

# Mental health training standards 2026–28

**gpmhsc**  
General Practice  
Mental Health  
Standards Collaboration

**A guide for general practitioners**



## **Mental health training standards 2026–28: 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

As we present the GPMHSC Mental Health Training Standards 2026-28: A guide for General Practitioners, it is important to reflect on the critical role GPs play in the mental health landscape of Australia.

Mental health issues continue to be a significant challenge for Australians, with nearly half of the population experiencing a mental health condition at some point in their lives. Each year, approximately 20% of Australians aged 16-85 are affected by a mental illness, highlighting the need for accessible, high-quality mental health care. GPs remain at the forefront of this effort, with 71% of GPs report psychological issues in their top three reasons for presentations. These figures highlight the increasing demand for GPs to be equipped with the skills, knowledge, and resources necessary to address the diverse mental health needs of their patients.

The GPMHSC has been steadfast in its mission to support GPs in delivering evidence-based mental health care through the development and promotion of high-quality education and training standards. The 2026-28 standards have been meticulously updated to ensure they align with contemporary best practices and emerging needs within the field, including new information about Aboriginal and Torres Strait Islander mental health training. By maintaining these standards, the GPMHSC aims to empower GPs to provide holistic and effective care to individuals and communities across Australia via educational activities.

This edition would not have been possible without the invaluable contributions of our external stakeholders, including training providers, mental health organisations and health professionals. Your feedback has been instrumental in refining and enhancing these standards to ensure they remain practical, relevant, and impactful. We extend our heartfelt gratitude for your expertise, collaboration, and commitment to advancing mental health care.

For GPs, this document serves as an essential reference in guiding their participation in accredited mental health training. By engaging with the standards outlined within, GPs can be confident that their learning is both relevant and impactful—enhancing their clinical practice and, ultimately, improving outcomes for the communities they serve. These standards are designed to support excellence in mental health care, equipping GPs with the knowledge and skills needed to navigate the complexities of mental health care delivery with confidence and competence.

As the mental health needs of our nation continue to evolve, the GPMHSC remains dedicated to supporting GPs in their critical role as the first point of contact for many Australians seeking mental health support. Together, we can continue to make a significant difference in the lives of individuals, families, and communities.

We hope this latest edition of the training standards will serve as a valuable resource for all those committed to improving mental health outcomes across Australia.

Lastly, I would like to thank all past and present members of the GPMHSC Committee, including Dr James Antoniadis, Dr Zena Burgess, Dr Eleanor Chew, Dr Michael Eaton, Ms Margaret Lewry, Dr Sean Jespersen, Ms Heather Nowak, Dr Molly Shorthouse and Dr David Rimmer.



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

# Preface

## The purpose of this guide

The Mental health training standards 2026–28: A guide for general practitioners is a document for GPs who wish to find out about:

- the standards of mental health training and education that GPs must meet to be eligible to access general practice mental health care MBS item numbers under the Better Access initiative
- what they should consider when selecting CPD in mental health so that their skills and knowledge in mental health are up to date and broad ranging.

### Further GPMHSC information

You can find information about accredited courses in mental health at  
<https://gpmhsc.org.au/InfoSection/Index/78cb509e-c80e-441d-ac4b-82b414ba2c44>

## Changes from the previous edition

### Revised structure and format

- This edition is shorter, and provides clearer and more concise information about the requirements of GP mental health training and education. For example:
  - the processes and procedures outlining the requirements of registering with Medicare have been streamlined
  - there is a concise list of recommended mental health topics you can refer to when searching for and selecting courses in mental health CPD and Focussed Psychological Strategies (FPS) CPD.
- This edition includes:
  - lists of useful resources throughout the document
  - a glossary that defines important and relevant terms and phrases as they are used in these standards.

# Terminology

## Glossary of terms

Where appropriate, definitions from external sources have been adapted to fit the context of the

*Mental health training standards 2026–28.*

Term or phrase	GPMHSC definition
<b>Better Access initiative</b>	An Australian Government initiative that gives Medicare rebates to eligible people so they can access mental health services from GPs, other medical practitioners, psychologists, social workers and occupational therapists. <sup>3</sup>
<b>Carer</b>	A person who provides, or has provided, ongoing personal care, support, advocacy and/or assistance to a person with a mental illness, in a non-professional role. Receiving government or Centrelink benefit payments (such as a carer payment or allowance) does not exclude a person from being considered a carer.
<b>Cognitive behavioural therapy (CBT)</b>	A focused approach that is based on the concept that thoughts influence feelings and behaviours, and that subsequent behaviours and emotions can influence cognitions. <sup>4</sup>
<b>Consumer</b>	A person who has personal experience of mental illness and of their recovery journey, and who has accessed mental health services.
<b>Continuing professional development (CPD)</b>	The means by which members of a profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives. <sup>5</sup>
<b>Course content</b>	The educational content, specific to relevant learning outcomes, that GPMHSC-accredited training providers need to deliver in a course accredited by the GPMHSC.
<b>Interpersonal therapy (IPT)</b>	A brief, structured approach that addresses interpersonal issues. The underlying assumption of IPT is that causes of depression and psychological distress can often be traced to aspects of the patient's social functioning (relationships and social roles). <sup>6</sup>
<b>Learning outcomes</b>	What learners or participants will be able to demonstrate after completing GPMHSC-accredited training.
<b>Medicare</b>	Australia's universal health insurance scheme. Also known as Services Australia (Medicare).
<b>Mental disorder</b>	The term used by the Better Access initiative to refer to mental illness. See Mental illness.
<b>Mental illness</b>	A clinically diagnosable disorder, subjectively experienced by a person, that significantly interferes with their cognitive, emotional or social abilities. <sup>7</sup>

