Mental Health Stepped Care Services
Operational Guidelines

» Section 5

Psychological Therapies – moderate stepped care
5. Psychological Therapies – moderate stepped care

5.1 Eligibility criteria – Psychological Therapies.

To be eligible for Psychological Therapies individuals need to meet all of the following criteria:

» have a non-acute moderate mental health condition. The short-term, goal-oriented focused psychological strategies that Psychological Therapies provides are of most therapeutic value to individuals with common disorders of mild to moderate severity.

» individuals with more severe illness whose conditions may benefit from short-term interventions may also be provided with Psychological Therapies services. People who generally require longer term treatments or support can be referred to other options, such as public mental health services, community-managed mental health services, or the support services available through the social and community services sector and the National Disability Insurance Scheme (NDIS).

» be unable to access services as a result of being financially disadvantaged, hold a current health care card or pension card, or be identified as a low-income earner identified by their referring health practitioner.

» have a mental health treatment plan (MHTP) or a Child Treatment Plan (CTP) or be accepted as a provisional referral until these can be arranged.

» reside in the NQPHN catchment area.

Suicide prevention services have different criteria. See Appendix C for details.

5.2 Priority groups – moderate (Psychological Therapies)

The service delivery model enables GPs, state health funded services, and primary health workers to refer eligible individuals to primary mental health professionals. The mental health services to be provided are restricted to focused psychological strategies, which are time-limited, evidence-based psychological treatments.

Moderate needs services are targeted to give priority to the following groups:

» people living in rural and remote communities (see Section 6 of these guidelines)

» children under the age of 12 years, who have or are at risk of developing a mild to moderate mental illness, childhood behavioural or emotional disorder. Children may be referred to Psychological Therapies by a GP, paediatrician, or psychiatrist. Children diagnosed with a mental disorder or assessed as being at risk of developing a mental disorder where this causes ‘significant dysfunction in everyday life’ are eligible for Psychological Therapies services.

» young people aged 12–25 years

» people experiencing, or at risk of, homelessness

» women experiencing perinatal depression and/or anxiety

» people at risk of suicide or self-harm. People who are referred under this priority area do not require a diagnosis of a mental disorder to be eligible for Psychological Therapies services

» people who identify as lesbian, gay, bisexual, transgender, intersex, and questioning

» people of Aboriginal and/or Torres Strait Islander descent

» people from Culturally and Linguistically Diverse (CALD) backgrounds

» other groups with specialised needs such as people with other disabilities.

5.2.1 People who are affected by extreme climatic events

Priority may also include people impacted by extreme climatic events such as floods, cyclones, and bushfires which may cause ongoing psychological symptoms resulting from trauma or loss that require provision of medium-term psychological treatment, as advised by NQPHN. Support from PHN-funded services will be provided consistent with local disaster plans and referral mechanisms.
5.3 Exclusion criteria – Psychological Therapies

Individuals not eligible for Psychological Therapies include individuals who:

- have acute mental health needs, or are under the care of public mental health (i.e. Acute Care or Continuing Care Team, Child Youth Mental Health Service)
- live in a government-funded aged care facility
- have dementia, delirium, tobacco use disorder, and/or mental disorder, except where the mental disorder co-exists with a mental health disorder
- have long term chronic, complex mental health issues, except where a GP or referrer has identified they can benefit from the short-term nature of Psychological Therapies
- are in a crisis requiring acute care
- are involved in workers compensation or motor vehicle compensation proceedings.

Using a ‘no wrong door’ approach, the service provider receiving the initial referral (in most cases the intake, assessment, triage, and referral [IATR] provider) must refer individuals in the above categories to more appropriate mental health services (e.g. Better Access, acute mental health services, etc.).

5.4 Relationship with Better Access

Psychological Therapies is delivered as a complementary program to Better Access and is not designed to offset or top up services delivered under Better Access.

While gap payments can be a barrier for accessing Better Access for some patients, PHN funding cannot be used to cover gap payments. Medicare and PHN funding must not be used for the payment of the same psychological therapy session.

Where a person has received the full allocation of sessions under the Better Access initiative and is considered to clinically benefit from some additional services, the person may be eligible for additional PHN-funded Psychological Therapies if they meet relevant eligibility criteria, which are listed in Section 5.2 of these guidelines.

An example where a person may meet eligibility requirements could include changed financial circumstances whereby they are no longer able to meet the co-payments associated with Better Access services.

For the purposes of NQPHN-funded Psychological Therapies the combination of sessions accessed in the calendar year by the client through Better Access plus their allocated sessions for Psychological Therapies should not exceed the Psychological Therapies sessions limits specified in these guidelines. For example, a client who is eligible for Psychological Therapies who has received 10 sessions under Better Access can only receive an additional 2 sessions, and a further 6 in exceptional circumstances if an appropriate referral is made for exceptional sessions by a GP.

