Psychological Therapies for Underserviced Groups (Psychological Therapies)

Operational Guidelines
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1. Introduction

On 26 November 2015, the Australian Government announced a “bold reform package” in response to the National Health Commission’s Review of Mental Health Programmes and Services. PHNs have been given a central role in implementing these reforms. There are six key priorities for mental health reform one of which is Psychological Therapies for underserviced groups (Psychological Therapies)

Establishing a Stepped Care approach to mental health has been identified as a fundamental objective for mental health service planning and commissioning to be undertaken by PHNs in Australia. PHNs have been tasked with ensuring services are available to provide a continuum of primary mental health care for consumers within a Stepped Care approach. It is anticipated that the Stepped Care approach will help facilitate improved access to treatment, ensure a range of services are available to meet the needs of individuals and population groups, and make the best use of available workforce and technology.

The Psychological Therapies is an Australian Government funded initiative for the provision of short-term evidence based mental health services for people with mental illness. All services provided are to give priority to population groups that have particular difficulty in accessing mental health treatment in the primary care sector. The program allows greater flexibility to target priority groups to access free Focussed Psychological Strategies. This may include individuals who have limited access to Medicare subsidised mental health services and/or may not be able to afford mental health services in the private sector.

Psychological therapies is a targeted program designed to increase the capacity of Service Providers to give priority to hard to reach groups who continue to miss out on Medicare subsidised services under Better Access. These include: people who are less able to pay fees; culturally and linguistically diverse communities; Children at risk of a mental illness, Aboriginal and Torres Strait Islander people and people in rural and remote locations.

The short term, goal oriented focussed psychological strategies services that this program provides are of most therapeutic value to individuals with common mental disorders of mild to moderate severity.

These guidelines are to be read in conjunction with the Service Agreements between Gippsland PHN and the contracted service provider.

2. Psychological Therapies Service Delivery Model

Psychological Therapies enables General Practitioners (GPs) to refer individuals with a diagnosed mental illness to allied health professionals. The Allied Health services to be provided under this program are restricted to focussed psychological strategies, which are time-limited, evidence based psychological treatments. Short term therapies are particularly suitable for common mental disorders such as anxiety and depression of mild to moderate severity.

2.1 Mental Health Standards

All services provided under this program must comply with the National Standards for Mental Health Services 2010. The Standards are available for downloading from the Mental Health Standing Committee website at www.health.gov.au/mhsc.
2.2 Eligibility

2.2.1 General Eligibility

To be eligible for Psychological therapies individuals need to have a clinical diagnosis of mental illness. The short term, goal oriented focussed psychological strategies services that this service provides are of most therapeutic value to individuals with common disorders of mild to moderate severity.

2.2.2 Eligibility for Psychological Therapies for Children

The eligibility criteria for services under the psychological therapy for children stream include:

- a child assessed as having definite or substantial signs and symptoms of an emerging mental disorder (including conduct disorder), where this causes “significant dysfunction in everyday life”;
- a child at risk of developing a mental disorder, where the child shows one or more signs or symptoms (social-emotional-behavioural) of developing a mental disorder and/or where the child’s developmental pathway is considered to be disrupted by their mental health condition (i.e., not limited to disruptive disorders).
- Signs of disruption to functioning in one or more settings are included.

3. Psychological Therapies Population Groups

All psychological therapies services are to be targeted to give priority to population groups which have particular difficulty in accessing mental health treatment in the primary care sector. The population groups are listed below:

- People who are not able to access Medicare funded mental health services;
- People who are less able to pay fees;
- Culturally and linguistically diverse (CALD) communities;
- Aboriginal and Torres Strait Islander people;
- People who are experiencing, or are at risk of, homelessness;
- Children with or at risk of developing a mental disorder;
- People in remote locations;
- Women with perinatal depression.
4. **Referral Process**

It is envisaged that individuals utilising the psychological therapies services are formally referred by a GP or paediatrician or psychiatrist. Where referral by a GP is not possible provisional referrals may be made by the following list of professionals and clinicians including self-referrals.