<b>Personal lived experience</b>	First-hand perspectives gained from experiences of mental health challenges, the use of services, diagnosis and recovery. <sup>8</sup>
<b>Predisposing component</b>	Mandatory educational component of a course that participants complete before the delivery of the course. Examples include reading articles and pre-course surveys.
<b>Reinforcing component</b>	Mandatory educational component of a course that participants complete after the delivery of the course, which consolidates the participant's learning. Examples include follow-up surveys and discussions on implemented changes or improvements in practice.
<b>Skills training</b>	The specific knowledge, abilities, skills and attitudes required to access, manage and provide ongoing mental health care in the context of general practice, either through preparing General Practice Mental Health Treatment Plans (GP MHTPs) and/or providing FPS.
<b>Structured interactive learning</b>	A highly interactive course (delivered face-to-face or via e-learning) that focuses on participant engagement and active learning.
<b>Trauma informed care</b>	Trauma-informed care is an approach to healthcare that recognises the widespread impact of trauma and integrates this understanding into practice, aiming to create safe, supportive environments that avoid re-traumatisation and promote healing. <sup>9</sup>

## Acronyms and initialisms

Acronym/initialism	
<b>ACRRM</b>	Australian College of Rural and Remote Medicine
<b>CBT</b>	cognitive behavioural therapy
<b>CPD</b>	continuing professional development
<b>FPS</b>	focussed psychological strategies
<b>FPS CPD</b>	Focussed Psychological Strategies Continuing Professional Development
<b>FPS ST</b>	Focussed Psychological Strategies Skills Training
<b>GP</b>	general practitioner
<b>GPMHSC</b>	General Practice Mental Health Standards Collaboration
<b>GP MHTP</b>	General Practice Mental Health Treatment Plan
<b>ICD-10</b> <b>ICD-11</b>	International Classification of Diseases, 10th Revision International Classification of Diseases, 11th Revision
<b>IPT</b>	interpersonal therapy
<b>MBA</b>	Medical Board of Australia
<b>MBS</b>	Medicare Benefits Schedule

<b>MH CPD</b>	Mental Health Continuing Professional Development
<b>MHST</b>	Mental Health Skills Training
<b>PDP</b>	Professional Development Program
<b>RACGP</b>	The Royal Australian College of General Practitioners
<b>TIC</b>	Trauma Informed Care



# Part 1: Introduction

## 1.1 About the General Practice Mental Health Standards Collaboration

### Mission statement

The GPMHSC works to achieve optimal mental health and wellbeing for the Australian population, by implementing a multidisciplinary approach to education, policy and advocacy, and by supporting GPs to deliver quality primary mental health care.

### Governance

The GPMHSC is a multidisciplinary body funded by the Australian 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 GPMHSC comprises:

- representatives from the RACGP, the ACRRM, the Royal Australian and New Zealand College of Psychiatrists and the Australian Psychological Society, as nominated by those bodies
- a carer representative and a consumer representative, both nominated by Mental Health Australia.

### 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 related to general practice mental health care
- promotes accredited general practice training in mental health that aims to develop GPs' knowledge of, and skills in, detecting and treating mental illness
- promotes the uptake of MBS mental health items under the Better Access initiative
- develops resources that support GPs to provide mental health services
- regularly informs the general practice sector about current mental health issues
- contributes to developing policies relating to general practice and mental health.

## The role of the GPMHSC Secretariat

The GPMHSC Secretariat:

- pre-adjudicates courses before the GPMHSC Committee completes a formal adjudication
- pre-adjudicates applications from GPs seeking exemption from completing mental health courses
- adjudicates Mental Health Continuing Professional Development (MH CPD) and Focussed Psychological Strategies Continuing Professional Development (FPS CPD) in accordance with the GPMHSC training standards
- provides Medicare with the details of GPs who are eligible to claim Better Access initiative MBS item numbers
- develops resources relating to primary mental health care and the Better Access initiative for GPs and training providers
- supports the GPMHSC Chair and Committee
- responds to general enquiries from GPs, practice managers, training providers, Primary Health Networks and other stakeholders about GPMHSC-accredited training and the Better Access initiative, and provides ongoing communication, marketing and support to help them implement the GPMHSC standards.

## 1.2 Why GPs are important in mental health

Approximately 1 in 5 Australians aged 16–85 (22%, or 4.3 million people) experienced a mental disorder in the previous 12 months, and approximately 8,514,700 Australians aged 16–85 (43%) have experienced a mental illness sometime in their lifetime.<sup>10</sup>

Additionally, since 2017, GPs have consistently reported the most common health issues they manage are mental health related. This is consistent in the 2024 Health of the Nation report, which tells us 71% of GPs report psychological issues in their top three reasons for presentations<sup>11</sup>.

It is clear that GPs are at the forefront of caring for Australians with mental health needs. This is why GPs need the skills and knowledge required to identify and address patients' mental health needs.

