

Quality Improvement Toolkit for General Practice

Mental health

Mental health overview

MODULE

Version 2

August 2021



Introduction

The Quality Improvement (QI) toolkit

This QI toolkit is made up of modules that are **designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients**. The toolkit will help your practice complete QI activities using the Model For Improvement (MFI).

Throughout the modules you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the MFI.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- A simple approach that anyone can apply
- Reduced risk by starting small
- It can be used to help plan, develop and implement change that is highly effective.

The MFI helps you break down your change into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted. There is an example of how to record alcohol status using the MFI at the end of this module.

If you would like additional support in relation to QI in your practice please contact Brisbane South PHN on support@bsphn.org.au.

This icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.



Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please [contact](#) Brisbane South PHN if you have any feedback regarding the content of this document.

Acknowledgements

We would like to acknowledge that some material contained in this toolkit has been extracted from organisations including the Institute for Healthcare Improvement; the Royal Australian College of General Practitioners (RACGP); the Australian Government Department of Health; Best Practice; MedicalDirector, CAT4; and Train IT. These organisations retain copyright over their original work and we have abided by licence terms. Referencing of material is provided throughout.

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Brisbane South PHN would like to acknowledge the input of the Queensland Alliance of Mental Health (QAMH) for their input into this toolkit.

Brisbane South PHN, 2021

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Mental health

Mental health introduction toolkit for general practice

This toolkit is designed to assist you to review your patients who may be affected by a mental health condition. This introduction module is part of a suite of mental health [toolkits](#) that are available. It is suggested that you work through this toolkit and then use the other toolkits to focus on an interested topic.

Key goals/objectives for using this toolkit

This toolkit is to be used in general practice to:

- identify those patients in your practice at risk of mental illness (e.g. those with chronic disease or poor social determinants of health)
- develop a register of patients with a mental health condition to facilitate better continuity of care (reminders, recalls)
- have the ability to better manage the physical health of patients with a mental health condition
- improve medication management through review against clinical guidelines (e.g. appropriate use of medications, risk management)
- identify patients eligible for mental health and other funding streams.

What is a mental illness?

A mental illness is a health problem that affects people's thoughts, mood, behaviour or the way they perceive the world around them. A mental illness causes distress and may affect the person's ability to function at work, in relationships or in everyday tasks.

One in every 5 Australians — about 4 million people — suffer from a mental illness in a given year, and almost half the population has suffered a mental disorder at some time in their life.

Mental illnesses can range from mild disorders lasting only a few weeks through to severe illnesses that can be life-long and cause serious disability.¹

Types of mental illness

Mental illnesses are of different types and degrees of severity. Some of the major types are:

- depression
- anxiety
- schizophrenia
- bipolar mood disorder
- personality disorders
- eating disorders
- substance use disorders.

The most common mental illnesses are anxiety and depressive disorders.

Treatment of mental illness

Most mental illnesses can be effectively treated. Recognising the early signs and symptoms of mental illness and accessing effective treatment early is important. The earlier treatment starts, the better the outcome.

Episodes of mental illness can come and go during different periods in people's lives. Some people experience only one episode of illness and fully recover. For others, it recurs throughout their lives.

Effective treatments can include physical activity, avoidance of risk factors such as smoking, alcohol and other drug use, psychosocial supports, mental wellbeing educational programs, practical supports such as coaching and life skills, fostering social connections and economic participation, cognitive and behavioural psychological therapies, and sometimes medication.

¹ <https://www.healthdirect.gov.au/mental-illness>

Importantly, treatment doesn't necessarily have to focus on achieving an absence of illness. We know that symptoms of mental distress can fluctuate throughout a person's life. Instead, it is important to focus on helping a person have agency and capacity to manage challenges. By doing this, they will maximise their psychological, emotional and social wellbeing.

People with mental health conditions often experience a disproportionately higher burden of physical disease. Treatment options for physical help to assist with mental illness include reviewing nutrition, exercise, preventative health care (screening) and addressing risk factors such as smoking, alcohol use and drug use (prescribed and illicit).

Mental health statistics



In 2017–18, **\$9.9 billion**, or **\$400 per person**, was spent on mental health-related services in Australia—an average annual, real increase, of 1.1% per person since 2013–14.

