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An Australian Government Initiative

Mental Health Treatment Plans

A guide for health professionals working in general or private practice

How to Prepare a Mental Health Treatment Plan

Patients with a mental health condition benefit from structured management of their treatment needs and referral to appropriate services.

A Mental Health Treatment Plan (also known as a Mental Health Care Plan) must be completed when referring a patient to a psychologist, eligible social worker or occupational therapist (providing focused psychological strategies) through the Medicare Benefits Schedule (MBS). A Mental Health Treatment Plan is preferred when referring to a psychiatrist.

This guide provides useful information on how to complete the Mental Health Treatment Plan.

Assess, Plan, Refer

Preparing a Mental Health Treatment Plan for your patients will involve both assessing the patient and preparing the Mental Health Treatment Plan document.

Assess

An assessment of a patient must include:

- recording the patient's consent for the Mental Health Treatment Plan
- taking relevant history (biological, psychological, social) including the presenting complaint
- conducting a mental state examination (MSE) – see page 4 for more information
- assessing associated risks and any comorbidity
- making a diagnosis
- administering an outcome measurement tool - see page 4 for more information.

Preparing a Mental Health Treatment Plan must include:

- discussing the assessment with the patient, including the diagnosis and recording of this diagnosis in the Plan
- identifying and discussing referral and treatment options with the patient, including appropriate support services
- developing goals with the patient – what should be achieved by the treatment - and any actions the patient will take
- provision of psycho-education – see page 5 for more information
- a plan for crisis intervention and/or for relapse prevention (if required)
- making arrangements for required referrals, treatment, appropriate support services, review and follow-up
- documenting the assessment and plan in the patient's Mental Health Treatment Plan - see page 6 for more information.

Referral

Depending on your patient's needs you can consider a range of referral options including self-directed online supports or make a referral direct to a psychologist, psychiatrist, counselling service or mental health allied health service.

A range of referral options - including the Better Access Initiative, can be found using Melbourne HealthPathways. Visit melbourne.communityhealthpathways.org

Refer to the CAREinMIND™ (CiM) service

For patients that cannot afford gap payments under the Better Access Initiative check the NWMPHN website for eligibility criteria and referral information to access providers through the CAREinMIND service.

How to Prepare a Mental Health Treatment Plan

Medicare Benefits Schedule (MBS)

Medicare items for Mental Health Treatment Plans, Reviews and Consultations are available for patients living in the community (or privately funded residents of aged care facilities).

MBS items 2700, 2701, 2715 or 2717 can be claimed. MBS item 2712 is used when the GP is reviewing the Mental Health Treatment Plan.

Please note: The assessment can be part of the same consultation in which the Mental Health Treatment Plan is developed, or they can be undertaken in different visits.

Perform reviews that apply to the current situation.

Temporary mental health MBS items are also available during circumstances such as expanded eligility in response to the COVID-19 pandemic. This includes extending mental health support for aged care residents and additional mental health service items.

For more information about the MBS items go to Appendix 1.

Disclaimer: NWMPHN provides Medicare information as a guide only and recommends general practitioners familiarise themselves with the detailed descriptions contained in the MBS, available at mbsonline.gov.au. Under the Health Insurance Act 1973 practitioners are legally responsible for services billed to Medicare under their Medicare provider number or in their name.

Mental Health Treatment Plan

Does your patient already have a Mental Health Treatment Plan (MHTP) ?

To find out if your patient has had a MHTP in the past 12 months

- **log on to HPOS or**
- **call Medicare Australia on 132 150**

If no, complete a new Mental Health Treatment Plan

Use MBS items: 2700, 2701, 2715, 2717 or the equivalent video telehealth item

Exceptional circumstances

A new MHTP may be required within a 12 month period if your patient has had a:

- significant change to their mental health
- change of clinical service and you are unable to obtain a copy of the MHTP.
- (use MBS items: 2700, 2701, 2715, 2717 + 'exceptional circumstances')

Find more information: mbsonline.gov.au

Assess the Patient

- Record consent
- Take relevant history
- Conduct mental state examination
- Assess the associated risk and any comorbidity
- Make diagnosis or formualtion
- Administer outcome measurement tool

Plan

- Discuss assessment with the patient
- Identify and discuss referral and treatment options with the patient
- Agree on goals with the patient
- Document the above steps in the MHTP
- GP and patient sign and date the plan

Referring a patient

Before you choose a service please consider the following to help you find the most appropriate service and treatment for your patient.

