APMHA HealthCare Limited
Service Delivery & Induction Manual

Primary Mental Health Services for Murray PHN

- Central intake, allocations & triage
- Psychological Therapy Services (PTS)
- Primary Mental Health Clinical Care Coordination (PMHCCC)

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Introduction to APMHA HealthCare Limited

APMHA HealthCare Ltd is a national not-for-profit company specialising in primary mental health care service delivery. It was established in 2015 as the then Victorian Primary Mental Health Alliance Pty Ltd, trading as the Australian Primary Mental Health Alliance, (APMHA). The Company was developed in direct response to reflect national mental health reform and the stepped mental health care service model. The CEO and General Managers spent 3 years refining the business model and now the transition to a Not For Profit entity which better reflects our benevolent nature and focus.

APMHA HealthCare is created based upon the strategic alliances and partnerships of our primary mental health clinicians and partner organisations across Australia. We offer employed, secondment and sub-contract arrangements for a clinical and non-clinical workforce that provides a national footprint of highly qualified mental health professionals across Australia. Our large network of clinicians works virtually as a collaborative team, bringing together clinicians to enhance program reach and depth to those clients who need support the most.

APMHA HealthCare's corporate office is in Flemington, Victoria and it supports local services in various locations across Australia, primarily Victoria and NSW.

Our funders and partners are Primary Health Networks, State and Federal Government, private companies and other Not For Profits. We currently hold service delivery contracts in Western Victoria, Rural North East Vic, Goulburn Valley, South Western Sydney and Central and Eastern Sydney regions.

Our executive team collectively have over 150 years of experience working across all areas of mental health and within various sectors such as public and community mental health, and also in the last 20 years, working in primary mental health alongside general practice.

We work closely with Alaya Partners Australia to deliver quality education and training and consultancy to the mental health, primary care and drug and alcohol sectors.

The APMHA HealthCare Ltd offers its subcontractors and employees a collaborative partnership, which assists clinicians to work outside of isolated practice and be involved in a robust and pioneering workforce which strives to improve the quality of life for consumers and carers living in the community.

APMHA HealthCare Ltd offers

- Workforce support in the delivery of funded primary mental health services
- Network access to highly qualified and skilled mental health professionals
- Access to strong clinical and organisational governance processes
- Access to communities of practice, supervision and mentorship
- Provision of locum services and workforce support
- Access to CPD - Education and training
- Opportunities to work within new and innovative programme areas and designs
- Access to newly funded programs as they become available.

Introduction to Murray PHN Catchment

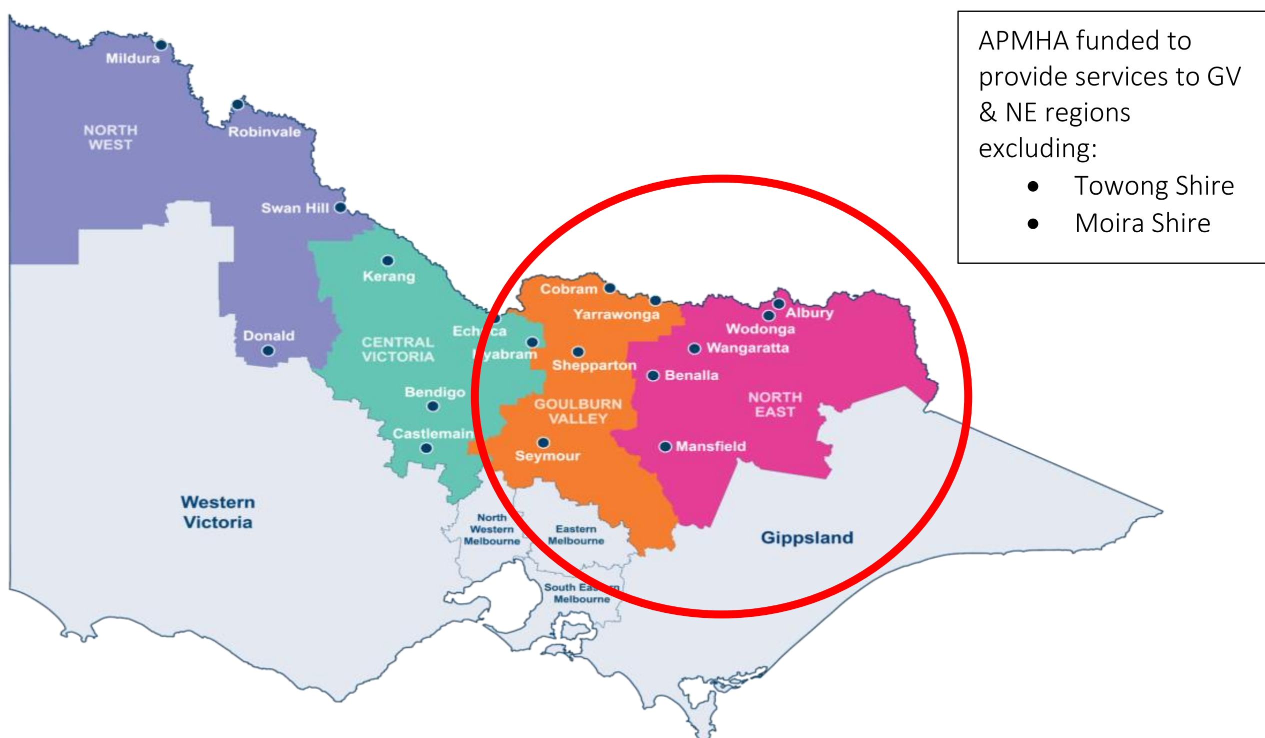
Murray PHN (Primary Health Network) has been in operation since 1 July 2015. It operates from Mildura in the North West, to Woodend in the south, across to Seymour and up to Albury - an area of almost 100,000 square kilometres that is home to more than 644,000 people.

As one of six PHNs in Victoria and 31 established across Australia by the Federal Government, Murray PHN's role is to:

- Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes
- Improve the coordination of care to ensure patients receive the right care in the right place at the right time.

To service the catchment and its diverse population, Murray PHN has regional offices in Bendigo, Shepparton, Mildura and Albury, where we use local knowledge and local professionals to help optimise our primary care systems. In each of our regions we have established both Clinical Advisory Councils and Community Advisory Councils to contribute to our strategic and operational planning.

