 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)**

<b>Level 1 Mental Health Skills Training (MHST)</b>	
Action	Complete MHST Primary Pathway (targeted at general practice registrars and other doctors entering Australian general practice)  <b>or</b> Complete MHST Modular Pathway – completion of an MHST core module <b>and</b> 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  <b>and</b> Develop and review GPMHTPs
Recognition	Eligibility to access MBS item numbers 2715 and 2717 (or equivalent non-vocationally registered [non-VR] numbers)
<b>Level 1 (Extended) Mental Health Continuing Professional Development (MH CPD)</b>	
Action	(Recommended) Complete at least one MH CPD activity each triennium

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

Possible topics	<ul style="list-style-type: none"> <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-use disorders</li> <li>– eating disorders</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>
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
<b>Level 2</b>	<b>Focussed Psychological Strategies Skills Training (FPS ST)</b>
Action	Complete FPS ST (prerequisite: MHST)
Outcome	<p>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</p> <p>Provision of holistic healthcare to Aboriginal and Torres Strait Islander peoples can include narrative therapy within the context of general practice</p>
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)
<b>Level 2 (Extended)</b>	<b>Focussed Psychological Strategies Continuing Professional Development (FPS CPD)</b>
Action	Complete FPS CPD (required for ongoing Medicare provider registration)
Possible topics	<ul style="list-style-type: none"> <li>• Refreshing and expanding upon skills and knowledge learnt in FPS ST (provision of FPS interventions as listed under the relevant MBS item numbers)</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</li> <li>– people from culturally and linguistically diverse (CALD) backgrounds</li> <li>– children and young people</li> </ul> </li> <li>• Provision of evidence-based psychological therapies</li> </ul>
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)



## **Choosing training activities from the Framework**

GPs are encouraged to complete a variety of mental health training activities from both training levels.

If GPs need advanced skills in mental health care, the GPMHSC encourages the selection of relevant activities as referred to in the Advanced Mental Health Skills Acknowledgement Position Statement (refer to Appendix 2).

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

# 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

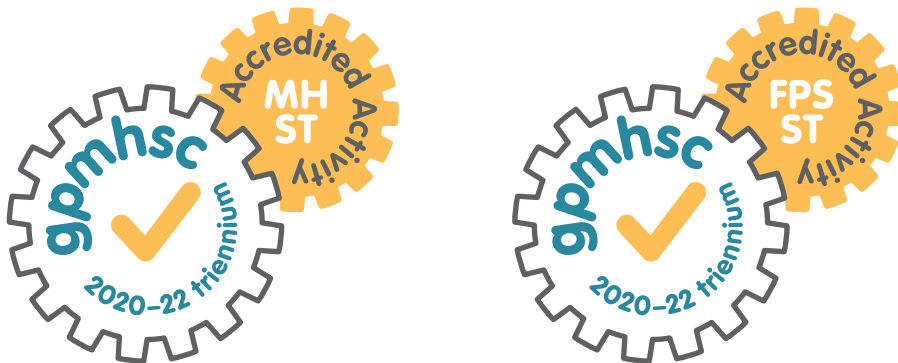
### Skills training activities

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. Focused Psychological Strategies Skills Training (FPS ST) (also referred to as Level 2).



These activities go through the full process of application and adjudication by the GPMHSC Secretariat and Committee (as indicated by the 'tick') and are subject to quality assurance reviews.

### 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 Australia<sup>5</sup>

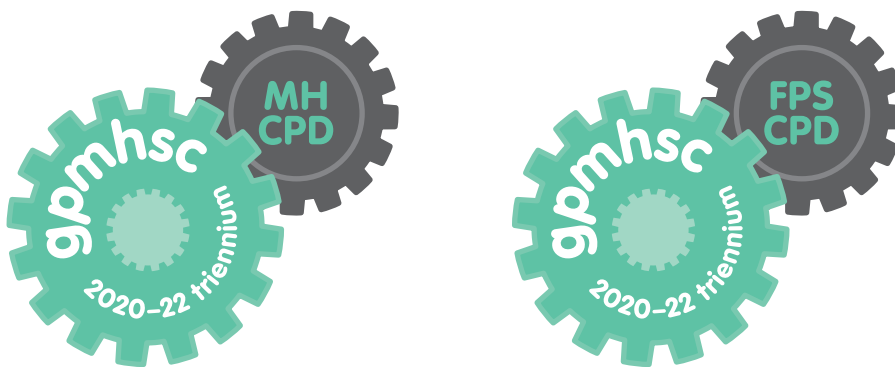
### Types of CPD

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. FPS CPD activities are highly interactive and structured, creating high levels of participant engagement and active learning.