### Skills and knowledge GPs need to provide mental health services

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

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

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

- identify mental health issues
- ensure that the patient receives appropriate care.

## Identifying mental health issues

This includes being able to:

- perform a biopsychosocial assessment, taking into account the patient's chronic and acute physical and mental health issues, and 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 risk factors of mental illness
- identify signs of suicide risk, and respond accordingly
- provide support and advice that can reduce risk factors and potentially prevent mental illness.

## Ensuring appropriate care

This includes being able to:

- provide or recommend appropriate care based on the patient's assessed needs (such as e-mental health for mild mental health issues, and face-to-face counselling for moderate to severe mental health issues), and 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
- develop a General Practice Mental Health Treatment Plan (GP MHTP) for each patient.

### Useful GPMHSC resources

Suicide prevention and first aid: A resource for GPs. Available at: <https://gpmhsc.org.au/resources-for-gps/suicide-prevention-and-first-aid>

After suicide: A resource for GPs. Available at: <https://gpmhsc.org.au/resources-for-gps/after-suicide>

Practice guide: Communication between medical and mental health professionals. Available at: <https://gpmhsc.org.au/resources-for-gps/communication-between-medical-and-mental-health-professionals>

Working with the Stepped Care Model: Mental health services through general practice. Available at: <https://gpmhsc.org.au/resources-for-gps/stepped-care-model>

## GP Mental Health Treatment Plans

A GP MHTP aims to:

- provide continuity of care for a patient with a mental illness
- provide a structured framework for you to undertake assessment, early intervention and management of a patient with a mental illness
- help you coordinate the patient's care and provide a referral pathway to allied mental health service providers
- enable you, when possible, to actively involve the patient and carer in their care.

### GP MHTP templates

The GP MHTP templates developed by the GPMHSC can enhance the quality of mental health care provided and support GPs to manage common mental health disorders under the Better Access initiative.

The templates prompt you to ask important questions when you are assessing a patient with symptoms of a mental illness, planning their treatment and reviewing their progress. The templates also make the documentation of this information easier and more consistent.

There are five templates that you might decide to use:

- a short-form template titled Minimal requirements
- a template for Aboriginal and Torres Strait Islander People
- a template to use with adult patients
- a template to use with child and adolescent patients
- a template to be used as a Subjective Objective Assessment Plan.

When preparing and claiming for a GP MHTP, you can use any of these templates, and you can adapt the templates according to the needs of your practice and your patients. For example, you might decide not to enter information in some of the fields of the template.

### Reviewing a patient's GP MHTP

Because GP MHTPs do not expire, a patient will continue to be eligible for rebated allied mental health services from one year to the next unless you (as the referring GP) consider that a new plan is clinically necessary. Generally, new plans should not be developed within 12 months of the previous plan.

As of November 2025, you can assess and manage the patient's progress and write a new referral for further services using any of the following MBS items:

- 23, 36 and 44: standard general practice consultation.

#### Useful GPMHSC resources

GP Mental Health Treatment Plan. Available at: <https://gpmhsc.org.au/info-for-gps/gp-mental-health-treatment-plans>

## 1.3 The Better Access initiative and the role of GPs

The Better Access initiative (introduced by the Australian Government in 2006) aims to improve health outcomes by providing targeted treatment for people with a clinically diagnosed mental disorder.

### How does the Better Access initiative work?

The Better Access initiative allows eligible people with an assessed mental disorder to access mental health services for which they can receive a rebate. At the time of publication, each person is entitled to access up to 10 individual services and up to 10 group services per calendar year.

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

### Eligibility for rebated services

Patients with an assessed mental disorder are eligible to access services under the Better Access initiative when they are referred to an approved provider by a:

- GP managing the patient under a GP MHTP
- referred psychiatrist assessment and management plan, or
- psychiatrist or paediatrician.

### Approved providers

Approved providers are:

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

#### Useful resources

Department of Health. Better Access initiative. Available at: [https://www.health.gov.au/initiatives-and-programs/better-access-initiative?utm\\_source=health.gov.au&utm\\_medium=callout-auto-custom&utm\\_campaign=digital\\_transformation](https://www.health.gov.au/initiatives-and-programs/better-access-initiative?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation)

Services Australia. Better Access initiative – supporting mental health care. Available at: <https://www.servicesaustralia.gov.au/better-access-initiative-supporting-mental-health-care>

## Mental disorders applicable under the Better Access initiative

At the time of publication, the following mental disorders are eligible for treatment under the Better Access initiative, as per the International Classification of Diseases, 10th Revision (ICD-10).

- acute psychotic disorders
- adjustment disorder
- alcohol-use disorders
- bereavement disorders
- bipolar disorder
- chronic psychotic disorders
- conduct disorder
- depression
- dissociative (conversion) disorder
- drug-use disorders
- eating disorders
- enuresis
- generalised anxiety
- hyperkinetic (attention deficit) disorder
- mental disorder, not otherwise specified
- mixed anxiety and depression
- neurasthenia
- panic disorder
- phobic disorders
- sexual disorders
- sleep problems
- unexplained somatic complaints.

As it is likely ICD-11 will be adopted during the 2026–28 triennium, there may be variation to the above list of mental disorders applicable under the Better Access initiative.

