



## FACT SHEET FOR GENERAL PRACTITIONERS

The GP Mental Health Treatment items in the Medicare Benefits Schedule (MBS) provide a structured framework for General Practitioners (GPs) to undertake early intervention, assessment and management of patients with mental disorders. The items enable GPs to refer patients to psychiatrists; psychological therapy services provided by clinical psychologists; or focussed psychological strategies (FPS) services provided by qualified GPs or allied mental health professionals.

### **(1) Preparation of a GP Mental Health Treatment Plan (Items 2700, 2701, 2715, and 2717)**

From 1 November 2011, payments to GPs for the preparation of GP Mental Health Treatment Plans will be linked to the time spent with a patient on developing a treatment plan and to whether or not the GP has undertaken mental health skills training. Four new time-tiered items are available on the MBS, as follow:

- **Item 2700:** for the preparation of a GP Mental Health Treatment Plan by a GP who has not undertaken mental health skills training, lasting at least 20 minutes to less than 40 minutes.
- **Item 2701:** for the preparation of a GP Mental Health Treatment Plan by a GP who has not undertaken mental health skills training, lasting at least 40 minutes.
- **Item 2715:** for the preparation of a GP Mental Health Treatment Plan by a GP who has undertaken mental health skills training, lasting at least 20 minutes to less than 40 minutes.
- **Item 2717:** for the preparation of a GP Mental Health Treatment Plan by a GP who has undertaken mental health skills training, lasting at least 40 minutes.

Once an initial GP Mental Health Treatment Plan is in place, a new plan should not be prepared unless clinically required and generally not within 12 months of a previous plan. Ongoing management can be provided through consultation and review services.

GPs do not have to complete another GP Mental Health Treatment Plan using one of the new items (2700, 2701, 2715 or 2717) if they are already managing a patient's care needs using one of the former GP Mental Health Treatment Plan items (items 2702 and 2710) and this plan is still appropriate to the patient's needs. A new GP Mental Health Treatment Plan should not be prepared for a patient unless clinically indicated.

## **(2) Review of a GP Mental Health Treatment Plan (item 2712)**

Item **2712** is for an attendance by a GP to review a GP Mental Health Treatment Plan or to review a psychiatrist assessment and management plan.

Recommended frequency is an initial review between four weeks and six months after the completion of the GP Mental Health Treatment Plan and, if required, a further review at least three months after the first review.

## **(3) GP Mental Health Treatment Consultation (item 2713)**

Item **2713** is for a GP to provide an extended consultation (at least 20 minutes) with a patient where the primary treating problem is related to a mental disorder. This item may be used for continuing management of a patient with a mental disorder, including for a patient being managed under a GP Mental Health Treatment Plan.

## **(4) GP Focussed Psychological Strategies (items 2721, 2723, 2725, 2727)**

Items **2721** to **2727** are for time-tiered GP attendances associated with the provision of focussed psychological strategies, in and out-of-surgery.

Focussed psychological strategies are specific mental health care management strategies, derived from evidence based psychological therapies that have been shown to integrate the best research evidence of clinical effectiveness with general practice clinical expertise.

Patients will be permitted to claim Medicare rebates for up to ten allied mental health services under these item numbers per calendar year. The ten services may consist of: GP focussed psychological strategies services (items 2721 to 2727); and/or psychological therapy services (items 80000 to 80015); and/or focussed psychological strategies – allied mental health services (items 80100 to 80115; 80125 to 80140; 80150 to 80165).

Medicare rebates for these items will be limited to GPs who are registered with Medicare Australia as having satisfied the requirements for higher level mental health skills for provision of the service, as determined by the General Practice Mental Health Standards Collaboration (GPMHSC).

### **Access to mental health services**

Patients who have a GP Mental Health Treatment Plan, or who are being managed by a GP under a referred psychiatrist assessment and management plan (item 291) or have been referred by a psychiatrist or paediatrician, have access to certain mental health service items on the MBS.

Eligible patients can claim up to ten Medicare rebates for individual services provided by clinical psychologists, appropriately trained GPs or registered psychologists or appropriately trained social workers and occupational therapists. Eligible patients can also claim up to ten Medicare rebates per calendar year for group services provided by clinical psychologists and/or other allied mental health professionals.

Following the initial course of treatment (a maximum of six services but may be less depending on the referral and the patient's clinical need) GPs can refer patients for further sessions to a maximum of ten services per calendar year.

## **Referring patients**

When referring patients to eligible allied mental health professionals, GPs should provide similar information as per normal GP referral arrangements. The GP should consider including both a statement identifying that a GP Mental Health Treatment Plan has been completed for the patient (including, where appropriate and with the patient's agreement, attaching a copy of the patient's GP Mental Health Treatment Plan or psychiatrist assessment and management plan) and clearly identifying the specific number of sessions the patient is being referred for.

Before a Medicare rebate can be paid to the patient for the allied mental health service/s, either the patient must have already claimed a rebate for the GP service, or the GP must have already lodged a claim for direct payment from Medicare for the relevant GP Mental Health Treatment Plan item.

At the completion of a course of treatment, the allied mental health professional must provide a written report to the referring medical practitioner detailing the patient's progress.

The written report must include information on:

- any assessments carried out on the patient;
- any treatment provided; and
- recommendations on future management of the patient's disorder.

The referring practitioner must assess the patient's need for further services up to a maximum of ten individual and ten group services per calendar year.

## **Mental health education and training for GPs**

All GPs are able to access the GP Mental Health Treatment items. However, GPs who have not completed Mental Health Skills Training as accredited by the GPMHSC will not be able to access higher schedule fee items 2715 and 2717 to develop GP Mental Health Treatment Plans. GPs who have not completed the training must develop Plans under items 2700 and 2701 with lower schedule fees.

GPs can contact the GPMHSC to discuss education and training options. The contact details for the GPMHSC are: Tel 03 8699 0554 or email [gpmhsc@racgp.org.au](mailto:gpmhsc@racgp.org.au).

## **Further information**

Frequently Asked Questions for GPs at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba>

GPs should refer to the item descriptors and explanatory notes on MBS Online at:

[www.mbsonline.gov.au](http://www.mbsonline.gov.au).

Information is also available at [www.health.gov.au](http://www.health.gov.au) or by calling Medicare Australia on 132 150 (for GPs) or 132 011 (for patients).