- The number of treatment services required
- Ability to access
- Age of the patient
- Affordability of service
- Do they hold a Health Care Card
- Culturally appropriate
- Gender and identity appropriate

Please also consider social supports and ability for coordinated, follow up care, and uploading a key health information to the patients My Health Record.

Referral

Refer patient to an appropriate service/clinician as agreed with the patient.

A range of referral options can be found in Melbourne HealthPathways visit melbourne.communityhealthpathways.org

Review

(Use MBS item 2712)
After the initial course of treatment (usually 6 sessions) a review of the patient's progress against the goals outlined in the MHTP is required.

- Discuss progress with the patient
- Assess need for further treatment
- Re-administer the outcome measurement tool
- Offer a copy of the reviewed plan to the patient:
  - add to patient's records
  - send a copy of the reviewed plan to service

Further information:
See Appendix 5: Resources

- North Western Melbourne Primary Health Network: nwmphn.org.au or call 9088 4277
- Medicare (claims and item enquiries):mbsonline.gov.au
- My Health Record: My Health Record Mental Health toolkit

Mental Health Treatment Plan - step by step

Review

After the initial course of treatment (usually 6 sessions) a formal review (MBS item 2712) of the patient's progress against their Mental Health Treatment Plan and their need for further treatment is required. The mental health service provider will usually make a request for a review at this time.

Please note: You **do not** have to complete another Mental Health Treatment Plan.

The review must include:

- recording the patient's agreement for the service
- review of the patient's progress against the goals outlined in the Mental Health Treatment Plan
- modifying the Plan (if required)
- checking, reinforcing and expanding education
- a plan for crisis intervention and/or for relapse prevention, if appropriate and if not previously provided
- re-administration of the outcome measurement tool used in the assessment stage

A copy of the reviewed Plan must be offered to the patient (or carer, if appropriate) and a copy of the reviewed Plan added to the patient's records.

Department of Health and Human Services, 2012, GP Mental Health Treatment Medicare Items, health.gov.au/internet/main/publishing.nsf/content/pacd-gp-mental-health-care-pdf-qa

Mental State Examination (MSE)

It is recommended that all components of the MSE should be considered at each assessment:

- appearance
- behaviour
- speech
- content of speech
- mood and affect
- thought
- perception
- cognition
- insight

For more detail about conducting the MSE go to Appendix 2.

Outcome Measurement Tools

Outcome measurement tools include:

- Depression, Anxiety and Stress Scale (DASS21)
- Kessler Psychological Distress Scale (K10)
- Short Form Health Survey (SF12)
- Health of the Nation Outcome Scales (HoNOS)
- Patient Health Questionnaire (PHQ-9)
- General Anxiety Disorder (GAD-7)

It is at the discretion of the practitioner which outcome tool is used.

If you are not familiar with the outcome measurement tools or would like more information, training and education is available through the General Practice Mental Health Standards Collaboration, gpmhsc.org.au

Psycho-education

Psycho-education occurs in a range of contexts and may be conducted by a variety of professionals, each with a different emphasis. In general, however, four broad goals direct most psycho-education efforts:

1. Information transfer (as when clients/patients and their families and carers learn about symptoms, causes, and treatment concepts).
2. Emotional discharge (a goal served as the patient/client or family ventilates frustrations during the sessions, or exchanges with similar others their experiences of the problem).
3. Support of a medication or other treatment, as cooperation grows between professional and client/patient and adherence and compliance issues diminish.

Assistance toward self-help (that is, training in aspects such as prompt recognition of crisis situations and knowledge of steps to be taken).

