APMHA HealthCare Ltd
Service Delivery and Orientation Manual

Psychological Support Services

For Central & Eastern Sydney PHN (CESPHN)

Version 4: 29.06.2019

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Introduction to APMHA HealthCare Ltd

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 Central and Eastern Sydney PHN Catchment

The Central and Eastern Sydney catchment spans 667 square kilometres and includes Lord Howe Island and Norfolk Island.

The region stretches from Strathfield to Sutherland and as far east as Bondi, and our boundaries align with those of South Eastern Sydney Local Health District and Sydney Local Health District. We are the second largest of the 31 primary health networks across Australia by population, with more than 1.4 million individuals residing in our region. The demographic profile of the region is characterised by cultural diversity and high population growth. More than one third (35%) of our region's population was born outside Australia, significantly higher than NSW as a whole (26%). By 2031, our region's population will reach more than 1.85 million, an increase of 28.1% or more than 400,000 individuals.

Central and Eastern Sydney PHN region

Stepped Care approach to Mental Health Services

CESPHN 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 CESPHN 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 services 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 needs. 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.

Mild to Moderate Mental Health Programmes – CESPHN PSS

Mild to moderate primary mental health services programme within CESPHN, called Psychological Support Services (PSS), targets people with mild to moderate mental illness who experience barriers to accessing mainstream treatment options.

PSS has been established to ensure that groups who have traditionally had difficulty accessing services are provided high quality mental health care. These services aim to reach those with mild to moderate mental illness within a stepped care model of primary mental health services. This may include population groups which have particular difficulty in accessing mental health treatment such as:

- People who are not able to access Medicare funded mental health services;
- People less able to pay fees;
- People in rural and remote locations;
- Aboriginal and Torres Strait Islander people;
- People with Culturally and Linguistically Diverse (CALD) backgrounds; and
- People who experience or at risk of homelessness.

The following checked categories are considered "in scope" for PSS and will be delivered as part of the CESPHN contract. Providers with associated qualifications and credentials are able to deliver services under one or more of these categories.

⇒ **Category A: General**

Evidence-based, short-term psychological interventions to individuals (12 years +) with a diagnosable mild to moderate, mental illness, including:

- adults who are unable to access the MBS due to financial or other constraints
- adults who are, or at risk of becoming homeless
- adults living within the former local government areas that have been identified as experiencing high levels of distress and/ or low access to psychological services: Botany Bay, Kogarah, Canterbury, Hurstville, Rockdale and Strathfield.

⇒ **Category B: Children**

Evidence-based, short-term psychological interventions to children (up to 12 years of age) at risk of developing a mental illness.

⇒ **Category C: Suicide Prevention**

The Suicide Prevention category aims to reduce current risk of suicide / self-harm by resilience building, increasing self-awareness and solution focussed work. Evidence-based, short-term psychological interventions to people who have attempted, or who are at risk of suicide or self-harm. No formal diagnosis is required. An initial formal intervention is defined as a meaningful clinical contact that is appropriate to determine level of risk and immediate clinical management. These referrals are valid for up to 2 months during a period of increased risk. This service is not designed to provide long term support or treatment.

⇒ **Category D: Aboriginal and/or Torres Strait Islanders**

Evidence-based, short-term, culturally appropriate psychological interventions to Aboriginal &/or Torres Strait Islander (0-12 in line with Children's services above) and (12 years + in line with General services above).

⇒ **Category E: Peri-natal mental health**

Evidence-based, short-term psychological interventions to women and their partners experience peri-natal symptoms with a diagnosable mild to moderate, mental illness.

⇒ **Category F: CALD**

Evidence-based, short-term psychological interventions to individuals from non-English speaking backgrounds, new migrants and early settlers who have a diagnosable mild to moderate, mental illness.

⇒ **Category G: RACFs**

Evidence-based, short-term psychological interventions to individuals / residents of Residential Aged Care Facilities who have a diagnosable mild to moderate, mental illness.

PSS - Mild to Moderate Mental Health Programme Eligibility

To be eligible for PSS, an individual must live, work or go to school in the CESPHN region and be diagnosed as having a mental illness by a General Practitioner (GP) or an equivalent medical practitioner or have a formulation which indicates psychological distress 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 PSS clients. PSS is 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 6 sessions. To be provided face to face, delivered by clinical or general psychologists, mental health social workers, mental health occupational therapists and credentialed mental health nurses.
2. **Moderate need Moderate presentations** - (high prevalent disorders) requiring medium term psychological interventions up to 12 sessions. To be provided face to face, delivered by clinical or general psychologists, mental health social workers, mental health occupational therapists and credentialed mental health nurses.

In some cases, people with severe mental illness (who are receiving services through moderate to severe mental health programmes such as PICs) may benefit from short term, focused psychological intervention as part of their overall care.

Note: PSS 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).