## Mental disorder, not otherwise specified

The condition listed above as ‘mental disorder, not otherwise specified’ covers any mental disorder that does not meet the description of any other mental disorder in the ICD-10. Similar to the ‘not otherwise specified’ codes in the *Diagnostic and statistical manual of mental disorders*, it allows for atypical cases. For a patient to be diagnosed with this condition, they must have mental health symptoms that reach the threshold for clinical significance but do not fall neatly into one of the categories.

Organic mental disorders, such as those due to brain damage, are excluded under ‘mental disorder, otherwise not specified’.

## Mental disorders not applicable under the Better Access initiative

In addition to organic mental disorders, the following are not applicable under the Better Access initiative:

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

Although not applicable under the Better Access initiative, GPs can address these disorders if a patient with an applicable mental disorder has comorbidity with one or more of these disorders (for example, when a patient has dementia and generalised anxiety).

## Useful resources

World Health Organization. International Classification of Diseases 10th Revision (ICD-10). Available at: <https://icd.who.int/browse10/2019/en>

World Health Organization. International Classification of Diseases 11th Revision (ICD-11). Available at: <https://icd.who.int/browse11/l-m/en>

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

The GPMHSC sets and monitors the training standards for GPs that allow them to deliver services during general practice consultations that correspond to mental health MBS item numbers.

Table 1 sets out services and the corresponding MBS item numbers that GPs can claim based on their mental health training.

**Table 1. GPs' eligibility to provide mental health MBS items**

Mental health training	Services	MBS item numbers	MBS rebate
None	Preparation of a patient's GP MHTP	2700 2701	Minimum MBS rebate
Level 1: MHST	Preparation of a patient's GP MHTP	2715 2717	Maximum [higher schedule] MBS rebate
Level 2: FPS ST	FPS interventions related to mental health conditions identified in the patient's GP MHTP	2721, 2723, 2725, 2727	MBS rebates apply for up to 10 FPS sessions and 10 group sessions per person per calendar year

## Useful resources

Department of Health. MBS Online. Available at: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

GPMHSC. Mental health MBS item number descriptors and rebates. Available at: <https://www.gpmhsc.org.au/gp-resources/mbs-descriptors-and-rebates>

## 1.3 The General Practice Mental Health Training Framework

The framework provides an overview of the different levels of training and education recommended by the GPMHSC before GPs can provide different levels of mental health care in general practice (Table 2). The pathway for GP mental health training and education is shown in Figure 1.

The framework assumes that, having completed undergraduate and pre-vocational training, GPs have 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.

**Table 2. General Practice Mental Health Training Framework**

<b>Level 1: Mental Health Skills Training (MHST)</b>		
<b>Action</b>	<b>Outcomes</b>	<b>Recognition</b>
Complete one of the following:	You should be able to:	You can access MBS item numbers:
<p><b>MHST Primary Pathway</b></p> <ul style="list-style-type: none"> <li>● Targeted at general practice registrars and other doctors entering Australian general practice</li> </ul>	<ul style="list-style-type: none"> <li>● undertake mental health assessments for common mental illnesses in the context of general practice</li> </ul> <p><i>and</i></p> <ul style="list-style-type: none"> <li>● develop and review GP MHTPs</li> </ul>	<p>2715</p> <p>2717</p>
<p><b>MHST Modular Pathway</b></p> <ul style="list-style-type: none"> <li>● Complete a core module and a clinical enhancement module</li> <li>● Targeted at GPs who are more experienced or have particular interests</li> </ul>	<ul style="list-style-type: none"> <li>● undertake mental health assessments for common and more complex mental illnesses / specific population groups within the context of general practice</li> </ul> <p><i>and</i></p> <ul style="list-style-type: none"> <li>● develop and review GP MHTPs</li> </ul>	



## Level 2: Focussed Psychological Strategies Skills Training (FPS ST)

Action	Outcomes	Recognition
Complete one of the following:	You should be able to:	You can access MBS item numbers:
<ul style="list-style-type: none"> <li>Complete FPS ST (Prerequisite: Level 1 MHST)</li> </ul>	<ul style="list-style-type: none"> <li>provide cognitive behavioural therapy or interpersonal therapy to patients eligible for treatment under the Better Access initiative in the context of general practice</li> </ul>	2721 2723 2725 2727  <b>plus registration with Medicare as a GP provider of FPS</b>