- Allied Health Professionals who are eligible to provide services under this program. (Appropriately trained occupational therapists, social workers, psychologists, mental health nurses and Aboriginal and Torres Strait Islander health workers). An Allied Health Professional may not refer someone to themselves or to someone operating in the same practice;
- Self-referral
- Maternal and Child health Nurses;
- Youth Workers/counsellors;
- Family services case workers;
- School psychologists/counsellors or Deputy Principals/Principal. Referrals from schools and early childhood services need to be made via senior staff members (e.g. Directors or Principals/Deputy Principals), where the school or early childhood service does not have a qualified psychologist or counsellor (in consultation with the parents);
- Directors of early childhood services; and
- Medical officers in non-government organisations (NGOs).

A provisional referral is valid for up to 4 weeks from the first session during which time a GP appointment is arranged for the client to obtain a Mental Health Treatment Plan (MHTP).

Referrals may be made face-to-face, by telephone, electronically or by a written referral. It is suggested that Service Providers use a referral proforma based on the format suggested by the Royal Australian College of General Practitioners (RACGP).

A GP who is referring a client to the program must undertake an assessment and prepare a Mental Health Treatment Plan. Where a provisional referral is made, the Allied Health Professional providing psychological treatment must liaise with the GP to develop a Mental Health Treatment Plan, preferably within two weeks of the first session, or four weeks in a rural and remote area, or as soon as practical where access to GPs is not readily available.

### 4.1 Number of services and referral requirements

The number of services people can receive in any calendar year and referral requirements for PSYCHOLOGICAL THERAPIES services are outlined below.
Individual Sessions for adults and children:

Session numbers 1-6

- Referral from a GP;
- A referring GP must ensure the client’s Mental Health Treatment Plan is completed;
- Psychiatrists and paediatricians may make referrals (and for Perinatal services, obstetricians and maternal and child health nurses can refer patients);
- After the completion of the 3rd session a progress letter must be sent to the referring GP outlining client progress including client’s key health and social health issues, and a forecast of additional sessions if required; and
- Where there are difficulties in meeting the Mental Health Treatment Plan requirement for some groups of clients the Gippsland PHN will consider pre-approved exceptions.

Session numbers 7-12

- On completion of the initial course of 6 sessions, the Allied Health Professional is to undertake a review of the client and provide a written report to the referring medical practitioner. The written report must include information on assessments carried out, treatment provided, the individual’s outcomes and experiences of treatment 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 for 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 Allied Health Professional is to document the GP’s agreement to the continuation of treatment; and
- Further allied mental health services must not be provided without referral or agreement by the GP for additional sessions.

Session numbers 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).
- On completion of 12 sessions of treatment, the Allied Health Professional must undertake a review of the client and provide a written report to the referrer. 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 agreeable issue a referral for an additional 6 sessions.
- The individual must undertake a GP consultation in order to be referred for the additional six sessions and the exceptional circumstances must be documented in the referral.
- Further sessions must not be provided without a referral for additional services.
Group Sessions 1 - 12

- Up to 12 group therapy services within a calendar year involving 6-10 people;
- Referral from a GP, psychiatrist or paediatrician (and for Perinatal services, obstetricians and maternal and child health nurses can refer patients);
- The referring practitioner should ensure the client’s Mental Health Treatment Plan is completed; and
- Two facilitators are required to lead group sessions with each facilitator meeting the psychological therapies eligibility criteria to provide services.

Where the severity or chronicity of an individual’s condition indicates that more extensive treatment will be required than allowed or appropriate under psychological therapies arrangements, the individual should be referred for treatment under another appropriate mental health service.

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.

4.2 Parameters for Referral and Reporting

Based on the format suggested by the Royal Australian College of General Practitioners (RACGP).