Gold standard activities are course workshops (previously known as active learning modules [ALMs]) – 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.



## Earning CPD points

When GPs complete any mental health training and education that is accredited by the GPMHSC, GPs can also accrue RACGP CPD and/or ACRRM Professional Development Program (PDP) points. Points may be awarded for:

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

**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"> <li>• able to assess mental health</li> <li>• able to develop and review GPMHTP</li> <li>• able to review patient's progress within the context of general practice</li> </ul>	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"> <li>• predisposing activities</li> <li>• reinforcing components</li> </ul> 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"> <li>• able to provide evidence-based FPS as part of an MHTP within the context of general practice</li> </ul>	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"> <li>• predisposing activities</li> <li>• reinforcing components</li> </ul> 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.

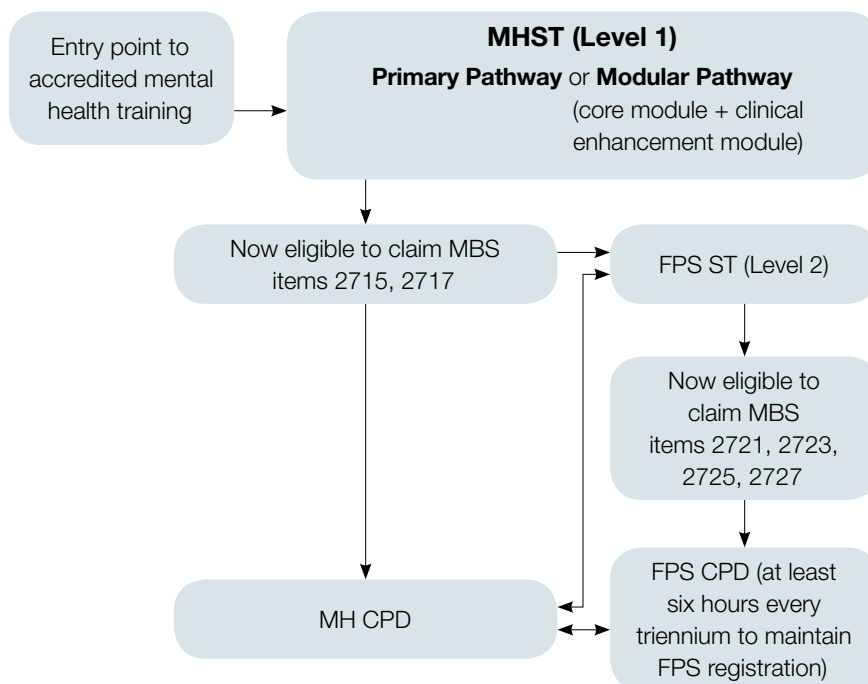


Figure 1. GPMHSC-accredited pathway for GP mental health training

## Details of Mental Health Skills Training

Within the context of general practice, MHST provides GPs 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.

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.<sup>4</sup>

When GPs achieve MHST accreditation, they are eligible to provide services using MBS item numbers 2715 and 2717. Appendix 1 provides further details about these item numbers.

## The two MHST pathways

To cater for GPs' diversity of skills, experience and interest, there are two options: the MHST Primary Pathway and the MHST Modular Pathway.

### Primary Pathway

This is the most common pathway GPs take to become accredited with MHST. It 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, GPs must complete:

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

### Learning outcomes

After completing the MHST Primary Pathway, GPs 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 health care to patients
- use relevant MBS item numbers relating to the provision of mental health care by a GP who has completed 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, GPs must complete one core module (three hours) **plus** one clinical enhancement module (four hours). GPs do not have to complete the core module and the clinical enhancement module with the same training provider or on the same day.