Australian Institute of Professional Counsellors, 2014, Psychoeducation: Definition, Goals and Methods, aipc.net.au/articles/psychoeducation-definition-goals-and-methods

Mental Health Treatment Plan - Templates

A Mental Health Treatment Plan template is recommended to ensure all relevant information is provided and to support the most appropriate referral for your patient. Templates are available from:

- Australian Government, Department of Health, Better Access GP Mental health Treatment Plan Templates
- The Royal Australian College of General Practitioners (RACGP), GP Mental Health Treatment Plan Template
- General Practice Mental Health Standards Collaboration, GP Mental Heath Treatment Plan Templates

Please note: It is not mandatory to use any particular form when preparing and claiming for a Mental Health Treatment Plan, but it is mandatory to document all of the Medicare requirements (as outlined in Appendix 3).

Mental Health Treatment Plan Example

Below is a good example of a patient's Mental Health Treatment Plan. It includes all of the Medicare requirements to ensure the patient receives the best possible treatment for their mental health condition.

GP MENTAL HEALTH TREATMENT PLAN – Patient Assessment			
Patient Name	Sophie	**Date of birth**	01/01/1979
Medicare No.	#########	**Patient address**	Sophie's address
GP Name/Practice	General Practice	**Medical Record No.**	#########

Reasons for presenting *Consider:* • *What are the patient's current mental health issues?* • *Requests and hopes*	Sophie is a 43-year-old female presenting with depressive symptoms in the context of ongoing relationship difficulties with her husband. Sophie reports low mood 3/10, lack of motivation and no longer enjoying certain activities that she used to. She reports having these symptoms for the last 6 months. Sophie lives with her husband and 5-year-old daughter. Sophie is a stay-at-home mum and finances are tight.		
Patient history *Consider:* • *Symptom onset, duration, intensity, time course*	Sophie can recall last feeling like this in her teenage years, however, didn't access treatment. This episode seemed to pass when she finished secondary school. Sophie has not accessed counselling before. Sophie's mother and grandmother had depression. Sophie cannot recall whether they accessed treatment. Sophie doesn't report any issues with her daughter, however, is concerned about how her mood and the conflict between her and her husband impacts on her daughter.		
Current medications	None	**Allergies**	None
Relevant physical examination & other investigations			
Comments on Current Mental State Examination			
Consider: • *Appearance, cognition, thought process, thought content, attention, memory, insight, behavior, speech, mood and affect, perception, judgement, orientation.* • *Appropriateness of Mini Mental State Examination for patients over 75 years or if otherwise indicated*	It appears Sophie hasn't attended to her self-care. She is wearing unclean clothing. Sophie presents as restless. Sophie is quietly spoken, normal rate and flow of speech. Sophie is worried about always feeling tired and depressed. Her affect is flat, and she was tearful throughout the consultation. No thought of disorder noted. She expressed hopelessness and occasional suicidal thoughts with no plan or intent. Sophie reports negative voices in her head. It was identified this is negative self-talk. Nil perceptual disturbances. She is oriented to time, place, and person. Sophie is aware that the way she is feeling is not healthy. She identifies her relationship with her husband as a contributing factor to the problem. She is unsure of how to resolve this problem, however and says she will never consider ending the relationship because that's not the right thing to do. She is agreeable to counselling and the commencement of antidepressant.		
Risk assessment *Consider:* • *Does the patient have a timeline for acting on a plan?* • *How bad is the pain/distress experienced?*		**Ideation/ thoughts**	**Intent**	**Plan**
	Suicide/ Self-harm/ Harm to others	Sophie reports occasional thought of suicide however does not have a plan.		***If high level of risk indicated, document actions taken in Treatment Plan below***
	Comments or details of any identified risks	Sophie has a supportive friend that she feels comfortable confiding in. Sophie denies the misuse of substance and use of illicit substances. She wants help and identifies that things need to change.		
Assessment/outcome tool used, *(except where clinically inappropriate.)*	DASS21. D =11, A=6, S=6 ☑ Copy of completed tool provided to referred practitioner			
Provisional diagnosis of mental health disorder *Consider conditions specified in the ICP*	Depression			