The minimum requirements for a referral to an Allied Health Professional to deliver the psychological therapies service are:

- Name of patient;
- Personal details of patient;
- Presenting problem/provisional diagnosis/diagnosis;
- What the GP is requesting from the Allied Health Professional ie. focussed psychological strategies up to 6 sessions;
- Information on the assessment conducted;
- The outcome tool utilised and the results;
- The proposed Mental Health Treatment Plan;
- A timeframe for a review of the patient;
- A timeframe for a review of the Mental Health Treatment Plan;
- Any other relevant health professionals that are being consulted by the patient; and
- Contact details (so the Allied Health Professional can contact the GP if required).
Service Providers should also develop a proforma for the Allied Health Professional to report back to the GP. This would include:

- A restatement of the assessment/diagnosis;
- Any diagnostic or outcome tools used and any change in an individual’s condition;
- A summary of progress through the 6 sessions;
- Any ongoing issues;
- Any obstacles to treatment i.e. consumer not turning up for treatment; and
- Suggestions for further management.

5. Intake Processes, Assessment and Triage

The psychological therapies program has expanded to deliver innovative services for priority groups, it has become important that those who are referred are prioritised accordingly and, where necessary referred to alternative services. Therefore, service providers need to have intake mechanisms in place to ensure people are referred to appropriate services, resources are effectively targeted, duplication is avoided and expected levels of unmet demand are managed. Service providers are expected to use systems that best suit local conditions, which could include, but are not restricted to: a panel arrangement; a salaried staff member with appropriate qualifications and clinical expertise; or, a specialist contractor with appropriate qualifications and expertise.

Gippsland PHN considers intake triage and assessment as a fundamental element of service provision prioritising clients on the basis of highest need or appropriateness. Assessment and triage may be able to be completed based on the referral documentation provided by the referring practitioner, or on occasion may require a face to face or telephone based session with the individual.

6. Managing Demand

Psychological therapies is a program with limited funding. Consequently, it would not be possible for this program to meet the needs of all people with a diagnosed mental illness in the Gippsland region, nor should there be a need to do so, given the availability of other services. Consistent with the policy decisions and announcements of Government.

Service providers are required to carefully monitor the resources available (funding) to ensure service provision can be provided throughout the year. It should also be noted that it is equally important to ensure available services are fully subscribed, through educating referrers and promoting appropriate referral pathways to this program.

Once a client has been referred and accepted for services under the Psychological Therapies program, they should be provided with the number of services they clinically require.

7. Measurement of Outcomes and Satisfaction

In order to measure improvement for individuals as an outcome of their treatment, outcome measures are to be employed by service providers and reported on in the Minimum Data Set for all clients where clinically possible and appropriate.
Client satisfaction surveys are also to be employed. The survey should be provided to all clients on intake, with a stamped addressed envelope to allow anonymous response if required. Electronic or internet options for client satisfaction surveys may also be made available. A sample client satisfaction survey is to be provided to the Gippsland PHN with the work plan and Budget. In addition, Service Providers will be required to provide a summary of responses to client satisfaction surveys in their regular reports.

While Allied Health Professionals may use any outcome measure that they are experienced in using, the Gippsland PHN requires the use of the Kessler 10 (K-10) outcome measure to enable comparison of client outcomes.

8. Minimum Dataset (MDS)

The MDS comprises person-based fields and session-based fields, and has provided invaluable information on the level of uptake of the projects (by GPs, Allied Health Professionals and consumers), the profile of consumers who are accessing services through the projects, and the extent and nature of services that consumers are receiving through the projects. This dataset is implemented nationally and determined by the Federal Department of Health.

Service Providers are required to collect data in line with the requirements of the MDS which feeds into the national evaluation of the Program. Service Providers are issued with a username and password to the Client Information Management System FIXUS. Allied Health Professionals are required to use the username and password provided enter the data.

It is important that data be entered promptly into the MDS, as this will impact on Gippsland PHNs targets set for service delivery and evaluation of progress towards performance targets which is detailed in 2017-18 service agreements.