Please be aware that if the core module and the clinical enhancement module are not completed with the same training provider, RACGP CPD/ACRRM PDP accrual of points may be affected. Please contact the respective colleges for more information.

## Learning outcomes

If GPs complete a stand-alone core module, they will be able to:

- identify and manage treatment for mental health issues experienced by patients
- develop and review evidence-based and needs-based GPMHTPs 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 health care to patients
- use appropriate MBS item numbers relating to the provision of mental health care

If GPs complete a stand-alone clinical enhancement module, they 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 health care to patients.

## Choosing the right MHST pathway

Choose the MHST Primary Pathway if you are a GP who:

- has recently entered general practice in Australia
- needs to refresh core mental health skills.

Choose the MHST Modular Pathway if you are a GP who:

- wants to know more about mental health
- consults many patients with mental illness.

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

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

To register, first complete GPMHSC-accredited MHST activity, then follow the relevant steps outlined below.

### First steps

#### RACGP Members

1. Training provider notifies GPMHSC by uploading attendance record to RACGP CPD dashboard.
2. GP ensures GPMHSC has provider number on file (either via phone, email or RACGP dashboard).

#### ACRRM Members

1. Training provider notifies ACRRM of GP MHST attendance via the PDP system.
2. ACRRM notifies GPMHSC of GP MHST completions each fortnight.

#### Non-members of either college

Non-members should email their certificates of completion to the GPMHSC, including their full name, provider number, date of birth and preferred mailing.

### Next steps

After completing the first steps outlined above:

- all GPs should check that details are correct with Medicare, particularly:
  - provider number details (correct, active and attached to the correct practice/s)
  - postal address.
- the GPMHSC forwards a list of GPs who have completed MHST to Medicare each fortnight – this is in accordance with Medicare's requirements. Medicare processes these details and then registers MHST accreditation.
- Medicare mails a letter (approximately four weeks after it receives details from the GPMHSC) confirming registration to access MBS item numbers 2715 and 2717 (or the equivalent item numbers for non-VR GPs). GPs cannot claim against these numbers until their eligibility is confirmed by Medicare.

## If Medicare rejects 2715 and 2717 item claims after GP has completed relevant training

There are three probable reasons:

### 1. The GP may not have supplied a provider number to the GPMHSC

If the GPMHSC does not have a relevant provider number on file, it is unable to notify Medicare of the MHST completion. Once the provider number is supplied, the GPMHSC will include the MHST completion in the next regular fortnightly notification to Medicare.

### 2. Medicare may not have updated the GPs record

It can take up to four weeks for Medicare to update a GP record and advise of this in writing. GPs must wait until they receive confirmation from Medicare before sending in 2715 or 2717 (or the equivalent item numbers for non-VR GPs) claims to Medicare.

### 3. The GP may not have completed a reinforcing activity

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



## Details of Focussed Psychological Strategies Skills Training

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

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

### Definition of FPS

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

## 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](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 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.

## 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.

**Table 4. Focussed Psychological Strategies training activities**

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

## Education requirements

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

- 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, GPs 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 provided
- use the practice's systems to identify local services and resources that safeguard patient safety and help to provide holistic mental health care to patients
- use appropriate MBS item numbers relating to the provision of mental health care
- 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 skills in the provision of FPS.

## Registering with Medicare 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 the completed application form and a copy of the certificate of completion for the FPS ST activity to the GPMHSC.

### Stage 2: GPMHSC and Medicare process application

1. The GPMHSC notify Medicare of completed FPS ST and request to be registered as a GP FPS provider.
2. Medicare processes application and registers GP with FPS accreditation.
3. Medicare mails the GP a letter (approximately 6–8 weeks after it receives notification from the GPMHSC) confirming status as an FPS provider able to access MBS item numbers 2721, 2723, 2725, 2727 and telehealth items 2729 and 2731 (or the equivalent item numbers for non-VR GPs). GPs cannot claim against these numbers until receipt of this letter.