Murray PHN Region:



APMHA funded to provide services to GV & NE regions excluding:

- Towong Shire
- Moira Shire

Stepped Care approach to Mental Health Services

MURRAY PHN is required to implement a stepped care approach to mental health to comprise a full continuum of services, from low intensity, early intervention 'stepping up' to intensive high levels of care, including coordinated care for people with severe and complex mental illness.

It is the expectation of the Federal Government that MURRAY PHN will commission the delivery of clinical services using fair and transparent competitive procurement processes.

Stepped care model in primary mental health care clinical service delivery

• A stepped care approach to mental health promotes person centred care which targets the needs of the individual. It recognises that the individual needs change and allows for flexibility for people to move across service levels to support their recovery.

• In a stepped care approach, a person presenting to the mental health system is matched to the intervention level that most suits their current need. An individual does not generally have to start at the lowest, least intensive level of intervention in order to progress to the next 'step'. Rather, they enter the system and have their service level aligned to their needs.

• It is recognised that underserviced groups also need access to other levels of service within a stepped care model, including low intensity services, youth friendly services and more intensive services targeted at people with severe mental illness.

• Not all clients would receive the same type and the same number of services. The type and number of services to be provided is expected to be determined by the health professional in consultation with the client and the client's GP and based on individual client needs, the severity of their illness and the evidence based treatment and meet the session allocation guidelines relating to the delivery of the programme.

Code of Conduct

APMHA HealthCare Ltd's Code of Conduct is a set of standards of behaviour expected from our workforce who are providing clinical services on behalf of APMHA HealthCare Ltd. It applies to contractors and employees of APMHA HealthCare Ltd.

The Australian Government has set **National Practice Standards for Mental Health Workforce** and mental health professionals have their own Codes of Ethics that establish specific behaviours that are relevant to that particular profession.

This Code of Conduct should be read in conjunction with the National workforce standards and any relevant professional codes of ethics.

Professional Codes set out a range of matters relating to the profession including dealing with breaches of that Code. A breach of such a Code may affect your capacity to continue to act as a representative of that profession and consequently may also affect your ability to provide services on behalf of APMHA HealthCare.

Code of Conduct

A contracted or employed clinical service provider of APMHA HealthCare Ltd, will:

1. Deliver all services in accordance with relevant national and jurisdictional legislation and standards including:
   - Australian Government programme and funding guidelines and relevant PHN program guidelines
   - Australian State and Territory Mental Health Acts
   - Privacy Act 1988
   - Human rights legislation including Disability Discrimination Act 1992 Age Discrimination Act 2004, Racial Discrimination Act 1975. Sex Discrimination Act 1984
   - National standards for mental health services 2010
   - A National framework for recovery-oriented mental health services
   - ISO 9001:2016 – quality management systems
2. Recognise that their primary responsibility is to help individuals understand recovery and achieve their own recovery needs, wants, and goals. They will be guided by the National Recovery Oriented Principles (see below) and conduct themselves in a manner that fosters recovery.
3. At all times, respect the rights, dignity, privacy and confidentiality of those they support and will let people know, when first discussing confidentiality:
   a. the degree to which information will be shared with others
   b. that probable or actual harm to self or others cannot be kept confidential

c. that APMHA HealthCare will be notified immediately about any person's possible harm to self or others or abuse from caregivers

d. that if family and carers are to be involved in their care, that they will be given sufficient information to support their caring role.

4. Never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to people they support. They will recognise they work with a vulnerable population and will protect the welfare of all individuals they support by ensuring that their conduct will not constitute physical or psychological abuse, neglect, or exploitation.
5. Never engage in any sexual activities with individuals they support, nor enter into a relationship or commitment which conflicts with the support needs of individuals they support.
6. Not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, or disability.
7. Not accept gifts of significant value from individuals they support. They will not loan, give, or receive money or payment for any services to, or from, individuals they support and nor will they encourage people they support to make gifts or loans to any other people or organisations.
8. Not discuss their employment situation in a negative manner with any individual the support.
9. Advocate for individuals so that they, or an authorised substitute decision-maker, may make decisions in all matters relating to their care.
10. Create opportunities for improvement in physical health, exercise, recreation, nutrition, expression of spirituality, creative outlets and stress management (see factsheet for strategies)
11. Work with people, families and carers to understand what might trigger periods of illness, and what helps to prevent or resolve these periods
12. Provide appropriate, culturally relevant mental health literacy resources and education and support materials to people, families and carers
13. Implement assessment and intervention strategies for health-compromising behaviours, particularly as they relate to mental health outcomes
14. Develop effective partnerships with key stakeholders to help people achieve and maintain the best possible mental health of the people they support.
15. Keep current with emerging knowledge relevant to recovery, and openly share this knowledge with co-workers and individuals they support. They will refrain from providing advice outside their scope of expertise.
16. Participate in recovery-oriented, and other forms of, supervision and abide by the standards for supervision established by APMHA HealthCare.
17. Only provide service and support for individuals on behalf of APMHA HealthCare within the hours, days and locations that are authorised by APMHA HealthCare.

Breach of this Code

A substantive breach of this Code may result in action being taken by APMHA HealthCare. Action may include temporary suspension of association and further discussion to resolve the issue; or in serious cases, termination of your involvement with APMHA HealthCare; and in the most serious cases where actions may be in breach of Victorian or Australian Government law, referral of the matter to appropriate authorities.

Recovery-oriented, client-centred approach

As stated in the above Code of Conduct, service delivery aligns with the six recovery oriented principles:

1. Uniqueness of the individual

Recovery oriented mental health practice:

- recognises that recovery is not necessarily about cure but is about having opportunities for choices and living a meaningful, satisfying and purposeful life, and being a valued member of the community
- accepts that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life
- empowers individuals so they recognise that they are at the centre of the care they receive.

2. Real choices

Recovery oriented mental health practice:

- supports and empowers individuals to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored
- supports individuals to build on their strengths and take as much responsibility for their lives as they can
- ensures that there is a balance between duty of care and support for individuals to take positive risks and make the most of new opportunities.

3. Attitudes and rights

Recovery oriented mental health practice:

- involves listening to, learning from and acting upon communications from the individual and their carers about what is important to the individual
- promotes and protects an individual's legal, citizenship and human rights
- supports individuals to maintain and develop social, recreational, occupational and vocational activities which are meaningful to them
- instils hope in an individual about their future and ability to live a meaningful life.

4. Dignity and respect

Recovery oriented mental health practice:

- involves being courteous, respectful and honest in all interactions
- involves sensitivity and respect for each individual, especially for their values, beliefs and culture

- challenges discrimination wherever it exists within our own services or the broader community.