9. Who can Deliver Services? (Workforce Options)

Psychological therapies can be delivered Allied Health Professionals (including psychologists, and appropriately trained nurses, occupational therapists, social workers, Aboriginal and Torres Strait Islander health workers and Cert1V allied health assistants within delegated workforce models as below:

**Workforce Group A - Traditional Model**

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Workforce Group A traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Culturally and Linguistically diverse Aboriginal and Torres Strait Islander</td>
<td>Under this option, services may be delivered by: credentialed psychologists, mental health certified occupational therapists, mental health certified social workers, mental health certified nurses, aboriginal health workers with minimum 3 years’ experience in the field of mental health including specific population groups such as culturally and linguistically diverse and Aboriginal and/or Torres Strait Islander Communities.</td>
</tr>
<tr>
<td>Child</td>
<td>As per minimum requirements and including demonstrated evidence of attainment and/or training plan to commence the Australian Psychological Society online training for child mental health services within 12 weeks of staff appointment.</td>
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</table>
Workforce Group B - Delegated Supervision Model (A)

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Workforce Group B Delegated Supervision Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Culturally and Linguistically diverse Aboriginal and Torres Strait Islander</td>
<td>Under this option, services may be delivered by the following groups under supervision of a member from Workforce Group A: provisional psychologists, occupational therapists, social workers or nursing professionals with a minimum 3 years’ experience in the field of mental health including specific population groups such as culturally and linguistically diverse and Aboriginal and/or Torres Strait Islander Communities.</td>
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Workforce Group C - Delegated Supervision Model (B)

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Workforce Group C Delegated Supervision Model (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Pending Gippsland PHN acceptance of a workforce training program, services may be delivered by the following groups under supervision of a member from Workforce Group A:</td>
</tr>
<tr>
<td></td>
<td>• Grade 3/Cert IV qualified allied health assistant, as per the Victorian Supervision and Delegation Framework for Allied Health Assistants and including the minimum training competency for general population:</td>
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<tr>
<td></td>
<td>• CHCMH301B Work effectively in mental health.</td>
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<tr>
<td></td>
<td>• CHCMH411A Work with people with mental health issues.</td>
</tr>
<tr>
<td>Culturally and Linguistically diverse</td>
<td>As per minimum requirements and including the following training competency and/or experience for working with culturally and linguistically diverse Communities:</td>
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<tr>
<td></td>
<td>• HLTHIR403C Work effectively with culturally diverse clients and co-workers.</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>As per minimum requirements and including the following training competency and/or experience for working with Aboriginal and/or Torres Strait Islander Communities:</td>
</tr>
<tr>
<td></td>
<td>• HLTHIR404D Work effectively with Aboriginal and Torres Strait Islander people</td>
</tr>
<tr>
<td>Child</td>
<td>As per minimum requirements and including the following training plan to commence within 12 weeks of staff appointment:</td>
</tr>
<tr>
<td></td>
<td>• Australian Psychological Society online training for child mental health services</td>
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<tr>
<td></td>
<td>• CHCIC301E: Interact effectively with children</td>
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<tr>
<td></td>
<td>• CHCRF301E: Work effectively with families to care for the child</td>
</tr>
</tbody>
</table>
10. Allied Health Professionals: qualifications and standards

To ensure a high quality standard of service delivery, Allied Health Professionals who deliver this service must:

- be credentialed in the field of mental health, or (to allow for entry of newly trained persons into the field of mental health) under the approved and direct professional supervision of a fully qualified and accredited professional expert in that field who meets the psychological therapies criteria; and

- meet the required qualifications and standards to provide the specified therapies including continuing professional development requirements.