## If Medicare rejects 2721, 2723, 2725 and 2727 item claims after a GP has completed relevant training

There are two probable reasons:

### 1. The GP may not have completed a reinforcing activity

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

### 2. Medicare may not have yet updated the GP's record

It can take up to four weeks for Medicare to update a GP's record and advise of this in writing. GPs must wait to receive the confirmation letter from Medicare before using 2721, 2723, 2725 and 2727 (or the equivalent item numbers for non-VR GPs) claims through Medicare.

## Maintaining FPS registration

To maintain registration with Medicare as an FPS provider, during each triennium after the triennium in which a GP is first registered, GPs need to complete FPS CPD that is accredited by the GPMHSC.

This should equate to a minimum of six hours of FPS CPD learning for the triennium, including one activity that is an interactive structured learning with predisposing and reinforcing components.

For example, if a GP were registered as an FPS provider in the 2017–19 triennium, they must complete a minimum of six hours of FPS CPD learning during the 2020–22 triennium to remain registered, and one in every subsequent triennium. GPs can find accredited FPS CPD activities through the GPMHSC website.

GPs can also apply for GPMHSC accreditation for FPS CPD activities they have already completed.

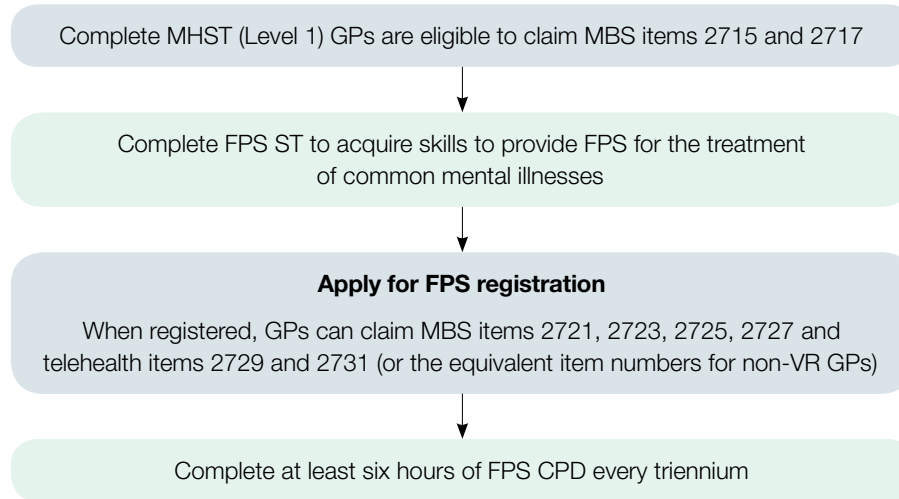
If you wish to have an FPS CPD activity accredited by GPMHSC, you need to first seek accreditation from the RACGP CPD Program and/or the ACRRM PDP.

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 FPS CPD (must be at least 50% of the activity related to the FPS listed under the relevant MBS item numbers).
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 FPS CPD.
4. The relevant RACGP or ACRRM staff member will send to the GPMHSC Secretariat seeking FPS CPD accreditation.

## Review of your application

1. The GPMHSC Secretariat will adjudicate your CPD activity upon receipt.
  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 the GPMHSC does not approve the activity, the Secretariat will either provide feedback on reasons for not accrediting or request further information.

If you have further questions about this process, please contact the GPMHSC.



**Figure 2. Education required to be a registered FPS provider**

### Re-registering if registration expires

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

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

## Details of Mental Health CPD and Focussed Psychological Strategies CPD

The GPMHSC strongly encourages all GPs to complete mental health-related CPD. The GPMHSC recommends two types of CPD activities:

1. MH CPD
2. FPS CPD

### MH CPD

MH CPD activities aim to extend 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 GPs to complete a variety of MH CPD activities as part of ongoing professional development, even though it is not mandatory.

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

#### Recommendation

We strongly recommend that GPs complete modules that address areas such as eating disorders, child and adolescent mental health, suicide prevention, family violence, addictions/alcohol and other drugs and other areas that are relevant to the community in which they practice.