5. Partnership and communication

Recovery oriented mental health practice:

- acknowledges that each individual is an expert on their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them
- values the importance of sharing relevant information and the need to communicate clearly
- involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.

6. Evaluating recovery

Recovery oriented mental health practice ensures and enables continuous evaluation at several levels:

- Individuals and their carers can track their own progress.
- Services demonstrate that they use the individual's experiences of care to inform quality improvement activities.
- The mental health system reports on key outcomes that indicate recovery, including housing, employment, education, social and family relationships, health and well being

National Mental Health Standards

As stated in the Code of Conduct, APMHA Healthcare and the contracted clinicians are to uphold the National Mental Health Standards for consumers in their approach to providing mental health programs:

Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery:

- Consumers have the right to be treated with respect and dignity at all times. This includes respect for their culture, age, gender, religious / spiritual beliefs, sexual orientation, disability, experiences, values and beliefs.
- Consumers have the right to receive service free from abuse, exploitation, discrimination, coercion, harassment and neglect.
- Consumers have the right to receive a written statement, together with a verbal explanation, of their rights and responsibilities in a way that is understandable to them as soon as possible after entering the program or service.
- Informed consent is actively sought from consumers prior to any service or intervention provided or any changes in care delivery are planned, where it is established that the consumer has capacity to give informed consent.
- Consumers are continually educated about their rights and responsibilities.
- A mental health professional responsible for coordinating clinical care is identified and made known to consumers.
- Consumers are partners in managing all aspects of their treatment, care and recovery planning.

- Consumers are provided with current and accurate information on the care being delivered.
- Consumers have the right to choose from the available range of treatment and support programs appropriate to their needs.
- The right of consumers to involve or not to involve carers and others is recognised and respected.
- Consumers have an individual exit plan with information on how to re-enter the service if needed.
- Consumers are actively involved in follow-up arrangements to maintain continuity of care.
- The right of consumers to have access to their own health records is recognised in accordance with relevant Commonwealth and state / territory legislation / guidelines.

Information about consumers is protected and only accessed by authorised persons.

Working with families and carers

Recovery-oriented practice and service delivery recognises the unique role of personal and family relationships in promoting wellbeing, providing care, and fostering recovery across the life span, and recognises the needs of families and carers.

APMHA HealthCare and the contracted clinicians are to uphold the National Mental Health Standards for families and carers in their approach to providing mental health programs, as stated in the APMHA HealthCare's Client Charter:

With consent from the consumer, families and carers have a right to:

- Be recognised, respected and supported as partners in providing care to the consumer
- Be involved in providing essential information to the clinician in the assessment phase, and in the ongoing treatment and care of the consumer
- Receive timely and easily understood information about the mental illness, its likely causes, treatment options and outcomes
- Have rights explained and a copy provided
- Be provided with support in their caring role

A practical guide for working with carers of people with a mental illness recommends that clinicians:

- recognise who carers are and acknowledge the importance of their role
- always welcome carers and inquire about their reason for visiting or contacting the service
- request information from carers to assist with the care and support of the consumer
- provide information about our service, including its purpose and how it can be contacted
- provide information about carer rights and responsibilities
- ask if carers have any questions and do our best to answer them
- explain what can, and cannot, be discussed
- refer carers to separate carer information and support services
- ensure carers are fully engaged in all stages of care

Support services for carers

[Carers Australia](#) 1800 242 636

Carers Australia is the national peak body representing Australia's carers for all health conditions. It advocates on behalf of carers to influence policies and services at a national level. Services are provided by a network of State and Territory Carers Associations, including counselling, advice, and information.

Carers online support

An online eight-session course from Carers Australia, providing mental health foundations for carers new to their role.

Mental Illness Fellowship of Australia (MIFA) Carers Forum

The Carers Forum is a safe, anonymous community for the friends, family and carers of people living with mental illness, moderated 24/7 by mental health professionals.

Dependent children

Many people with a mental illness will be caring for dependent children. Parents with a mental illness face the same challenges that all parents face, but will be simultaneously managing the symptoms of their illness. Almost all parents with a mental illness are able to care for their children, but some, at different times, need support from family, friends and health professionals. *The Principles and actions for services and people working with children of parents with a mental illness* provides clinicians with good practice strategies.

Program levels of care for clients funded through Murray PHN

Psychological Therapy Services (PTS) Program

Low need Mild presentations - (high prevalent disorders): requiring brief psychological interventions up to 4 sessions. These can be provided face to face, phone or Skype, delivered by psychologists, social workers and occupational therapists.

Moderate need Moderate presentations - (high prevalent disorders) requiring medium term psychological interventions up to 8 sessions. These can be provided face to face, phone or Skype.

Primary Mental Health Clinical Care Coordination Program

Moderate need Moderate episodic disorders - (low prevalent disorders) requiring assertive support; 15 sessions with a team approach. Delivered by credentialed mental health nurses and care coordinators.

Complex need Enduring and severe - (low prevalent disorders) requiring longer term assertive support of up to 30 sessions with a team approach over a year. Delivered by credentialed mental health nurses and care coordinators.

Referral pathway process map

GV & NE - GP
STEPPED REFERRAL PROCESS

General Practitioner

1. GP conducts assessment and completes GP MHTP & K10+ Including patient consent

2. GP to phone whilst client in consultation APMHA central intake & triage
1300 514 811

3. FAX/Email GPMHTP with referral ID
FAX TO: 03 93760317
Email via Medical objects:
Primary Mental Health Alliance AUSTRALIAN (PA3031000S0)
Email via Argus:
Australian Primary Mental Health Alliance

Intake & Clinical staging

Central Intake quick consult with GP:
* eligibillity (low income / disadvantaged)
* urgency * complexity
* intensity / prevalence
* patient ability / willingness to engage
* engagement type (phone / skype / face 2 face)
= clinical staging level

MILD - EARLY SYMPTOMS
ALTERNATE PROVIDERS / WEB BASED / PHONE / SKYPE

Stage 1
Mild

Stage 2
Moderate

Step up / step down of care as needed

Stage 3
Moderate episodic

Stage 4
Complex / Severe

ACUTE / COMPLEX
TERTIARY SERVICES

ConnectMe smart phone app linked to client

PTS program
High prevalent

PMHCCC program
Low prevalent

Region allocation

Allocation to local PTS provider or telephone / skype provider for psychological interventions

Allocation to local PMHCCC Team for care coordination and intensive support

Reporting

REPORTING BACK TO GP:
Intake report to referrer
Initial session report
Progress / final session report