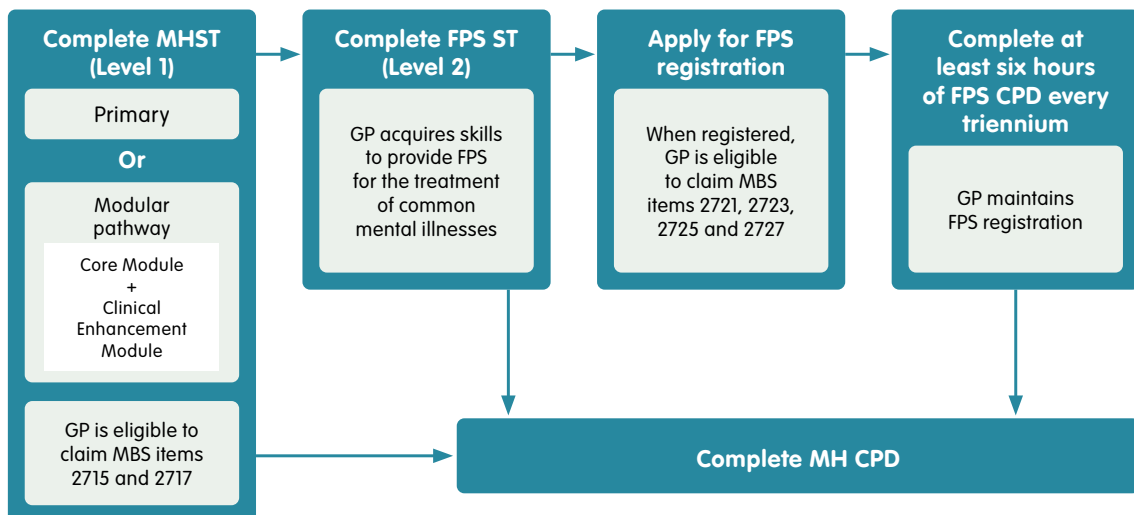


Figure 1. GPMHSC-accredited pathway for GP mental health training and education

# Part 2: Mental health training and education for GPs

## 2.1 Introduction

### Objectives

Mental health training and education for GPs provides you with the skills and knowledge you need to deliver mental health care in general practice with relevant MBS item numbers.

### Choosing training courses from the framework

To ensure your mental health skills and knowledge remain up to date, we encourage you to:

- complete a variety of mental health training courses that refresh and broaden your undergraduate and prevocational skills and knowledge in primary mental health
- include MH CPD as part of your regular professional development
- when choosing your CPD, consider the profile of your practice.

### Finding GPMHSC-accredited courses

For further information about accredited courses in mental health, refer to the GPMHSC website: <https://gpmhsc.org.au/InfoSection/Index/78cb509e-c80e-441d-ac4b-82b414ba2c44>

For instructions on how to search for a course click here: <https://gpmhsc.org.au/info/detail/d26432e6-31f5-4785-8ce9-d5b6a03a1f0f/accessing-gpmhsc-accredited-training>

If you need advanced skills in mental health care, we encourage you to select from relevant courses referred to in the Advanced Mental Health Skills Acknowledgement Position Statement found on the GPMHSC website: <https://gpmhsc.org.au/advanced-mental-health-skills-acknowledgement-positionstatement>

You can use the framework to plan your professional development in mental health at different stages during your career.

### Additional GPMHSC information

FAQs: Mental health education and training. Available at: <https://gpmhsc.org.au/guidelinessection/index/ea6d3af3-e807-4630-84dd-4f9e35358d58/frequently-asked-questions-faqs-medicare-benefits>

FAQs: Medicare Benefits Scheme (MBS) items. Available at: <https://gpmhsc.org.au/guidelinessection/index/ea6d3af3-e807-4630-84dd-4f9e35358d58/frequently-asked-questions-faqs-medicare-benefits>

## Exemption from completing MHST and FPS ST

In exceptional circumstances, the GPMHSC may exempt a GP from completing MHST/FPS ST accreditation and still allow the GP to gain access to mental health care items through the MBS.

If you believe you can demonstrate that you have achieved the learning outcomes of MHST (Primary Pathway or Modular Pathway) or FPS ST, you can apply for an exemption.

### Additional GPMHSC information

Exemption from accredited mental health training. Available at: <https://gpmhsc.org.au/exemption-from-accredited-mental-health-training>

## 2.2 GPMHSC-accredited mental health training

### Mental health courses accredited by the GPMHSC

There are two types of mental health courses for GPs that the GPMHSC accredits, and each have two sub-categories:

#### 1. Skills training courses

- Mental Health Skills Training (MHST)
- Focussed Psychological Strategies Skills Training (FPS ST)

This training is referred to as 'skills training' because you acquire specific knowledge and skills required to access, manage and provide ongoing mental health care to your patients.

#### 2. CPD courses

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

### CPD and PDP hours

After successfully completing accredited mental health training and education, you can accrue RACGP CPD hours and/or ACRRM Professional Development Program (PDP) hours.

### Accreditation process

All courses submitted for accreditation are adjudicated by the GPMHSC to ensure that they:

- meet relevant standards
- include the required content
- deliver required learning outcomes.

The courses are also subject to regular quality assurance reviews to ensure that they continue to satisfy these requirements.

## How you can identify an GPMHSC-accredited course

A training course displaying one of the GPMHSC accreditation logos is accredited by the GPMHSC for:

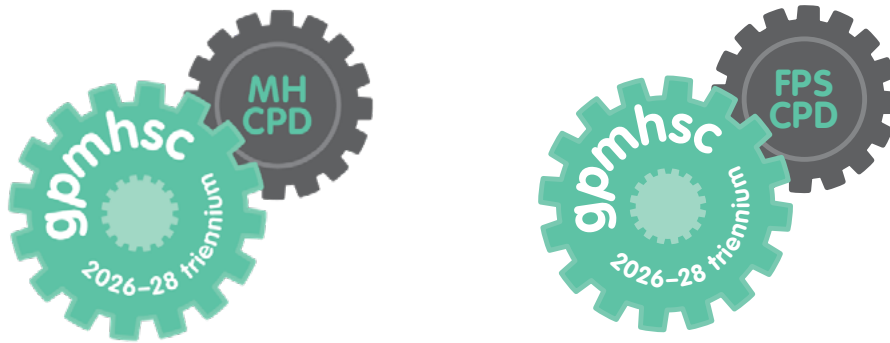
- the nominated type of mental health training (for example, MHST, FPS CPD)
- the nominated triennium.