From 1 November 2017, Better Access is available through telehealth to remote areas Modified Monash Model (MMM) 4–7 throughout the NQPHN region. These regions are available as a map on the following website: www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/MMM_locator
5.5 Response times and priorities

Once a client has been referred and accepted for services with a Psychological Therapies provider they should be provided with the number of sessions they clinically require, consistent with these operational guidelines, and consistent with short-term psychological interventions.

Within three working days following receipt of a referral, the Psychological Therapies service provider must contact a client and an initial appointment must be offered within two weeks.

For clients requiring services for suicide prevention and/or self-harm, contracted organisations must contact the client within 24 hours (business days) of the date of referral and offer an appointment within 72 hours.

If the service provider is unable to either contact or provide an appointment as per the above timeframes, they must then return the referral to the intake, assessment, and triage provider who will either (i) allocate the referral to another contracted organisation who has capacity to meet the required timeframes or (ii) if the client is unable to be contacted, the IATR organisation will notify the referring GP.

Clients need to access Psychological Therapies within one month of the referral and utilise all referred sessions (the initial six-session block), including group programs, within four months. Unless sessions are extended for a further six or twelve sessions, any sessions not utilised after four months will no longer be valid and services should not be provided to the client by the contracted organisation. Referrals will be closed by the Psychological Therapies service provider on the date, or close to the date, following four months from the date of referral. This clause does not apply to services that are place-based (remote).

Additionally, the intake assessment and triage service provider must liaise with NQPHN when they experience delays or waitlists for clients where the above timeframes are unable to be met.

5.6 Occasions of service – Psychological Therapies

The service must include the following components:

- provision of evidence-based, short-term psychological intervention to achieve positive outcomes for the client including:
  - psychoeducation
  - cognitive behavioural therapy (including behavioural and cognitive interventions)
  - relaxation strategies
  - skills training
  - interpersonal therapeutic strategies
  - narrative therapeutic strategies
  - interventions for children, as part of the above interventions
  - parent management training
  - family therapy

- timely access to services—the preferred maximum time between appointments is 2.5 weeks where possible and appropriate

- provision of flexible service approaches to engage and meet the needs of the client including format of delivery, which could include face-to-face, telephone, or internet-based

- provision of services that consider the cultural and social diversity of the clients to meet their needs

- provision of individual and/or group-based services to best meet the individual needs of the client to achieve positive outcomes

- facilitation of referral via the IATR provider to an alternative Psychological Therapies provider in the event of a request from a client for a change of therapist

- facilitation of referrals to other health services within the stepped care approach to ensure people are matched to services commensurate with their needs
facilitation of referral or access to an appropriate range of agencies, programs, and/or interventions to meet the client’s needs for leisure, relationships, recreation, education, training, work, accommodation, and employment in settings appropriate to the individual consumer. Depending on the person and their circumstances, this may be facilitated by the IATR provider at the point of initial referral, or the Psychological Therapies provider during the course of treatment.

Unused sessions from one calendar year may be rolled into the next calendar year, however unused sessions will be deducted from the allocation for the new year. For example, a client who has used four sessions in one year may use the remaining two sessions in the following year, but these will be counted towards the allocation of six sessions in the new calendar year.

**Individual sessions – requirements**

1–6
- Referral from a GP, psychiatrist, or paediatrician.
- A mental health treatment plan is completed.
- In some circumstances other clinicians may make a provisional referral. *In the case of provisional referral or referral the mental health treatment plan should be completed within two weeks of the commencement of treatment, or four weeks in a rural and remote area, or as soon as practical where access to GPs is not readily available, please advise NQPHN if this is occurring regularly.*
- Where there are difficulties in meeting the mental health treatment plan requirement for some groups of clients NQPHN will consider exemptions.

7–12
- On completion of the initial course of six sessions, the mental health professional is to provide a written report to the referring medical practitioner.
- The written report is to include information on assessments carried out, treatment provided, the individual’s outcomes, and recommendations on future management of the individual’s mental disorder.
- Following receipt of the report, the referring practitioner will consider the need for further treatment and if clinically required refer the individual to the IATR provider for allocation to an additional 7–12 sessions. This request may be arranged through telephone or email and does not require a face-to-face consultation. However, where referral for additional sessions is obtained by telephone, the IATR provider is to document the GP’s agreement to the continuation of treatment.
- Further allied mental health services may not be provided without referral or agreement by the GP for additional sessions.
- Unless the individual under treatment is being provided with a new referral for a new course of treatment for a different condition, this is considered to be a continuation of the original course of treatment and is not to be recorded as a new course of treatment or as a new individual.
- On completion of 12 sessions of treatment, the allied health professional must provide a written report to the referring medical practitioner. The written report is to include information on assessments carried out, treatment provided, the individual’s outcomes and recommendations on future management of the individual’s mental disorder.