In 2018–19, 12.1 million Medicare-subsidised mental health-specific services were provided to 2.7 million people—or about 1 in 10 Australians (11% of the population). General practitioners (31%) were the largest providers of these services.



Almost **1 in 6** Australians (4.3 million people) received mental health-related prescriptions

There were **39.0 million** mental health-specific prescriptions



71% of these prescriptions were for antidepressant medication

In 2011, the leading causes of total disease burden that Indigenous Australians experienced were:



19% mental and substance use disorders



15% injuries (including suicide)



12% cardiovascular diseases

2

The [National Survey of Mental Health and Wellbeing: Summary of Results](#), 2007 demonstrates the following:

² <https://www.aihw.gov.au/reports/australias-health/australias-health-2020-in-brief/contents/pdf-table-of-contents>



3

Mental health in the Brisbane south region

In 2017 Brisbane South PHN commenced a planning process to create a regional mental health, suicide prevention, and alcohol and other drug strategy and roadmap for 2019-2022.

The final [Brisbane South Mental Health, Suicide Prevention, and Alcohol and Other Drug \(MHSPAOD\) Strategy 2019-2022](#) and roadmap articulates a system-wide vision for future provision of services in Brisbane south. This roadmap has been developed based on information from the [2018 Needs Assessment](#) and through extensive consultation with consumers, carers, the public sector, private and non-government service providers and primary care.

The MHSPAOD Strategy and roadmap will guide a collaborative approach to planning and service for the region, as well as the recommissioning of primary mental health, suicide prevention, and alcohol and other drug treatment services by Brisbane South PHN.⁴

How to use this toolkit

There are checklists included below that will guide you and your practice.

- Identify a sample group of patients by reviewing data measures from your practice population.
- Use this toolkit to guide you along the journey.
- Set yourselves timelines to achieve your goals.
- Consider potential internal or external factors that could impact the activity and factor these into your planning e.g. accreditation preparation, staff leave (planned or unplanned), global pandemic, influenza vaccination season.
- Review your progress regularly.
- If you find your process is not working and you are not seeing improvements, then review your process and start again.

For more support



support@bsphn.org.au



1300 467 265

³ <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4326.0Main+Features32007?OpenDocument>

⁴ <https://bsphn.org.au/wp-content/uploads/2019/03/Brisbane-South-Mental-Health-Suicide-Prevention-and-Alcohol-and-Other-Drug-MHSPAOD-Strategy-2019-2022.pdf>

Activity 1. Understanding your patient mental health profile

Activity 1.1 – Data collection from CAT4



The aim of this activity is to collect data to identify patients at risk of a mental health condition and also assist with the management of patients with a mental health condition

Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Note - Instructions on how to extract the data is available from the CAT4 website. [Number of patients with a mental health condition](#) or [Indicated mental health with no diagnosis](#) or [Number of patients with a mental health condition who may be eligible for a home medication review](#) or [Number of patients who have had a mental health treatment plan completed in the past 12 months](#) or [Number of patients on medications](#)

	Description	Total number of active patients as per RACGP criteria (3 visits in 2 years)	Total number of active patients
1.1a	Number of active patient population		
1.1b	Number of active patients (i.e. 3 visits in 2 years) See instructions in link below. <u>Identify active patients with at least 3 visits in the last 2 years.</u>		
1.1c	Number of patients with a mental health condition		
1.1d	Number of patients with indicated mental health condition but no diagnosis		
1.1e	Number of patients with a mental health condition who may be eligible for a home medication review (<i>on the instructions, select condition as mental health</i>)		
1.1f	Number of patients who have had a mental health treatment plan (MHTP) completed in the past 12 months		
1.1g	Number of patients with a mental health condition on antidepressant medications		
1.1h	Number of patients with a mental health condition on antipsychotic medications		
1.1i	Number of patients with a mental health condition on mood stabilisers		
1.1j	Number of patients with a mental health condition on pain relief medication		

Please note: the RACGP defines active as 3 visits in 2 years. This search criteria does not capture those patients who may come in for screening every 2 years, or twice in 2 years e.g. flu vaccine, hence the option to look at all active patients.

Activity 1.2 – Reviewing your practice mental health profile



Complete the checklist below to review your practice’s mental health patients ‘at risk’ and diagnosed.