### MHST and FPS ST logos

A course displaying one of the following logos is GPMHSC-accredited MHST or FPS ST training.

### CPD logos

A course displaying one of the following logos is GPMHSC-accredited MH CPD or FPS CPD training.



A course displaying one of the following logos is GPMHSC-accredited as a gold standard MH CPD or FPS CPD training.

Gold standard CPD courses run for a minimum of six hours and include predisposing and reinforcing components, as well as involvement from consumer and carer representatives.



## The GPMHSC quality assurance program

The GPMHSC conducts ongoing quality assurance of accredited courses to ensure GPs receive high- quality general practice education and training in mental health.

Through the quality assurance program, we:

- review and evaluate how accredited courses are being delivered so they continue to meet the standards
- give training providers the opportunity to openly discuss and receive feedback on their mental health courses.

### Useful GPMHSC resource

Overview of the GPMHSC Quality Assurance Program. Available at: <https://gpmhsc.org.au/info/detail/d6b32ff2-1362-45c5-a965-7140ed6dd806/gpmhsc-quality-assurance-program>

## 2.3 Level 1 training: Mental Health Skills Training (MHST)

### Objectives

In the context of general practice, MHST aims to:

- enhance your skills in recognising and assessing mental illnesses to prepare evidence-based GP MHTPs
- enhance your skills in monitoring and reviewing a patient's progress
- provide you with insight into the perspective of people who have a lived experience of a mental illness
- provide you with insight into the perspective of non-professional carers caring for people living with mental illness.

There are two ways you can complete Level 1 training:

1. Option 1: the MHST Primary Pathway
2. Option 2: the MHST Modular Pathway.

### Option 1: MHST Primary Pathway

The most common pathway GPs choose to become accredited with MHST, the Primary Pathway is designed for:

- general practice registrars and other doctors entering general practice in Australia
- GPs who need a refresher on core mental health skills as part of their CPD.

If you are an experienced GP, you can attend an MHST Primary Pathway course. We encourage GPs who have already completed MHST to complete courses in the MHST Modular Pathway because this will extend your skills in assessing and/or managing specific mental illnesses.

### Requirements

You must complete:

- a six-hour (at minimum) MHST Primary Pathway course accredited by the GPMHSC (either an e-learning or a face-to-face course)
- the relevant predisposing components
- the relevant reinforcing components.

### Learning outcomes

After completing the MHST Primary Pathway, you will be able to, in the context of general practice:

- detect mental health issues experienced by consumers
- assess and manage commonly presented mental illnesses
- in consultation with consumers and carers, develop an agreed evidence-based and needs-based GP MHTP
- develop a GP MHTP that incorporates the lived experience and needs of consumers, their carers and others in their network
- use practice systems and strategies to provide safe and holistic mental health care, including strategies that acknowledge and support your own self-care and wellbeing
- use appropriate MBS item numbers when providing mental health care.

## Option 2: 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. Typically, this would be GPs who:

- want to know more about mental health
- consult many patients with mental illness.

By choosing the MHST Modular Pathway, you can:

- acquire core skills and knowledge in mental health, then
- tailor your MHST learning according to your special interests and needs by completing different clinical enhancement modules as part of MH CPD, thereby expanding your skills and ability to treat complex mental illnesses.

After successfully completing the MHST Modular Pathway (see Requirements below), you will be able to use relevant MBS item numbers when providing mental health care.

If you require a refresher on core mental health skills, you can complete a mental health core module as part of your CPD.

## Requirements

You must complete:

- one core module (minimum three hours), plus
- one clinical enhancement module (minimum four hours).

## About the core module

### *Duration*

At least three hours

### *Content*

Covering the fundamentals of mental health care in Australian general practice, the core module includes:

- an overview of:
  - the Better Access initiative
  - mental health care services
  - mental health care resources available to GPs
- the key components of a GP MHTP
- a deeper understanding of mental illnesses commonly encountered in general practice
- an introduction of the concept of the consumer and carer perspective when providing mental health care.

### *Learning outcomes*

After completing the core module, you will be able to, in the context of general practice:

- detect mental health issues experienced by consumers
- assess and manage the treatment of commonly presented mental illnesses
- in consultation with consumers and carers, develop an agreed evidence-based and needs-based GP MHTP
- discuss the use of practice systems and strategies to provide safe and holistic mental health care, including strategies that acknowledge and support your own self-care and wellbeing
- discuss appropriate MBS item numbers when providing mental health care.

## About the clinical enhancement module

### *Prerequisite*

The mental health core module.

### *Choosing a clinical enhancement module*

We encourage you to:

- choose the mental health clinical enhancement module that best suits your specific needs or areas of interest, then
- complete a range of mental health clinical enhancement modules as part of your CPD. Clinical enhancement modules focus on one or more of the mental illnesses specified in the Better

Access initiative, so that after you complete both the core and clinical enhancement module, you can:

- develop GP MHTPs
- claim relevant MBS items.

### *Flexibility with timing and providers*

You do not have to complete the core module and the clinical enhancement module on the same day, nor with the same training provider.

However, if you complete modules with a different training provider, your RACGP CPD / ACRRM PDP accrual of hours may be affected. For more information about this, contact the RACGP or ACRRM.

### *Duration*

At least four hours.