13–18
- In exceptional circumstances, the individual may require an additional six sessions above those already provided (up to a maximum total of 18 individual sessions per client per calendar year).
- Exceptional circumstances are defined as a significant change in the client’s clinical condition or care circumstances which make it appropriate and necessary to increase the maximum number of services. It is up to the discretion of the referring practitioner, who should be guided by their professional ethics and/or code of conduct, to determine that the client meets these requirements. In these cases, a new referral should be provided and exceptional circumstances noted on that referral.
- Unless the individual under treatment is being provided with a new referral for a new course of treatment for a different condition, this is considered to be a continuation of the original course of treatment and is not to be recorded as a new course of treatment or as a new individual.
Group sessions – requirements

1–12 Up to 12 group therapy services within a calendar year involving 6–10 people. Group sessions do not count towards the 12 individual allied mental health services in a calendar year.

- Referral from a GP, psychiatrist, or paediatrician (and for perinatal depression services, obstetricians, and maternal and child health nurses can refer patients).
- In some circumstances other clinicians may make a provisional referral (refer to referral processes).
- The referring practitioner should ensure the client’s mental health treatment plan or referred psychiatrist assessment and management plan is completed.
- In the case of provisional referral or referral by a maternal and child health nurse the mental health treatment plan should be completed within two weeks of the commencement of treatment, or four weeks in a rural and remote area or as soon as practical where access to GPs is not readily available.
- Two facilitators are required to lead group sessions with each facilitator meeting the Psychological Therapies eligibility criteria to provide services.
- Providers may include clients who are serviced by other programs, such as Better Access, however payment will only be available to providers for Psychological Therapies clients.

5.7 Continuity of care and discharge planning

The Psychological Therapies service provider is required to ensure continuity of care for the client through appropriate referral, communication, and liaison with other services involved in the clients care plan to maximise outcomes for the client.

On completion of all referrer requested individual and/or group sessions, the Psychological Therapies providers are required to agree to a discharge plan with the client that includes self-care information for patients and carers, any advice on maintaining their health, and referral or advice on other health and community services where required and this may also include access to e-health service options.

A copy of the discharge plan and session outcome report must be provided to the client and clinical referrer on completion of the episode of care.

5.8 Workforce

The Psychological Therapies service provider will be responsible for maintaining a register of mental health providers delivering assessment and treatment services and ensuring that they have completed the required training and maintained other professional eligibility requirements (see Appendix A). This will be provided to the IATR to facilitate appropriate referrals.

Appendix A provides detail of the qualifications and standards required for mental health professionals to provide Psychological Therapies.

Should the capacity or availability of employees/contractors within the service provider change, it is the organisation’s responsibility to notify NQPHN and the IATR provider immediately. This includes holidays, extended sick leave, Christmas closure, etc.

Should an employee/contractor leave employment with the Psychological Therapies service provider, it is the responsibility of the organisation to transfer the client’s case to another employee/contractor. Additionally, NQPHN must be advised within five working days.

Should a new employee/contractor join the organisation, it is the responsibility of the service provider to advise NQPHN so the employee/contractor can be included in the service provider’s contract for services details. The employee/contractor cannot provide the service until the notification of inclusion is received by the service provider from NQPHN.
Service providers must demonstrate evidence that they have appropriately accredited mental health professionals working within their scope of practice—including psychologists, mental health nurses, occupational therapists, social workers, and Aboriginal and Torres Strait Islander health workers. Specialist skills, knowledge, and experience, and additional training in working with the nominated hard to reach groups is a prerequisite and must be demonstrated.

Examples of additional training could include:

» child (0–12 years)
  ◦ children’s mental health training
  ◦ post graduate tertiary qualification and/or advanced education in child health
  ◦ note: provisionally registered mental health providers are not eligible to provide services to children under 12 years old

» suicide prevention
  ◦ specialist suicide and self-harm training
    on-line training is available through the Australian Psychological Society Institute at www.psychology.org.au/Training-and-careers/APS-Institute
    These courses are available to a range of professions and the Foundations of Suicide Prevention course is recommended for Psychological Therapies providers who wish to develop skills in the suicide prevention area

» Aboriginal and Torres Strait Islander peoples
  ◦ cultural competence training for non-Indigenous mental health practitioners

» Culturally and Linguistically Diverse (CALD)
  ◦ cultural competence training for working with people from culturally and linguistically diverse backgrounds
  ◦ bilingual and/or evidence of skills and experience working with interpreters

» LGBTIQ
  ◦ evidence of inclusive practices and participation in increased awareness regarding LGBTIQ people and needs (i.e. attending training, networks, seminars, programs, etc.)

» homeless
  ◦ have evidence of skills and experience in providing a service in a non-traditional setting (i.e. ability to provide outreach services)

Service providers who sub-contract the services will need to ensure that the sub-contractor complies with the relevant sections of the NQPHN conditions of contract and contract for services.

5.8.1 Telephone and videoconferencing based Cognitive Behaviour Therapy (CBT).

» mental health professionals must have undertaken specific training in CBT and be competent in the delivery of these therapeutic techniques when treating people with mental health issues via video conferencing or telephone

» no additional funds will be provided to the service provider using videoconferencing or telephone CBT as a mode of service delivery

» videoconferencing is only to be used by the service provider where IT infrastructure is already in place

» signed consent must be obtained from clients for this mode of service delivery.
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