REPORTING BACK TO GP:
Triage report to referrer
Initial session report with recovery plan
Quarterly reports
6 month GPMHTP review / update

Intake and clinical staging:

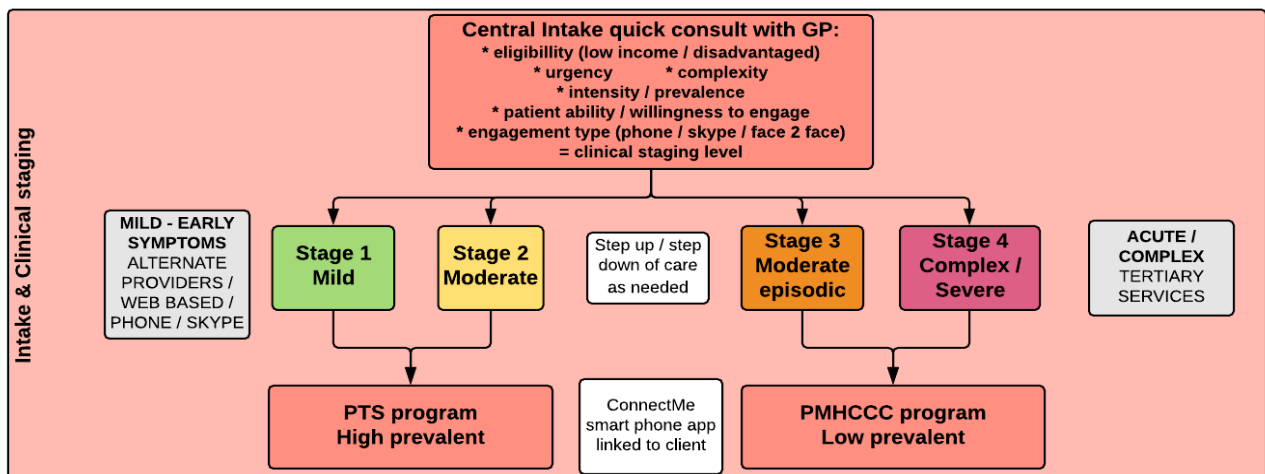
Clinical staging involves five steps:

1. The GP completes an up to date GP mental health treatment plan
2. The GP phones the Central Intake line on **1300 514 811** whilst the client is still in the consultation. Intake will confirm eligibility.

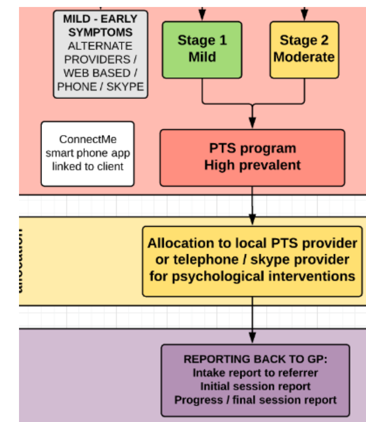
   Eligible clients: intake will gather some brief information to ascertain which step the patient is best suited, any anticipated waiting time and provide recommendations / treatment options available for the client. Basic demographic information is loaded as a new client into Fixus and a client ID is populated.

   The client referral ID number will be given to the referrer, which will need to be noted on the GP mental health treatment plan. We will provide both you and the patient with relevant information to ensure their referral is streamlined, supported and seamless. For the treating GP, you will have confidence that the patient is connected to the right service, and advice will be provided for ongoing support and any follow up you will need to implement as a result. This is where we establish our team approach with the GP.

   Non-eligible clients, intake will provide the GP or referrer with referral options that are best suited for the patient's presentation.
3. GP to fax the GP MHTP to the APMHA HealthCare Central Intake line on 03 9376 0317
4. Intake line completes the upload of client information on Fixus
5. Intake finalises client allocation to the identified program and clinician / team



Psychological Therapy Services programme – high prevalent



Psychological Therapy Services (PTS) are provided as part of the MURRAY PHN mental health flexible funding pool. This initiative is funded by the Commonwealth of Australia, Department of Health (DoH), to support GPs in improving the quality of health care provided to individuals with a mental health disorder.

PTS client eligibility

To be eligible for PTS, an individual must live, work or go to school in the MurrayPHN region and be diagnosed as having a mental illness by a General Practitioner (GP) or an equivalent medical practitioner and have a current and valid Mental Health Treatment Plan (MHTP) prepared by the GP. The GP continues to play a central role in the provision and coordination of care within a primary care setting to PTS clients. PTS are particularly suitable for providing short term psychological services to underserviced or hard to reach groups presenting with:

1. **Low need Mild presentations** - (high prevalent disorders): requiring brief psychological interventions up to 4 sessions. These can be provided face to face, phone or Skype, delivered by psychologists, social workers and occupational therapists.

2. **Moderate need Moderate presentations** - (high prevalent disorders) requiring medium term psychological interventions up to 8 sessions. These can be provided face to face, phone or Skype.

   In some cases, people with severe mental illness (who are receiving services through PMH CCC team) may benefit from short term, focused psychological intervention as part of their overall care.

Note: PTS is for clients experiencing mild to moderate mental illness who are not clinically suited to lower intensity levels of intervention, including self-help, digital mental health services and low intensity mental health services and who are underserviced through other arrangements, particularly the Medicare Benefits Schedule (MBS).

Client cohorts:

The client groups considered as underserviced or hard to reach are:

- Aboriginal and Torres Strait Islander people
- Children and young people

- Women experiencing perinatal depression
- People from culturally and linguistically diverse (CALD) backgrounds
- People living in rural and remote communities
- Other underserviced groups including:
  - adults who are unable to access the MBS due to financial or other constraints
  - adults who are, or at risk of becoming homeless

Recent update: Clients who have received Better Access – Medicare sessions, and who fit the eligibility criteria are able to receive services from both funding streams once one has been totally utilised. This is a recent change to Better Access.

PTS Exclusions:

The PTS Program is not a:

- crisis service
- drug and alcohol service
- sexual assault service
- domestic violence service
- couples or family counselling service
- homelessness support service

Dementia, delirium, tobacco use disorder and intellectual disability are not regarded as mental disorders for the purposes of this program scope.

Models of Service Delivery

The models of service delivery APMHA HealthCare and our Mental Health Providers (MHPs) are expected to implement under PTS are:

- Provision of individual psychological services to the identified target groups;
- Provision of group-based psychological services;
- Provision of support and advice regarding assessment, diagnosis and management of clients to all GPs and other relevant practitioners within the MURRAY PHN region (via email, fax and/or telephone);
- Provision of support for carers, especially where services are provided to children and young people;
- Facilitation of referrals to other services/providers where indicated.