Programme Exclusions:

PSS 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.

Interventional approaches in scope for PSS

Treatments are limited to free 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 PSS

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 PSS ('Mental Health Professionals'). Mental Health Professionals (MHPs) delivering PSS 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 PSS 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 and must ensure these remain current.

APMHA HealthCare will monitor expiry of all certifying documentation which relate to all eligibility criteria listed above and will require the clinician to ensure these to be maintained and current.

Clinical Governance and Service Quality

APMHA 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 in the APMHA HealthCare website);
- Maintenance of our provider contract management system – Folio with PSS MHPs banking, business and contact details as well as their qualifications, specialties, training, availability, service location/s, professional body registration, current insurances and criminal 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 relapse prevention plan is included in exit / discharge processes
- 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.

Service Requirements

The service requirements of each party are as follows:

Promotion and branding;

(a) CESPHN and APMHA HealthCare will coordinate the promotion of PSS and referral pathways

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

Client Information Management System - RediCASE;

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

(b) RediCASE is used to support central intake and allocation, record keeping, session data entry and financial management of PSS. RediCASE 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 PSS.

(c) APMHA HealthCare MHPs must upload all reports and documentation sent to referrers onto the RediCASE system for all PSS clients. Recording of engagement difficulties is also expected.

(d) APMHA HealthCare MHPs must monitor referral date displayed in RediCASE and ensure:

- That each referral (and group of 6 sessions) are delivered within a 6-month period of the GP completing the Mental Health Treatment Plan (MHTP) and referral to PSS.
- That the MHP ensures the client returns for a review with the referrer every 6 months for ongoing support through PSS.
- That all 12 sessions are held within 12 months from the GP Mental Health Treatment Plan completion date.
- That APMHA HealthCare is contacted if MHPs are wishing to request extensions beyond the 6-month period. Please note that extensions are only approved under exceptional circumstances and must be requested 14 days prior to expiry date if the referral falls within 12 months of the GPMHTP.

- Extensions beyond the referral expiry date will only be granted, for up to a maximum of 4 weeks.
- APMHA HealthCare will not pay MHPs sessions when they have not conformed to the above program guidelines.

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

Referral Process

APMHA HealthCare allocates referrals 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.

NB: Providers must not schedule appointments with PSS clients until they have received confirmation from APMHA Healthcare Allocations that the referral has been allocated.

PSS referrals (including children):

- CESPHN allocates referral to APMHA HealthCare via RediCASE.
- PSS (not Suicide Prevention Service) referrals:
    - APMHA HealthCare must accept/decline the referral within 2 working days of receiving it.
    - APMHA HealthCare is required to allocate referrals to the most appropriate MHP that best matches the needs of the client, within 48 hours of receiving it from CESPHN.
    - Appointments with clients are to be scheduled within 5 business days of being allocated. If not, APMHA HealthCare must be notified by the MHP in order for the referral to be reallocated to an alternative MHP.
    - The first session is to be conducted within 4 weeks from the date of being allocated to APMHA HealthCare.
- Suicide Prevention Service (SPS) referrals;
    - The Provider must accept/decline the referral within 24 hours for referral.
    - The first session with the client is to be conducted within 3 business days of accepting the referral.
    - SPS sessions are to be delivered within two months, after which a review will be required, and appropriate referral pathways facilitated by the MHP.

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 CESPHN Intake.

- **Individual sessions**
    i. CESPHN will recommend the number of individual sessions required through a clinical staging model.
    ii. Each session shall be provided on the basis of at least 50 minutes per client, face to face evidence based, Focused Psychological Strategies.
- **Provisional sessions**
    i. Provisional referrals allocate 2 sessions to adult clients and 3 sessions to child clients over a 2-month period. These referrals are not completed by the GP and do not require a Mental Health Treatment Plan to commence treatment.
    ii. Provisional referrals require the APMHA HealthCare MHP to facilitate GP involvement and a Mental Health Treatment Plan beyond these initial sessions. Once completed and approved by the PHN, the remaining sessions for the referral are provided.
    iii. Sessions delivered through a provisional referral are included in the total number of sessions allocated by the CESPHN triage team
- **Group sessions**
    I. APMHA HealthCare will consult with CESPHN prior to delivering any group activity.
    II. Groups are to be offered to PSS clients only and shall be provided on the basis of face to face evidence based Focused Psychological Strategies.
    III. Places must be made available in groups for referrals from GP's across the region
    IV. Group sessions are to be included in the session target numbers.