Mental Health Treatment Plan Example

GP MENTAL HEALTH TREATMENT PLAN – Patient Plan				
Identified issues/problems	**Goals** Consider: • *Goals made in collaboration with patient* • *What does the patient want to see as an outcome from this plan?* • *Wellbeing, function, occupation, relationships* • *Any reference to special outcome measures* • *Time frame*	**Treatments & interventions** *Consider:* • *Suggested psychological interventions* • *Medications* • *Key actions to be taken by patient* • *Support services to achieve patient goals* • *Role of GP* • *Psychoeducation* • *Time frame* • *Internet-based options*	**Referrals** *Consider:* • *Practitioner, service or agency—referred to whom and what for* • *Specific referral request* • *Opinion, planning, treatment* • *Case conferences* • *Time frame* • *Referral to internet mental health programs for education*	**Any role of carer/support person(s)** *Consider:* • *Identified role or task(s), e.g., monitoring, intervention, support* • *Discussed, agreed, negotiated with carer?* • *Any necessary supports for carer* • *Time frame*
Issue 1: Depression	Sophie wants to feel happy and content. She would like her self-esteem and confident to improve. She wants to have more energy to look after her daughter. She wants to get along better with her husband and spend more time together as a family.	Commence antidepressant today. Provide patient with Psych triage and Lifeline number.	Refer patient to CAREinMIND.	
Intervention/relapse prevention plan (if appropriate at this stage) Consider: • Identify warning signs from past experiences • Note arrangements to intervene in case of relapse or crisis • Other support services currently in place • Note any past effective strategies	Sophie given the numbers to Psych triage and Lifeline numbers and informed Sophie to contact these services if needing immediate support and to call 000 for emergencies including concerns of safety. Informed Sophie of Head to Health website to access digital resources. Online self-help resources may be helpful while waiting for appointment with psychologist and in between appointments. Discussed importance of Sophie attending regular appointments with psychologist and GP. Discussed visiting GP for concerns about mental health and/or medication. Sophie identified a good friend who she feels comfortable contacting for support. Utilise identified friend for support. Inform friend of plan. ☐ Preparation of plan for delegation of patient's responsibilities (e.g., care for dependants, pets)			
Psychoeducation provided if not already addressed in "treatments and interventions" above?			☑ Yes	☐ No
Plan added to the patient's records?			☑ Yes	☐ No

Appendix 1: MBS Item Numbers

GP Mental Health Treatment - Better Access to Mental Health initiative

Patients with a mental health condition benefit from structured management of their treatment needs and referral to appropriate services. Medicare items for GP Mental Health Treatment Plans (GPMHTP), reviews and consultations are available for patients living in the community (or living independently in an aged care facility where the facility is not receiving a subsidy for their care from the Australian Government under the Aged Care Act). Commonwealth funded residents of an aged care facility are not eligible for a GP Mental Health Treatment Plan.). Dementia, delirium, tobacco use and mental retardation are not included in criteria for these services.

MBS item	Telehealth MBS item (via video)	GP Training	Time requirement	Service description	Frequency
2700 *	92112	No	at least 20 mins	Preparation of a GP Mental Health Treatment Plan* Involves: an assessment (agreement, history, examination, risks, diagnosis, measurement tool) and preparation of a plan (discuss the assessment and referral options, agree goals, provide psycho-education, plan prevention, make support arrangements). Document the assessment, plan and review date.	Not within 12 months† of a claim for 2700, 2701, 2715 or 2717 (a new plan should not be prepared unless clinically required). Not within 3 months † of a claim for item 2712.
2701 *	92113	No	at least 40 mins		
2715 * #	92116	Yes	at least 20 mins		
2717 * #	92117	Yes	at least 40 mins		
2712	92114	-	-	Review of GP Mental Health Treatment Plan or Psychiatrist Assessment and Management Plan * Involves: recording patient agreement, reviewing progress against goals, modifying plan as required, reinforcing education, developing a relapse prevention strategy and re-administration of the measurement tool (unless clinically inappropriate).	Review 1-6 months from preparing the GPMHTP. Further review 3 months after first, if required. †
2713 **	92115	-	at least 20 mins	GP consultation in relation to a mental disorder ** Involves: taking relevant history, identifying presenting problem(s), providing treatment and advice, providing referral for other services or treatments and documenting the outcomes of the consultation.	No restriction.