The MHP must:

(i) provide each client with a copy of the APMHA HealthCare client consent and client charter at first appointment and upload this completed document into fixus.

(ii) administer the required clinical and client rated outcome tool (K10+, K5 or SDQ) at required intervals for each client referral. These are to be uploaded into Fixus;

(iii) implement a client experience of service measure as determined by APMHA HealthCare;

(iv) provide timely and comprehensive written feedback to the General Practitioner within 5 working days and uploaded into Fixus, for each client referred after;

- Initial consultation,
- the completion of an allocated block of sessions
- at the point of discharge.

Interventional approaches in scope for PTS:

Treatments are limited to evidence based Focused Psychological Strategies (FPS) indicated by the Department of Health, under the "Better Outcomes in Mental Health Care Initiative". These are:

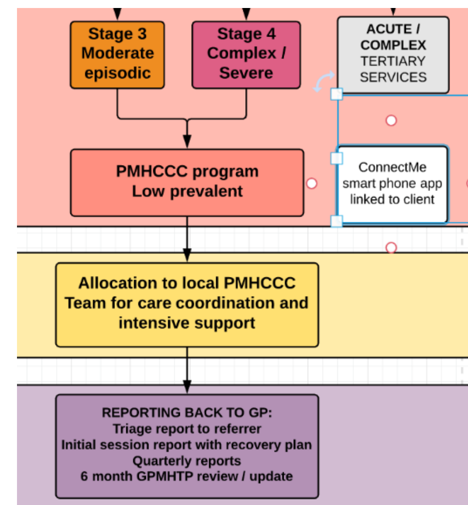
- Cognitive behaviour therapy (CBT)
- Interpersonal psychotherapy (IPT)
- Narrative therapy
- Family therapy and family-based interventions
- Mindfulness-based cognitive therapy (MBCT)
- Acceptance and commitment therapy (ACT)
- Solution-focused brief therapy (SFBT)
- Dialectical behaviour therapy (DBT)
- Schema-focused therapy
- Psychodynamic psychotherapy
- Emotion-focused therapy
- Hypnotherapy
- Self help
- Psychoeducation

Eligibility criteria for MHPs to deliver PTS

To ensure a high-quality standard of service delivery APMHA HealthCare must engage appropriately trained and qualified mental health professionals such as psychologists (registered and clinical), mental health nurses, mental health occupational therapists, mental health social workers and Aboriginal and Torres Strait Islander mental health workers who are to deliver the PTS Services ('Mental Health Professionals'). Mental Health Professionals (MHPs) delivering PTS are required to:

- be credentialed and hold qualifications in the field of mental health.
- be adequately experienced in the field of mental health, and trained in delivering psychological therapies; currently, or recently engaged in clinical practice in that field
- be appropriately trained and experienced to deliver services to the identified target group(s). Training and/or experience must include:
  - (i) Cultural Competency when working with Aboriginal and Torres Strait Islander peoples. Recognised training programs include those endorsed by the Australian Indigenous Psychologists Association (AIPA).
  - (ii) Cultural Awareness, bilingual and/or experience working with interpreters when working with people from Culturally and Linguistically Diverse Backgrounds.
  - (iii) Post graduate experience working with children and training in Children's Mental Health Service Professional Development Training: Fundamentals and Enhanced with the APS when working with children and families.
  - (iv) Training and experience with Attachment Theory when working with Perinatal women, Perinatal Depression for ATAPS clinicians provided by APS.
  - (v) Advanced Suicide Prevention training. Recognised training includes; APS, Black Dog Institute when working with people at risk and Suicide Prevention Training for ATAPS Clinicians provided by APS.
- The Mental Health Professional must provide proof of having undertaken a national criminal record check and working with children check.
- Provisional/intern psychologists, nurses, occupational therapists and social workers currently in the process of completing mental health postgraduate credentialing or accreditation programs, are permitted to work in this stream but must have a more experienced mental health credentialed/accredited clinician (i.e. minimum 2 years) co-managing their case load. Prior written authorization must be sought from APMHA prior to such clinicians being considered.

Primary Mental Health Clinical Care Coordination - low prevalent



Primary Mental Health Clinical Care Coordination (PMHCCC) is a team based approach and provided as part of the MURRAY PHN mental health flexible funding pool, replacing MHNIP. This initiative is funded by the Commonwealth of Australia, Department of Health (DoH), to support GPs in improving the quality of health care provided to individuals with severe, persistent, chronic mental health disorders – either episodic presentations (moderate) or complex presentation (severe).

PMH CCC client eligibility criteria:

To be eligible for PMHCCC, an individual must live, work or go to school in the MURRAY PHN region and be diagnosed as having a mental illness by a General Practitioner (GP) or psychiatrist and have a current and valid Mental Health Treatment Plan (MHTP) prepared by the GP. The GP continues to play a central role in the provision and coordination of care within a primary care setting to PMHCCC clients. PMHCCC are particularly suitable for providing longer term and intensive wrap around – recovery orientated care.

1. **Moderate need Moderate episodic disorders -** (low prevalent disorders) requiring assertive support; 15 sessions with a team approach. Delivered by credentialed mental health nurses and care coordinators.
2. **Complex need Enduring and severe -** (low prevalent disorders) requiring longer term assertive support of up to 30 sessions with a team approach over a year. Delivered by credentialed mental health nurses and care coordinators.

In some cases, people with severe mental illness (who are receiving services through PMH CCC team) may benefit from short term, focused psychological intervention as part of their overall care and can therefore be referred to the PTS program.

Note: PMHCCC is for clients experiencing moderate – severe, chronic and complex mental illness who are not clinically suited to lower intensity levels of intervention, including self-help, digital mental health services and low intensity mental health services and who are underserviced through other arrangements, particularly the Medicare Benefits Schedule (MBS).

Client cohorts:

The client groups considered as eligible for PMHCCC are:

(a) are diagnosed with a mental disorder according to the criteria defined in the: World Health Organisation Diagnostic and Management Guidelines for Mental Health Disorders in Primary

Care: ICD 10, Chapter V Primary Care Version; or Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM-5);

OR

(b) exhibit significant symptomatology over an extended period which appears to be enduring and complex in nature;

(c) their disorder is significantly impacting their social, personal and work life;

(d) they have been admitted to hospital at least once for treatment of their mental disorder or they are at risk of being hospitalised if appropriate treatment and care is not provided;

(e) ongoing treatment and management of their mental disorder is expected over the next one - two years;

(f) a GP or psychiatrist is assigned to the Client for clinical mental health care; and

(g) consent is provided by the Client to receive treatment from a MHN.