PSYCHOLOGICAL THERAPIES Service Providers could use the following Proforma to assess the skill level of Allied Health Professionals:

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Criteria</th>
<th>Evidence of Meeting Criteria</th>
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<tbody>
<tr>
<td>Qualifications</td>
<td></td>
<td>• State qualifications</td>
</tr>
<tr>
<td>Counselling</td>
<td>• 6 month course (26 hours)</td>
<td>• Name course</td>
</tr>
<tr>
<td>Assessment and diagnosis</td>
<td>• 6 month course (26 hours)</td>
<td>• Name course</td>
</tr>
<tr>
<td>Cognitive-behaviour therapy</td>
<td>• 12 month course (52 hours)</td>
<td>• Name course</td>
</tr>
<tr>
<td>Registration</td>
<td></td>
<td>• Registration number and body</td>
</tr>
<tr>
<td>Member of Professional Association</td>
<td></td>
<td>• Association, grade of membership and membership number</td>
</tr>
<tr>
<td>Experience working in mental health</td>
<td>• 2 years minimum supervised experience</td>
<td>• Where</td>
</tr>
<tr>
<td>Current position/Type of Clinical Practice</td>
<td>• In mental health field</td>
<td>• Position</td>
</tr>
<tr>
<td>Status of Professional Development</td>
<td>• On-going and relevant</td>
<td>• List PD undertaken in last 2 years, and/or type of supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• PD and/or supervision</td>
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For social workers (other than new graduates and those with less than 2 years mental health supervised practice) current certification as Accredited Mental Health Social Workers ensures that all these criteria are met.

The definition/requirements of direct professional supervision will vary for each allied health profession, and Service Providers should contact the relevant peak body or registration body for specific details.
The following are considered to be essential core skills and knowledge (i.e. Mandatory) deemed necessary for Allied Health Professionals working under the PSYCHOLOGICAL THERAPIES CMHS component to be able to deliver services:

### Essential Core Skills and Knowledge

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<tr>
<td>1.</td>
<td>- Relevant qualifications as per the requirement of the profession and experience</td>
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<td>- in working clinically with children (birth to 12 years), parents and families</td>
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<td>2.</td>
<td>- Extensive child development knowledge (as demonstrated via training at post</td>
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<td></td>
<td>- graduate level for the relevant profession demonstrating competency in this</td>
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<td></td>
<td>- area and/or via continued professional development up-skilling training)</td>
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<td>3.</td>
<td>- Knowledge of childhood mental disorders and “best practice” in terms of their treatment</td>
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<td>4.</td>
<td>- Skills and competence at completing bi-psycho-social assessments of children</td>
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<td>- (birth to 12 years) experiencing or at risk of developing mental disorders and</td>
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<td>- their families; knowledge skills and experience in the delivery of a range of</td>
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<td>- treatments relevant to working with children (birth to 12 years) with or at risk</td>
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<td></td>
<td>- of mental disorders and their families (particularly behavioural and CBT</td>
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<td></td>
<td>- interventions); and training and skills in the delivery of evidence based parenting interventions and behavioural family based interventions</td>
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<tr>
<td>5.</td>
<td>- Training and experience in working with families – including knowledge of</td>
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<td>- systems theory; family centred practice; and an understanding of family</td>
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<td></td>
<td>- dynamics/problems and their impact on children; and knowledge of ethical and</td>
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<td></td>
<td>- professional issues when working with children and families</td>
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### Highly Desirable Additional Skills and Knowledge

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<tbody>
<tr>
<td>1.</td>
<td>- Experience in working within a private practice setting with children with or at risk of developing a mental disorder (i.e., delivering PSYCHOLOGICAL THERAPIES CMHS services) and/or past experience working in a child mental health setting (e.g Child and Youth Mental Health Services) or schools</td>
</tr>
<tr>
<td>2.</td>
<td>- Experience working with relevant community agencies (e.g. child care centres and schools)</td>
</tr>
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<td>3.</td>
<td>- Culturally sensitive practice – including experience working with clients from culturally and linguistically diverse (CALD) and Indigenous communities, and working with interpreters; experience working with children with special needs (e.g. disabilities, medical and neurological conditions)</td>
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<tr>
<td>4.</td>
<td>- Crisis assessment</td>
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<tr>
<td>5.</td>
<td>- Group treatment experience (e.g., CBT groups with children)</td>
</tr>
<tr>
<td>6.</td>
<td>- Experience engaging in clinical supervision relevant to children’s mental health</td>
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