Description	Status	Action to be taken
After completing activity 1.1 , are there any unexpected results with your practice’s mental health profile?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. higher number of patients with mental health condition than expected or only a low percentage of patients with mental health condition have a MHTP.) How will this information be communicated to the practice team?
After reviewing your practice’s mental health profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No: you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 1.3 – Mental health measures on benchmark report



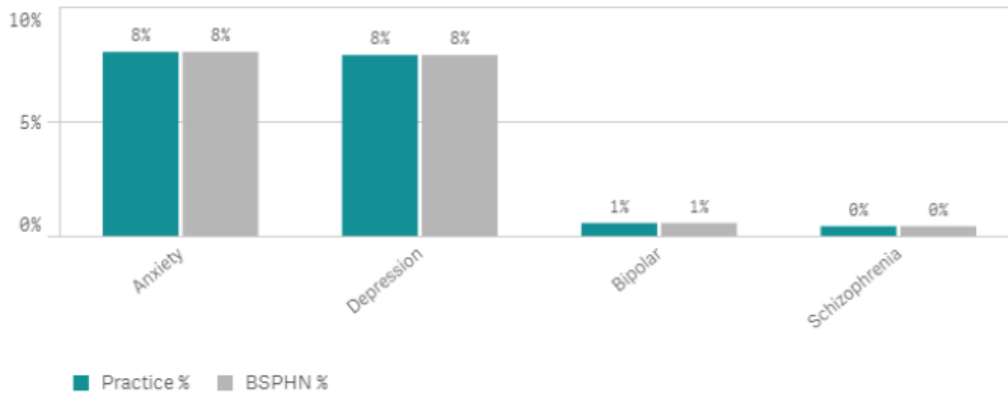
The aim of this activity is to review your practice’s data dashboard on the monthly benchmark report provided by Brisbane South PHN.

You will need your practice’s benchmark report to complete this information.



Mental Health

Chronic Diseases – Mental Health



Mental Health Diagnosis*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420		132,420	
Anxiety	82,115	8%	82,115	8%
Depression	80,736	8%	80,736	8%
Bipolar	5,710	1%	5,710	1%
Schizophrenia	4,297	0%	4,297	0%

	Description	Percentage
1.3a	Active population with coded mental health diagnosis	
1.3b	Active patients with a mental health condition and a MHTP	
1.3c	Active patients with a mental health condition and a MHTP review	
1.3d	Active patients with a mental health condition and a mental health consult	
1.3e	Active patients with a diagnosis of anxiety	
1.3f	Active patients with a diagnosis of depression	
1.3g	Active patients with a diagnosis of bipolar	
1.3h	Active patients with a diagnosis of schizophrenia	

Activity 1.4– Reviewing your practice mental health profile on the benchmark report



Complete the checklist below to review your practice’s mental health profile from your benchmark report.

Description	Status	Action to be taken
<p>After completing activity 1.3, are there any unexpected results with your practice’s mental health profile?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: (<i>e.g. a low percentage of mental health patients have a mental health consult</i>).</p> <p>How will this information be communicated to the practice team?</p>
<p>Is your practice mental health patient profile similar to other practices in the Brisbane south region (compare information from benchmark report)?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Outline the differences – (<i>e.g. our practice has a lower percentage of patients with a mental health diagnosis than other practices</i>).</p> <p>How will this information be communicated to the practice team?</p>
<p>After reviewing your practice’s mental health profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see actions to be taken to help set you goals.</p> <p><input type="checkbox"/> No: you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 2. Building your practice mental health register

Coding is simply a process of using an agreed standardised descriptor, stored as a series of numbers or letters. You may have identified that there are multiple ways clinical staff may enter a patient’s diagnosis in the practice software. Some will type this information directly into the patient’s progress notes or enter this information as free text in the ‘reason for encounter’ or ‘diagnosis field’. This process is called free texting or un-coded diagnosis. Free text is not easily searchable in any database by the clinical software or third-party software (e.g. extraction tools) and is therefore not the preferred process.

The recommended process is to use a diagnosis from the drop-down boxes provided in the clinical software. This is a coded diagnosis. If all clinical staff within the practice use the same codes to identify a diagnosis then it is easier to search for particular conditions. It also allows the practice software to create automatic prompts e.g. reminders and warnings.

It is important to ensure your coding is consistent and agreed upon by all clinical staff in the practice, and diagnostic criteria for mental illness are uniform.