A treatment episode will be deemed closed by one of the following:

- the mental disorder no longer causes significant disablement to the Client's social, personal and occupational functioning;
- the GP or psychiatrist treating the client is no longer responsible for the Client's clinical mental health;
- the clinical services of a MHN are no longer required;
- the Client withdrew from the Service due to moving out of the PHN Region;
- the Client decides to cancel treatment; or
- the Client withdraws/leaves the Service without notice

PMHCCC Exclusions:

The PHMCCC Program is not a:

- crisis service
- drug and alcohol service
- sexual assault service
- domestic violence service
- couples or family counselling service
- homelessness support service
- clozapine service

Clients who are being actively case managed and supported by clinical mental health service are not eligible to receive services under this program, unless this involves a transition of care arrangement.

Dementia, delirium, tobacco use disorder and intellectual disability are not regarded as mental disorders for the purposes of this program scope.

Models of Service Delivery for PMHCCC

The models of service delivery APMHA HealthCare and our Mental Health Providers (MHPs) are expected to implement under PMHCCC team are;
Services will include, but are not limited to the following:

(h) establishing a therapeutic relationship with the Client;

(i) liaising closely with family and carers as appropriate;

(j) regularly reviewing the Client's mental state;

(k) administering, monitoring and ensuring compliance by Clients with their medication;

(l) provision of therapeutic interventions such as motivational interviewing, cognitive behavior therapy, mindfulness, recovery oriented practice and strengths based therapy; and

(m) providing information on physical health care to Clients.

Coordination of clinical services for Clients will include, but are not limited to the following:

(n) maintaining links and undertaking case conferencing with psychiatrists and Allied Mental Health Professionals such as psychologists, social workers and occupational therapists (health professionals may be eligible to claim case conferencing items under MBS);

(o) coordinating services for the Client in relation to GPs, psychiatrists and Allied Health Professionals;

(p) arrange access to interventions from other health professionals are required;

(q) contribute to the planning and care management of the Client;

(r) liaise with mental health supports including establishing links with the Mental Health Personal Helpers and Mentors (PHaMs) Program or NDIS as appropriate, and where available, and;

(s) liaise with support facilitators through establishing links with organisations that provide mental health support services such as Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR), NDIS providers, NGOs and other relevant government agencies.

The Service Provider must provide feedback regarding Client progress to the referring GP, Psychiatrist or Allied Health Professional:

(t) after the first appointment with the Client;

(u) three (3) monthly intervals post the first appointment;

(v) in the event of a significant change in the Client's condition; and

(w) on exit from an Episode of Care.

Comprehensive records of the services provided for each Client must be kept by the MHPs using APMHA HealthCare's Fixus CMS.

Other interventional approaches in scope for PMHCCC:

PMHCCC who are trained in psychological intervention approaches are permitted to included treatments which are evidence based Focused Psychological Strategies (FPS) as indicated by the Department of Health, under the "Better Outcomes in Mental Health Care Initiative". These are:

- Cognitive behaviour therapy (CBT)
- Interpersonal psychotherapy (IPT)
- Narrative therapy
- Family therapy and family-based interventions
- Mindfulness-based cognitive therapy (MBCT)
- Acceptance and commitment therapy (ACT)
- Solution-focused brief therapy (SFBT)
- Dialectical behaviour therapy (DBT)
- Schema-focused therapy
- Psychodynamic psychotherapy
- Emotion-focused therapy
- Hypnotherapy
- Self help
- Psychoeducation

Where possible, psychological interventions should be referred to a local PTS provider to be delivered as part of a team approach.

Eligibility criteria for MHPs to deliver PMHCCC

To ensure a high-quality standard of service delivery APMHA must engage appropriately trained and qualified mental health professionals who have extensive experience and training in working with clients experiencing severe, enduring and chronic mental illness. The program clinician of preference is a credential mental health nurse as the team lead, however in areas of workforce shortage, a psychologist (registered and clinical), mental health occupational therapist, mental health social worker may be able to deliver the PMHCCC Service.

Provisional/intern psychologists, nurses, occupational therapists and social workers currently in the process of completing mental health postgraduate credentialing or accreditation programs, may be permitted to work in this stream but must have a more experienced mental health credentialed/accredited clinician (i.e. minimum 2 years) co-managing their case load. Prior written authorization must be sought from APMHA prior to such clinicians being considered.

For the Care Coordination role, providers will need (as a minimum) Cert IV / Diploma in Mental Health / AOD or is a Aboriginal and Torres Strait Islander mental health worker.

Health Professionals (MHPs) delivering PMHCCC are required to:

- be credentialed and hold tertiary qualifications in the field of mental health (for PMHCCC lead)
- be credentialed and hold TAFE qualifications (Cert IV or Dip) in the field of mental health (PMHCCC Care Coordinator / Support Liaison Worker)
- recency of experience (within the last three (3) years) in mental health services / programs involving clients with severe and enduring mental illness;

  - be adequately experienced in the field of low prevalent mental health conditions, and trained in delivering care coordination, recovery orientated practice and trauma informed care
- MHPs working in this program must provide proof of having undertaken a national criminal record check and working with children check.

Clinical Governance and Service Quality

APMHA HealthCare maintains robust clinical governance and quality assurance processes to ensure delivery of high quality clinical services. These processes include:

- Availability of clinical governance framework, policy and procedures for staff and contractor reference and guidance (Available on the website: apmhahealthcare.com.au
- maintaining a database of PTS and PMHCCC MHPs, their qualifications, specialties, training, availability, service location/s, professional body registration, current insurances, criminal and working with children clearances;
- ensuring appropriate clinical supervision arrangements are in place;
- ensuring clinical oversight of client care arrangements, timely service delivery and follow up;
- ensuring treatment and recovery plans are in place, prepared in consultation with the client and any family, carers or significant others as requested by the client, identifying goals for treatment and recovery;
- ensuring transition pathways are in place that allow clients to seamlessly move to an appropriate alternate service, or up and down "steps" should their circumstance / need change;
- ensure consistency with standards articulated in the new National Standards for Mental Health Services 2017 and all other relevant standards and legislative/regulatory requirements;
- promotion of recovery from mental illness, in line with the National Standards for Mental Health Services 2017, the National Practice Standards for the Mental Health Workforce 2013 and the National Framework for Recovery Oriented Mental Health Services 2013 all found on APMHA HealthCare's website.
- ensure compliance with consent, confidentiality, privacy, medical records maintenance and secure transfer of client information.
- ensure client feedback is collected from PTS and PMHCCC MHPs

Service Requirements

The service requirements of each party are as follows:

- **Promotion and branding;**

  (i) Murray PHN and APMHA HealthCare will coordinate the promotion of PTS, PMHCCC and

referral pathways

(ii) Any promotional material must be developed in line with APMHA HealthCare and Murray PHN guidelines and approved by prior to release.