\# To use these items recognised GP mental health skills training is required. It is strongly recommended that GPs preparing mental health treatment plans have appropriate training. Contact GPMHSC re training options: Tel 03 8699 0554 or email gpmhsc@racgp.org.au

* Service not associated with a service to which item 2713 or 735 to 758 applies.

** Service not associated with a service to which item 2700, 2701, 2715, 2717 or 2712 applies.

† Except where there has been a significant change in the patient's clinical or care circumstances that requires the preparation of a new GPMHTP / Review. Or when there is a temporary expansion of eligibity criteria.

- Treatment options include psychiatrist, psychologist, trained GP or allied mental health professional; pharmacological and/or community services.
- Referral: patients with GPMHTP prepared within last 12 months eligible for up to ten Medicare services per calendar year, from clinical psychologists, trained social workers or occupational therapists providing focused psychological strategies. Maximum of six visits in any one referral. Following feedback from the service, make a further referral if indicated (up to the total of 10 per calendar year). Additionally, up to ten group sessions can be claimed.
- Before making a claim read the item descriptors and explanatory notes at: mbsonline.gov.au
- For fact sheets, Q&A, and templates see: health.gov.au/mentalhealth-betteraccess
- See also CAREinMINDTM information: nwmphn.org.au/careinmind
- For information of on temporary Mental Health COVID-19 MBS items and expanded criteria for aged care: mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/factsheet-mental-health-aged-care and mbsonline.gov.au/internetmbsonline/publishing.nsf/Content/Factsheet-TempBB

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Information as at January 2022

Appendix 2: Mental State Examination (MSE)

All components of the MSE (listed below) should be considered when assessing the patient.

Appearance

All aspects of the person's appearance including facial appearance, clothing, grooming and self-care are observed.

Rapport

The attitude of the person to the examination, and any counter transference experienced by the examiner (e.g. a sense of threat or discomfort) can also be noted at this point.

Behaviour

- The person's posture and level of activity are important and may give clues about their mood, for instance psychomotor retardation in depression.
- Some disorders and side-effects are also associated with particular movement disorders, e.g. tremor and bradykinesia (abnormally slow movement) with Parkinson's disease or the extrapyramidal side-effects of antipsychotic medication.
- Specific movement patterns such as echopraxia (involuntary imitation of the movements of others) may indicate catatonia.
- The person's composure and distractibility during the interview should be noted.

Speech

- The spontaneity of speech is important. Some people with depression or the negative symptoms of schizophrenia display little or no spontaneity, and a lack may also be observable in catatonia.
- The volume of voice and rate of speech may be raised in anxiety, mania or anger, and lowered in depression. Similarly, these conditions may affect the quantity of speech.
- The flow and interruptibility of speech may also be affected, for instance in mania the speech may be pressured and it may be impossible to redirect the person from their topic of choice.
- The form of speech may indicate a disorder of thought form. In persons who have a neurological or specific speech disorder (e.g. stuttering) this may not be the case.

Content of speech

The overarching and characteristic themes of the person's conversation, including the positivity or negativity of these themes, the normality of content and any evident preoccupations should be noted here.

Mood and affect

- Mood is a person's prevailing emotional state, and affect is the observed responsiveness of their emotional state. A person may have a predominantly elevated mood and a highly reactive and labile affect, veering rapidly from enthusiasm to anxiety to irritability to laughter.
- If the person's mood appears depressed, questions probing suicidal ideation should be asked.

Thought

- Thought is not directly observable, it is inferred from observing speech and behaviour. The quantity of thought should be noted: poverty of thought may occur in depression, dementia or schizophrenia. The rate of thought is affected in a similar manner to the rate of speech for the most part: many people with mania have pressure of thought and some people with depression have bradyphrenia (slowed thought stream).
- The form of thought may indicate specific problems. Several types of thought disorder, such as tangentiality, derailment and neologisms may indicate psychosis.

Appendix 2: Mental State Examination (MSE)
continued

Clanging or punning associations are often indicative of mania, and thought blocking and echolalia (automatic repetition of another's words) may indicate the presence of catatonia. Thought disorder may be so severe that no sense can be made of the person's conversation ('word salad').