- APMHA HealthCare MHPs must ensure that each service provided under the PSS includes: psychological treatment data in RediCASE and provision of initial, progress and exit reports to referring GP;
- APMHA HealthCare 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 RediCASE system **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.
- APMHA HealthCare MHPs must ensure that each Session is conducted on a separate date;
- Sessions cannot continue until the Mental Health Treatment Plans are sent by the GP to CESPHN Central Intake and Triage team and approved.
- APMHA HealthCare must ensure the MHP:
    (i) provides each client with a copy of the PSS information brochure at the first session;

    (ii) administers required clinical and client rated outcome tools as directed by CESPHN and/or APMHA HealthCare at required intervals for each client referral;

    (iii) implements a client experience of service measure as determined by CESPHN;

    (iv) provides timely and comprehensive written feedback to the General Practitioner within 5 working days and uploaded into RediCASE, on each client referred after:

        a. Initial consultation or if client is uncontactable

        b. the completion of allocated sessions or after the sixth session, whichever comes first, and

        c. at the point of discharge.

    - Services must be delivered within the CESPHN catchment area and from locations that are easily accessible to clients, including those with a disability. MHPs warrant that the location complies with all relevant OH&S policies and appropriate insurance coverage is in place.
    - APMHA a HealthCare and the MHPs must ensure that no co-payment, gap fee or cancellation fee is to be charged to the client.
    - CESPHN will NOT reimburse for 'no shows' or any travel costs.
    - Any additional expenditure incurred by the MHP relating to the PSS is the responsibility of the MHP.
    - APMHA HealthCare and the MHPs will maintain adequate and legible records of all services provided as part of the PSS 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 PSS as directed by CESPHN.

Note: The above is exclusive of the normal work and reporting requirements set out in these guidelines (initial, progress and final reports to the GP and appointment bookings).

APMHA HealthCare MHPs Requirements

Arrangement of Appointments

The MHP will not unreasonably refuse a client referred, and where a client is refused, contact APMHA HealthCare to discuss. Appointments can only be made for PSS clients if there is are approved sessions through RediCASE.

Service Delivery

On acceptance of the referral, the MHP agrees to provide the requested services in a timeframe that is acceptable to the client, the referrer and the programme's guidelines.

The MHP agrees to:

- Provide the premises and all costs associated with the operation, maintenance and safety of such premises where consultations are provided in the MHP's consulting rooms;
- Be responsible for the provision of all resources, stationery and equipment, maintenance of records, on-going professional development and maintenance of professional standards; and
- Not charge the referred client any gap fee or other payment for the consultation(s).
- The services are to be delivered in accordance with the conditions set out by CESPHN (refer to Process and Sessions sections).
- At the completion of the final session the MHP will ask the client to complete a "Client feedback Questionnaire" with an APMHA HealthCare addressed pre-paid envelope or online at the APMHA HealthCare website: www.apmhahealthcare.com.au. Completion of this survey is voluntary and anonymous and will not affect further services provided to the client. All responses are confidential and will be used for evaluation purposes only.
- The MHP must provide all the information required for the Minimum Data Set on the CESPHN RediCASE system within 5 days of a session.
- The MHP must provide the referring GP with the relevant interim, progress and final reports at nominated session times, as set out by CESPHN (refer to Process and Sessions sections).
- The MHP must provide and complete a Relapse Prevention Plan when finalising treatment. This can be found on the APMHA HealthCare website.

Cancelled Appointments

APMHA HealthCare will not pay the MHP a fee in respect of a client cancellation.

It is the MHP's responsibility to advise the client of their cancellation policy at the time of making the appointment and again prior to commencing treatment,

In the event that the client contacts the GP and/or CESPHN to advise that they do not wish to continue with the service, the MHP will be notified. The client reserves the right to terminate treatment at any time. In this event, APMHA HealthCare will not be liable for payment of any remaining sessions.

Minimum Record Keeping Responsibilities

A minimum standard of record keeping, and reporting is required by all MHPs contracted with APMHA HealthCare. This includes:

(a) Every contact with client dated (whether face to face or otherwise);

(b) Written record of any advice given; and

(c) More detailed record taken regarding any unsafe or risky situation; and

(d) At least a paragraph to be written on each face-to-face contact; and

(e) Written record of attempts to contact any client who has failed to attend.

Reporting Obligations

The MHP must provide a formal summary and progress report as set out by CESPHN (refer to Process and Sessions section). This should include a summary of progress, any ongoing issues and management needs. Recommendation of alternative services for the enhanced benefit of the referred client, is recommended for discussion with the referrer (on a case by case basis) prior to engaging these services, e.g. if a referral to a Psychiatrist or community/group programme is required.

Communication

It is the MHP's responsibility to ensure that effective, prompt communication is provided back to the referrer around delivery of client care. If there are any disputes or grievances identified between the MHP and a referrer, the MHP must:

- Contact the referrer directly to attempt to resolve the issue;
- Notify APMHA HealthCare's General Manager - Clinical Services of the issue and the action taken to resolve the matter.

If a referrer contacts APMHA HealthCare with a dispute or a grievance regarding a MHP, APMHA HealthCare must:

- Contact the MHP to discuss the matter;
- Provide feedback to the referrer; and
- Log the issue and any actions taken to resolve the matter.