### FPS CPD

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

Note: Eligible FPS are currently defined as the evidence-based forms of treatment recognised for use through the Better Access initiative (refer to earlier section on the Better Access initiative).

### Retaining registration as a provider

If a GP is registered as an FPS provider, they are required to complete FPS CPD in each triennium to retain registration and use of the relevant MBS item numbers.

This should equate to a minimum of six hours FPS CPD learning for the triennium, including one activity that is an interactive structured learning format with predisposing and reinforcing components.

GPs can attend activities conducted by training providers or design their own CPD activity. All FPS CPD activities require accreditation by the GPMHSC. Contact the GPMHSC to find out what is required to have the CPD activity accredited.

GP FPS providers should also review the information on page 20 of this guide.

## Recommended types of CPD activities

Recommended MH CPD and FPS CPD activities are described in Table 5.

**Table 5. Recommended types of CPD activities**

<b>Course workshops</b>	<p>Course workshops (previously known as active learning modules [ALMs]) are structured, quality educational activities, designed to enhance performance, knowledge, skills, behaviours and attitudes.</p> <p>All course workshops include a predisposing activity, a structured learning activity and a reinforcing activity.</p> <p>The most common course workshops are training activities delivered in a workshop or seminar format.</p>
<b>Individual course workshops</b>	<p>Many GPs attend sessions organised by non-GP specialists, such as the Australian Psychological Society (APS). These courses have not been approved for RACGP CPD or ACRRM PDP points but can be useful if GPs wish to improve their skills in mental health.</p> <p>Individual course workshops offer GPs the option of gaining CPD recognition by completing these courses. Please contact the GPMHSC if you attend an individual course workshop and would like to apply for retrospective accreditation.</p>
<b>Clinical audits</b>	<p>Clinical audits give GPs the opportunity to systematically review aspects of their own clinical performance in practice. This is particularly useful if GPs use 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>
<b>Research activities</b>	<p>Mental health research activities in general practice are designed to strengthen the evidence base of primary mental health care, and may also be eligible for CPD accreditation.</p>
<b>Small group learning</b>	<p>Small group learning gives GPs an opportunity to debrief with 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>
<b>Supervised clinical attachments</b>	<p>Supervised clinical attachments give GPs 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 from completing skills training

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 health care items through the MBS.

Although the GPMHSC strongly recommends that all GPs complete mental health skills training, if GPs can demonstrate that they have achieved the learning objectives of MHST (Primary Pathway or Modular Pathway) and/or FPS ST, they 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 <https://gpmhsc.org.au>
2. Attach evidence of the formal mental health training completed. This includes copies of certificates of completion and/or academic transcripts.
3. If the training was completed more than five years ago, also attach evidence of MH CPD completed in the past five years.
4. Attach a current résumé that includes training history.
5. Attach a letter of reference from a professional person who can vouch for previous education, training and experience.
6. Send all of the above to the GPMHSC Secretariat.

### **Stage 2: GPMHSC processes the application**

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

### **If Medicare rejects item claims after GP has been exempted from training**

A probable reason is that Medicare may not have processed the notification from the GPMHSC. It can take up to four weeks for Medicare to update a GP's record and advise of this in writing. GPs must wait until they receive the confirmation letter from Medicare before claiming against the relevant item numbers.



# 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](http://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](http://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](http://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](http://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](http://www.mentalhealthcommission.gov.au/media/253244/Sit%20beside%20me,%20not%20above%20me%20-%20Supporting%20safe%20and%20effective%20engagement%20a....pdf)
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- Mental Health Australia, <https://mhaustralia.org>
- National Eating Disorders Collaboration, [www.nedc.com.au](http://www.nedc.com.au)
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- Royal Australian and New Zealand College of Psychiatrists. Guidelines and resources for practice, [www.ranzcp.org/publications/guidelines-and-resources-for-practice](http://www.ranzcp.org/publications/guidelines-and-resources-for-practice)
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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.\* 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](http://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 Focused 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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