- The content of thought may include delusional thinking: a fixed false belief that is not normal for the person's background. The nature of the delusion and the degree of conviction with which it is held may be very important in determining risk.
- Suicidal and homicidal ideas, and the presence and nature of any obsessions, are also considered in thought content.

Perception

- Hallucinations (a perception in the absence of sensory stimulus) may affect any sense (auditory, tactile, olfactory, visual and gustatory).
- The most common type of hallucination in mental illness is auditory.
- It is particularly important to enquire about command hallucinations, where individuals hear and sometimes obey voices that command them to perform certain acts - especially if that may influence them to engage in behaviour that is dangerous to themselves or others.
- Illusions are similar to hallucinations, but involve misperception of a real stimulus.
- Depersonalisation and derealisation are odd experiences where the person feels as though either they or the world around them are unreal. Both are often associated with anxiety.

Cognition

- This involves assessing the person's orientation in time, place and person.
- If this appears in any way impaired, then a subtest called the Mini Mental State Examination (MMSE) may be performed. MMSE may reveal underlying cognitive impairment for further investigation and diagnostic clarification.

Insight

- A complex and highly individualised concept. It includes an account of the person's perception of the nature of the problem, the cause of the problem, why it continues to be a problem and what might be done to help resolve the problem.

Mental Health Professional Online Development (MHPOD), 2004, Mental State Examination (MSE)

Appendix 3: Mental Health Treatment Plan Medicare Requirements

- Patient's name
- Date of birth
- Address
- Phone
- Carer details and/or emergency contact(s)
- GP name/practice
- Other care plan such as GPMP/TCA (yes/no)
- AHP or nurse currently involved in patient care
- Medical records number
- Presenting issue(s) - what are the patient's current mental health issues?
- Patient history - record relevant biological, psychological and social history including any family history of mental disorders and any relevant substance abuse or physical health problems
- Medications (attach information if required)
- Allergies
- Any other relevant information
- Results of mental state examination - record after patient has been examined
- Risks and co-morbidities - note any associated risks and co-morbidities including risks of self-harm and/or harm to others
- Outcome tool used and results
- Diagnosis

Department of Health and Human Services, 2016, GP mental health treatment plan sample template - Better Access program, health.gov.au/initiatives-and-programs/better-access-initiative

Appendix 4: Resources

The resources below are for primary health care providers:

- **North Western Melbourne Primary Health Network (NWMPHN) resources:**
  - Melbourne HealthPathways provides clinical management and referral resources: melbourne.communityhealthpathways.org
  - CAREinMIND Mental Health Services, referral forms and patient resources: nwmphn.org.au/careinmind or call 9088 4277
  - System of Care services provides access to mental health, suicide prevention and alcohol and other drug treatment services and support, commissioned by NWMPHN in our region: nwmphn.org.au/system-of-care
- **Better Access Initiative:** health.gov.au/initiatives-and-programs
- **Medicare** claims and item enquiries: mbsonline.gov.au
- **General Practice Mental Health Standards Collaboration** - resources for GPs: gpmhsc.org.au
- **RACGP**: racgp.org.au
- **Head to Health Vic** - provides mental health intake and support to anyone in Victoria. Health providers can also access this service for advice headtohealthvic.org.au/for-health-care-providers/
- **My Health Record:** My Health Record Mental Health toolkit

The resources below are for patients:

- The Australian Government's Head to Health provides digital self-help mental health resources: headtohealth.gov.au
- NWMPHN provides a community mental health support directory and resources: nwmphn.org.au/my-mental-health

The services below are for patients:

- **Head to Health Vic** provides mental health support for all Victorians: headtohealth.vic.org.au or call 1800 595 212 - 8.30am - 5pm Monday to Friday.
- **CAREinMIND™** 24/7 wellbeing support, phone and online counselling, is for anyone living or working in the north, west and central area of Melbourne: careinmind.com.au or call 1300 096 269,
- **My Health Record:** myhealthrecord.gov.au/for-you-your-family

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