### *Content*

The mental health clinical enhancement module:

- builds on the knowledge acquired in the core module
- includes carer and consumer perspectives relating to the specific mental illness(es) covered
- applies that knowledge to a specific mental health condition, or complex situations, or a specific consumer group, which means that the content is more specific than the content covered in the MHST Primary Pathway.



### Learning outcomes

After completing the clinical enhancement module, you will be able to, in the context of general practice:

- detect mental health issues experienced by consumers
- assess and manage the treatment of commonly presented mental illnesses
- in consultation with consumers and carers, develop an agreed evidence-based and needs-based GP MHTP
- develop a GP MHTP that incorporates the lived experience and needs of consumers, their carers and others in their network
- use practice systems and strategies to provide safe and holistic mental health care, including strategies that acknowledge and support your own self-care and wellbeing.

### Useful GPMHSC resources

Mental Health Skills Training. Available at: <https://gpmhsc.org.au/info-for-gps/mhst>

Becoming an accredited MHST provider – a step-by-step process. Available at: <https://gpmhsc.org.au/info-for-gps/mhst-accreditation-process>

## 2.4 Level 2 training: Focussed Psychological Strategies Skills Training (FPS ST)

### What are Focussed Psychological Strategies (FPS)?

Focussed Psychological Strategies (FPS) are specific mental health care treatments, derived from evidence-based psychological therapies. At the time of publication, they include:

- cognitive behavioural therapy (CBT), including behavioural interventions and cognitive interventions
- interpersonal therapy (ITP)
- psychoeducation, including motivational interviewing
- relaxation strategies, including progressive muscle relaxation and controlled breathing
- narrative therapy for Aboriginal and Torres Strait Islander peoples
- eye-movement desensitisation reprocessing (EMDR)
- skills training, including training in problem-solving, anger management, social skills, communication, stress management and parent management.

For an up-to-date list of recognised FPS interventions, visit MBS online <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=AN.0.57>

Under the Better Access initiative, GPs who are registered FPS providers can use a range of these recognised FPS interventions.

## Objectives of FPS ST

In the context of general practice, FPS ST aims to:

- enhance your knowledge and skills attained in MHST
- develop your skills in providing evidence-based psychological interventions for common mental health illnesses
- give you insight into the perspective of people who have a lived experience of a mental illness
- give you insight into the perspective of non-professional carers caring for people living with mental illness.

## FPS ST courses based on CBT and IPT

Table 3 shows the skills that are covered in GPMHSC-accredited FPS ST.

**Table 3. Focussed Psychological Strategies skills training courses**

<b>Courses based on cognitive behavioural therapy (CBT)</b>	<b>Courses based on interpersonal therapy (IPT)</b>
<p>These courses will provide skills in the following strategies, and may provide those shown as optional:</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 (such as training in problem-solving, communication, parent management and stress management)</li> </ul>	<p>These courses will provide skills in the following strategies, and may provide those shown as optional:</p> <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>

## Prerequisite

MHST Primary Pathway or MHST Modular Pathway.

## Requirements

You must complete:

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

## Learning outcomes

After completing the FPS ST, you will be able to, in the context of general practice:

- select and demonstrate evidence-based FPS interventions appropriate to consumer issues and needs outlined in the GP MHTP
- provide FPS that incorporate the lived experience and needs of consumers, their carers and others in their network
- use practice systems and strategies to provide safe and holistic mental health care, including strategies that acknowledge and support your own self-care and wellbeing

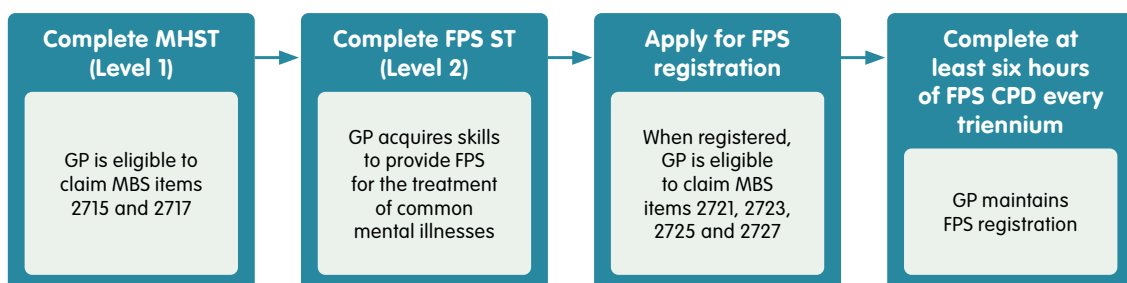
know and understand the value of:

- regular professional supervision with a more experienced mental health professional
- completing other professional development to maintain and extend your skills in providing FPS
- use MBS item numbers when providing mental health care.

## Registering as a GP provider of FPS

After successfully completing FPS ST, you can register with Medicare as a GP provider of FPS and claim the relevant MBS item numbers for providing FPS in general practice.

Figure 2 outlines the steps to complete to register with Medicare as a GP provider of FPS and maintain your registration.