- **Client Information Management System - Fixus;**

  (iii) APMHA HealthCare MHPs must agree to use the client management system known as Fixus and agree to attend training in the use of this system.

  (iv) Fixus is used to support central intake and allocation, record keeping, session data entry and financial management of PTS / PMHCCC. Fixus also supports Minimum Data Set (MDS) reporting to the PHN and the Department of Health and its use is a mandatory requirement for MHPs delivering PTS / PMCCC.

  (v) Access to, and training in the Fixus system will be provided to APMHA HealthCare MHPs by the MurrayPHN and APMHA HealthCare staff, and is accompanied by a user guide which is located on both APMHA HealthCare website.

Referral Process

- APMHA HealthCare allocates referral to the most available, accessible and appropriate clinician. Whilst preferred provider requests are taken into consideration, alternate arrangements will be facilitated in the event where clinical specialties, wait lists, client preference and accessibility will override said requests.
- PTS referrals (including children);
  - APMHA HealthCare is required to allocate referrals to the most appropriate MHP that best matches the needs of the client, within 3 working days of it being received at central intake.
  - MHP must accept/decline the referral within 2 working days of receiving notification through Fixus.
  - MHP must ensure that the scheduling of first appointment with the client is actioned within 5 working days of being allocated. If not, APMHA HealthCare will allocate the client to an alternate MHP.
  - The first session is to be conducted within 4 weeks from the date of being allocated to the provider.
- PMHCCC referrals;
  - The Team must accept/decline the referral within 2 working days of receiving notification through Fixus.
  - The team must ensure that the scheduling of first appointment with the client is actioned within 5 working days of being allocated.

- The first session with the client is to be conducted within 14 days of accepting the referral.
- Each client will be able allocated a pre-determined 'episode of care session allocation' dependent on clinical presentation and care needs. This allocation will be confirmed at first assessment by the PMHCCC team. Session allocation options are:
  - 5 intensive sessions with the CMHN and 10 care coordination sessions with the Care Coordinator.
  - 10 intensive sessions with the CMHN and 20 care coordination sessions with the Care Coordinator.
  - This may be 'stepped up / down' as determined by client need.
  - Clients can be re-referred as required over the course of the program.
- Clients are to be supported towards a trajectory of what they identify as their own recovery. A recover plan will be developed, and this plan will include linkage and connection to longer term supports where required.
- APMHA endorses the Recovery Star Model
- The PMHCCC team will provide up to 12 months support for each client referred into the team.

General information about consultation sessions

Sessions allocated will ensure a level of service commensurate with the clinical needs of the client as determined by the APMHA intake and triage team.

- **Individual sessions - PTS**
  - i. APMHA HealthCare will recommend the number of individual sessions required through a clinical staging model ranging from 4-12.
  - ii. Sessions delivered through a provisional referral are included in the total number of sessions allocated by the APMHA HealthCare triage team.
  - iii. Each session shall be provided on the basis of at least 50 minutes session
- **Individual sessions - PMHCCC**
  - iv. APMHA HealthCare will recommend the episode of care level commensurate to client need and current presentation
  - v. An episode will be comprised of a mixed combination of session consisting of: 5 for CMHN and 10 for Care Coordinator
  - vi. Sessions delivered through a provisional referral are included in the total number of sessions allocated by the APMHA triage team.
  - vii. Each session shall be provided on the basis of at least 50 minutes session

- MHPs must ensure that each service provided under PTS includes psychological treatment, recording of required data in the MDS and preparation of feedback to GP;
- MHPs must record all relevant information, outcome scores and MDS data for individual and group sessions; and upload all correspondence including GP reports and letters in the Fixus within 5 working days of delivering the session with a client;
- A 'no show' is defined as a client not showing up for an appointment on the day it was booked. This does not include calling to reschedule on the same day;
- MHPs must ensure that each Session is conducted on a separate date;
- For provisional referrals, APMHA HealthCare is to ensure that the MHP has facilitated a Mental Health Treatment Plan from the GP before the third (or in the case of children fourth) session is conducted.
- Sessions cannot continue until the Mental Health Treatment Plans are loaded into Fixus OR sent by the GP to APMHA HealthCare Central Intake and Triage team and approved.
- The MHP must:
  - (v) provide each client with a copy of the APMHA HealthCare client consent and client charter at first appointment
  - (vi) administer the required clinical and client rated outcome tool (K10+, K5 or SDQ) at required intervals for each client referral. These are to be uploaded into Fixus;
  - (vii) provide each client with reply paid or online feedback options created by APMHA HealthCare.
  - (viii) provide timely and comprehensive written feedback to the General Practitioner within 5 working days and uploaded into Fixus, for each client referred after;
    - Initial consultation
    - the completion of an allocated block of sessions
    - if there is a significant change in the referred clients circumstances or presentation
    - at the point of discharge.

  - Services must be delivered within the MurrayPHN catchment area and from locations that are easily accessible to clients, including those with a disability. APMHA HealthCare and the MHPs warrants that the location complies with all relevant OH&S policies and appropriate insurance coverage is in place.
  - MHPs must ensure that no co-payment, gap fee or cancellation fee is to be charged to the client.
  - Cancellations/Did Not Attends: A client cancellation within 24 hours of appointment

time or failure to attend a scheduled appointment may be categorised as a service contact for funding purposes, providing efforts have been made by staff to identify and remove any access barriers contributing to non- attendance.

- APMHA HealthCare and the MHPs will maintain adequate and legible records of all services provided as part of the PTS / PMHCCC Services. Such records by law must be kept for 7 years following completion of treatment or in the case of minors until they reach age 25.
- Participate in review and evaluation of PTS / PMHCCC as directed by MurrayPHN.