Co-Payments

Under no circumstances must the MHP ask for or accept a co-payment from a client referred for services under this programme.

Payment for Services provided

Payments will be made as per the terms set out in the MHP individual Service Agreement.

- APMHA HealthCare will be responsible for payment of sessions delivered by the MHP. However, payment will not be made if the MHP's paperwork is incorrect or incomplete or the MHP has not complied with reporting requirements and data input via the CMS.
- APMHA HealthCare will not make payment for sessions where incorrect or incomplete information is entered onto CMS.
- All payment enquiries will need to made in writing and directed to the APMHA Finance Department – **finance@apmhahealthcare.com.au.**

People Who Self-Harm or Who Are at Risk of Suicide

(Including Those Who Have Had a Suicide Attempt)

- Evidence suggests that cognitive behavioural therapy (CBT) and problem solving therapy (PST) have a significant effect on reducing attempts and re-attempts.
- For suicide prevention APMHA HealthCare MHPs must attempt contact with the client within 24 hours from receipt of referral (this must be met for 100% of clients).
- MHPs must have a meaningful intervention (first session) via face to face, telephone or Skype within 3 business days of the initial assessment.
- Telephone and /or Skype sessions may only be utilised for the initial assessment/session.
- Services under suicide prevention are not intended to replace the services provided by Local Health Districts, nor is it expected to replace emergency responses.

Better Access and PSS

In the instance where an individual has received the ten psychological therapy services available under Better Access through the Medicare Benefits Schedule initiative and is considered to clinically benefit from additional services, the individual may be eligible for PHN funded Psychological Therapies if they meet the relevant eligibility criteria. Further information from the MBS is available here (Item number 2712, Associated Notes, Referral): http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&qt=ItemID&q=2712#assocNotes

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. he MDS will be entered on APMHA's RediCASE database. The de-identified information will be transferred to the chosen PHN CRM or MDS portal.

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 CESPHN. 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 is randomly conducted by an APMHA HealthCare appointed clinical auditor to ensure compliance with administrative and communication processes for the programme.

MHPs undergoing an audit will be advised 2 weeks prior to the agreed date and informed which consumer 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 Ltd program management and support

CONTRACT MANAGEMENT

Contract and HR management is provided by APMHA HealthCare's General Manager - Operations.

COMMUNICATION

All MHPs will receive regular e-news with regular updates of program delivery. When required, MHP will be invited to participated in a 'go to meeting' (Webinar) 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 HealthCare website: www.apmhahealthcare.com.au/reources. If you do not have access to these documents, please notify your APMHA contact.

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

Clinical Governance Framework
Clinical Governance Procedure
Policy for clinical pathways for PHN Psychological Services Programmes
Clinical Audit Procedure

Service Delivery Policy
APMHA HealthCare Service Delivery and Orientation Manual (this document)
Recovery Oriented Practice Guidelines
Psychological Services Program Intake and Allocation Procedure
Psychological Services Program - Allocations procedure when program is at capacity
GP mental health treatment plan and referral forms - MD / BP & Zed Med versions
Psychological Services – GP notification templates (First Appointment, Initial, Progress & Final report
Client Management System (RediCASE) Userguide
APMHA HealthCare Relapse Prevention Toolkit

Consumer Consent Form & Rights / Responsibility Charter
Transition of Care Consent Form
Privacy Policy
Consumer Health Records Policy
RACGP Patient Privacy Pamphlet
Stakeholder engagement strategy
Feedback and compliments and complaints procedure
Open Disclosure Policy

Credentialing & induction procedure
Provider credentialing Audit Form
Supervision Record template
Clinical Supervision Guidelines

Guidelines for reflective practice
Group and individual supervision agreement templates

Clinical Incident Procedure
Clinical Incident Notification Form
Contractor induction checklist
Infection prevention and control in clinical settings policy
Home visiting procedure
Clinical Settings Guideline and Checklist

REFERENCE DOCUMENTS FOR CONTRACTORS AND EMPLOYEES (located on APMHA's website)
Australian Charter of Health Care Rights
National Mental Health Standards 2017
Victorian Charter of Human Rights.
Recovery Star User Guide
Recovery Star Organisation Guide
APMHA Relapse Prevention Toolkit
Evidence-based Mental Health Promotion Resource
A practical guide for working with carers of people with a mental illness
Principles and actions for services and people working with children of parents with a mental illness
Physical health and care for people with mental health conditions
Working Safely in Community Services
PHN CMS user guide
Primary Mental Health Program Guidelines
National Mental Health Commission's *Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services.*
The Commonwealth Government response to *Contributing Lives, Thriving Communities*.

KEY CONTACTS

APMHA HealthCare Ltd key contacts:

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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
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