CPD, continuing professional development; FPS, Focussed Psychological Strategies; FPS ST, Focussed Psychological Strategies Skills Training; MBS, Medicare Benefits Schedule

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

### Useful GPMHSC resources

Focussed Psychological Strategies Skills Training. Available at: <https://gpmhsc.org.au/info-for-gps/fps-st>

Registering with Services Australia (Medicare) as a GP provider of FPS. Available at: <https://gpmhsc.org.au/info-for-gps/registration-gp-provider-fps>

## 2.5 Mental Health CPD and Focussed Psychological Strategies CPD

### Mental Health CPD

Although it is not mandatory, the GPMHSC strongly encourages you to complete a variety of MH CPD courses as part of your ongoing professional development.

MH CPD courses aim to extend your skills in assessing and/or managing mental illnesses in the context of general practice and expand your knowledge of the areas addressed in MHST.

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

### Finding and selecting MH CPD courses

You can find instructions on how to search for accredited MH CPD courses on the GPMHSC website <https://gpmhsc.org.au/info/detail/d26432e6-31f5-4785-8ce9-d5b6a03a1f0f/accessing-gpmhsc-accredited-training>

Strongly recommended MH CPD courses

The GPMHSC strongly recommends that you complete MH CPD that addresses:

- trauma-informed care and practice
- suicide prevention – undertaking risk assessments, recognising and responding to those at risk of suicide
- child and adolescent mental health
- domestic family violence
- intimate partner abuse and violence
- substance-use disorders
- other areas that are relevant to the community in which you practise.

Other useful MH CPD courses

The GPMHSC encourages you to consider completing MH CPD courses that cover:

- affective disorders
- anxiety disorders
- bodily distress disorders

- eating disorders
- mental health first aid training
- interpersonal skills training – relationships, rapport, communication skills, interview skills.

## FPS CPD

FPS CPD expands on the skills and knowledge acquired in FPS ST.

### Finding and selecting FPS CPD courses

You can find instructions on how to search for accredited FPS CPD courses on the GPMHSC website <https://gpmhsc.org.au/info/detail/d26432e6-31f5-4785-8ce9-d5b6a03a1f0f/accessing-gpmhsc-accredited-training>

When selecting FPS CPD courses, please consider provision of FPS to specific populations, including:

- Aboriginal and Torres Strait Islander peoples
- those experiencing domestic family violence
- those experiencing intimate partner abuse and violence
- those living with addictions (such as alcohol and other drugs)
- people from culturally and linguistically diverse backgrounds
- children and adolescents.

### Self-recording FPS you have learnt

You can also self-record any learning you believe extends your skills in FPS and therefore qualifies as FPS CPD. This might include peer-group learning, or completion of a mental health course not accredited by GPMHSC.

As an RACGP member, use the instructions found here to self-report your CPD: <https://gpmhsc.org.au/InfoSection/Index/ba7429f8-b897-4430-8ffa-4d144f656edc>

If you are not an RACGP member, email the GPMHSC Secretariat at [gpmhsc@racgp.org.au](mailto:gpmhsc@racgp.org.au) with your certificate, and paragraph on how this activity has helped you provide FPS in the context of general practice.

#### Useful GPMHSC resources

Mental Health CPD. Available at: <https://gpmhsc.org.au/info/detail/83f7841c-a30e-44c3-8600-9cd9f0df74da/mental-health-cpd>

Focussed Psychological Strategies CPD. Available at: <https://gpmhsc.org.au/info-for-gps/fps-cpd>

## Maintaining your FPS registration

To maintain your registration as an FPS provider with Medicare, each triennium after the triennium in which you first registered. For example, if you were registered as an FPS provider in the 2023–25 triennium, you must complete a minimum of six hours of FPS CPD during the 2026–28 triennium to remain registered, and one in every subsequent triennium.

You must complete FPS CPD that:

- is accredited by the GPMHSC
- equates to at least six hours of FPS CPD
- includes a course that is interactive structured learning with predisposing and reinforcing components.

If you do not complete ongoing FPS CPD, you may lose your access to claim MBS items for providing FPS.

### Re-registering if your registration expires

If your FPS registration expired in the previous triennium, you can apply for re-registration without re-starting the whole process and will be required to complete two FPS CPD courses during the current triennium.

If your registration expired before the previous triennium, contact the GPMHSC Secretariat. The GPMHSC Secretariat will consider your circumstances and may consult with the GPMHSC Committee before deciding what you will have to do to regain your registration.

### Recommended types of CPD

If you are choosing CPD, you should consider CPD categories as defined by the Medical Board of Australia.

Table 4 shows how different modes of learning map to CPD categories as defined by the Medical Board of Australia's Registration Standards.

**Table 4. Recommended types of CPD**

<b>Modes of learning</b>	<b>Examples</b>	<b>Medical Board of Australia CPD categories</b>
Courses	Workshops, seminars, lectures and conferences	Educational activities
Online learning	e-learning and webinars	Educational activities
Peer group learning	Balint groups	Reviewing performance
Higher education/ professional certification	Graduate diploma or Master’s degree in psychology, psychiatry or another related field	Educational activities Reviewing performance
Audit	Systematic review of FPS skills in clinical practice	Measuring outcomes
Supervised clinical attachment	Working directly under a mental health practitioner, in a variety of settings, such as an inpatient psychiatric facility, community mental health service, or a drug and alcohol service	Reviewing performance
Research	Mental health research in the context of general practice (individual GP or group)	Educational activities Measuring outcomes

### Useful resource

Medical Board of Australia. Registration Standards. Available at: <https://www.medicalboard.gov.au/Registration-Standards.aspx>

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