Psychological Outcome Measures

MHP are to use the following outcome measures:

- Kessler Psychological Distress Scale K10+
- Kessler Psychological Distress Scale K5 (for ATSI clients)
- Modified Scale for Suicide Ideation MSSI
- Strengths and Difficulties Questionnaire – Parent of 4 -10 year old SDQPC
- Strengths and Difficulties Questionnaire – Parent of 11 – 17 year old SDQPY
- Strengths and Difficulties Questionnaire – Self-completion by 11 - 17 SDQYR

Note: other outcome tools such as Edinburgh Post-natal Depression Scale (EPNDS) may be used in addition to the above list. However, the above are mandated tools for this program.

Minimum Data Set (MDS)

The MDS was developed to gather common, basic information and therefore acts as an important evaluation tool. The MDS will be entered on APMHA HealthCare's FIXUS database. The de-identified information will be transferred to Murray PHN Fixus system.

The MDS is designed to capture de-identified, consumer-level information. The MDS is invaluable in collecting information that provides a picture of the level of uptake of the projects (by GPs and other referrers, Allied Health Professionals and consumers), a description of the socio-demographic and clinical characteristics of consumers, and an overview of the services they are receiving.

The MDS collected may include:

- Date of Birth
- Gender
- Language
- Diagnosis
- Type of Focussed Psychological Strategies being provided
- Psychotropic Medication
- Client's name

Information required to satisfy the MDS may vary depending on the contractual obligations set out and will be determined by MURRAY PHN. If the MHP agrees to provide services under said contract, they agree to provide the necessary data attributed to the contract.

Clinical Monitoring and Audit

Regular auditing will be randomly conducted to ensure compliance with administrative and communication processes for the programme. An auditor appointed by APMHA HealthCare will conduct the audit.

MHPs undergoing an audit will be advised 2 weeks prior to the agreed date and informed which client records will be audited.

A review of an agreed number of clinical records and client feedback forms will be conducted to assess in the following areas:

- client perceptions of the intervention, and satisfaction levels,
- the quality of information in case notes,
- the outcomes of care such as changes in psychological outcome assessments, observed changes in behaviour, physical changes, improved relationships, or other determinants of health (e.g. improved parent/ child attachment for CMHS providers),
- compliance with clinical/ programme guidelines for service provision,
- compliance with legal requirements,
- compliance with professional guidelines, and
- compliance with ethical guidelines of professional bodies.

To obtain this data, two or more methods will be used:

- an audit of a random sample of client records, sufficient to adequately review the clinical records of each discipline and individual professional. The number of client records audited should be no less than 10% of the overall clinician's programme caseload, and
- analysis of client feedback forms.

Findings will be documented using the APMHA HealthCare Clinical Record Report and Audit Summary Form.

- Audit findings will be reported in writing to all MHPs affected by the audit and a process of implementing necessary improvements engaged including but not limited to:
- team meetings
- training sessions, and
- peer supervision.

All services rendered must be within the guidelines and provision of service delivery outlined in the contract and the PHN programme guidelines.

APMHA HealthCare program management support

CONTRACT MANAGEMENT

Contract and HR management is provided by APMHA HealthCares's General Manager of Operations

COMMUNICATION

All MHPs will receive regular communication regarding program delivery changes, updates and resources. When required, MHP will be invited to participated in a webinar meeting to trouble shoot, discuss and update on program delivery.

QUALITY DOCUMENTS FOR CONTRACTORS AND EMPLOYEES

Relevant policies, procedures, frameworks and supporting documents have been developed to guide service delivery for contractors and staff. Please note all documents will be available on the APMHA website: www.apmhahealthcare.com.au

Quality documents list which is relevant for MHPs includes (but is not limited to):

Clinical Governance Framework
Clinical Governance Policy
Clinical Governance Procedure
Policy for clinical pathways for both PTS and PMHCCC Services.
Clinical Governance Standards Audit Tool
Clinical Audit Procedure
Clinical Governance Committee Terms of Reference.

Psychological Services - Program Allocation Procedure
Psychological Services Intake and Triage Procedure
Psychological Services Program - Allocations procedure when program is at capacity
Psychological Services - First Appointment Notification Form
Psychological Services - Initial, Progress and Final report template
GP mental health treatment plan and referral forms - MD / BP & Zed Med versions
Service Delivery Policy

Credentialing & re-credentialing policy
Group supervision agreement
Individual supervision agreement
Supervision Record
Provider credentialing audit form
Clinical Supervision Guidelines
Guidelines for reflective practice
Service Delivery and Induction Manual

Client Consent Form
Client Feedback Form

Client Charter
Open Disclosure Policy
Privacy Policy
Consumer Health Records Procedure

Feedback and compliments and complaints procedure
Compliments and complaints process map
Grievance, Discrimination and Bullying & Harassment Procedure

Clinical Incident Procedure
Incident Report Form
Hazard and Incident Notification Form
Home Visiting Policy

REFERENCE DOCUMENTS FOR CONTRACTORS AND EMPLOYEES (located on APMHA Healthcare's website)

National Mental Health Standards 2017

Recovery Star User Guide

Recovery Star Organisation Guide

Fixus user guide

ConnectMe User Guide

Murray PHN Primary Mental Health Program Guidelines

National Mental Health Commission's review of ***Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services***.

The Commonwealth Government response to ***Contributing Live, Thriving Communities - Review of Mental Health Programmes and Service***.

Charter of Human Rights and Responsibilities Act 2006.

Victorian Charter of Human Rights.

KEY CONTACTS

Australian Primary Mental Health Alliance key contacts:

Corporate office 7 Norwood Place, Flemington. Vic 3031 P.O. Box 391, Flemington. Vic. 3031 **Hours of operation** 9am – 5pm Mon – Friday Closed on National Public Holidays Closed 24th Dec – 1st Jan inclusive	Phone: 1300 514 811 Fax: 03 9376 0317
Website:	www.apmhahealthcare.com.au
General enquiries and support:	1300 514 811 admin@apmhahealthcare.com.au
Central intake, triage and allocations	1300 514 811 allocations@apmhahealthcare.com.au
Finance administration:	1300 514 811 finance@apmhahealthcare.com.au
Training & education enquiries	1300 514 811 education@apmhahealthcare.com.au
Renee Hayden Chief Executive Officer	1300 514 811 renee@apmhahealthcare.com.au
Donal McGoldrick Deputy CEO & General Manager Operations	1300 514 811 donal@apmhahealthcare.com.au
Jennifer Craggs General Manager Clinical	1300 514 811 jennifer@apmhahealthcare.com.au
Tung Le General Manager Service Delivery	1300 514 811 tung@apmhahealthcare.com.au