Activity 2.1 – Determine terms of consistent coding



The aim of this activity is for the clinical team to agree on consistent coding to be used within the practice.

Description	Status	Action to be taken
Are relevant practice team members aware of the importance of quality data including using consistent coding (avoiding free text)?	<input type="checkbox"/> Yes: continue with this activity. <input type="checkbox"/> No, see action to be taken.	Organise a practice team meeting to discuss how to develop a clinical coding policy for your practice. This may be a specific area that the practice is working on, to make it task easier.
Have you agreed on accepted terminology of mental health conditions from the drop-down lists in your practice software?	<input type="checkbox"/> Yes: continue with this activity. <input type="checkbox"/> No, see action to be taken.	Source list of clinical codes already available in current clinical software. Source list of clinical codes from CAT4 clinical audit tool. From these two lists agree on clinical codes for mental health to be used within practice. <hr/> <hr/> <hr/>
Have your agreed clinical codes been included in your practice policy?	<input type="checkbox"/> Yes: continue with this activity. <input type="checkbox"/> No, see action to be taken.	Record agreed clinical codes in practice policy manual.

Description	Status	Action to be taken
Are practice team members aware of how to enter diagnoses in clinical software using agreed mental health conditions?	<input type="checkbox"/> Yes: continue with this activity. <input type="checkbox"/> No, see action to be taken.	Refer to instructions from Best Practice or MedicalDirector .
After reviewing your practice’s clinical coding guidelines, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set your goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 2.2 – Cleaning up un-coded conditions in your practice software



The aim of this activity is to identify and clean up any un-coded mental illness conditions in your practice software.

Cleaning up un-coded items makes it easier to perform database searches and manage third-party clinical audit tools.

Follow the instructions for [Best Practice](#) or [MedicalDirector](#) to identify the number of un-coded mental illness conditions.

Date data collected	Number of un-coded mental illness conditions

What is a reasonable timeframe to complete this activity: _____

Who will be completing this activity: _____

Results

After you have actioned any un-coded mental illness diagnosis, perform another database search in your practice software and record the number of un-coded conditions to track your results.

Date data collected	Number of un-coded mental illness conditions

Advantages and disadvantages of labelling a mental illness

Receiving a mental health diagnosis can lead to stigma, discrimination, and can be detrimental to someone’s recovery. They can reduce a complicated life story to a single label and reinforce sickness rather than focusing on someone’s strengths and path to recovery. It is important to assess someone according to their functional needs which may fluctuate over time and not always conform to a diagnostic label.

However, there are advantages to using mental health diagnoses, including minimising risks such as prescribing errors and ensuring appropriate supports and treatments are offered. If someone has a mental health diagnosis it is important it is firstly discussed with the patient and recorded correctly. Just as we would record a physical health diagnosis, a mental health condition should be recorded if it has been diagnosed. If preferred, it may be marked as confidential, or inactive if it is no longer of concern, and people may choose not to upload it to My Health Record if desired.

Activity 2.3 – Marking mental health condition as active/inactive



It is important when completing each patient’s progress notes, to mark the consult with an appropriate condition. **Please note:** if a mental health condition is marked as ‘active’ the patient will be included in any appropriate reports produced on CAT4. If the patient has depression that is marked ‘inactive’, they will not be included in [CAT4 reports](#). The clinical team should understand the importance of marking conditions as active or inactive.

The aim of this activity is to ensure all the clinical team within the practice understand the importance of marking conditions as active or inactive.

Description	Status	Action to be taken
Are relevant practice team members aware of the importance of marking conditions or reason for visits as active or inactive?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Include in the next clinical team meeting/s the importance of marking patient’s history and/or reason for visit as active or inactive.
Are relevant practice team members aware that they can mark sensitive information as confidential?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Include in the next clinical team meeting/s some information on marking patient’s history and/or reason for visit as confidential.
Does your practice policy and procedure manual include a section on marking patient past history and/or conditions as active or inactive?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Update policy and procedure manual.
Are practice team members aware of how to enter active/inactive in your practice’s clinical software?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to instructions from Best Practice or MedicalDirector .
After reviewing your practice’s active/inactive conditions processes, are there any changes you would like to implement in the practice, to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set your goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 2.4 – Confirming the right patients are on the register



Patients with mental health diagnosis are central to the patient register. The aim of this activity is to look at patients with indicated mental health but no diagnosis reported.

This activity will require you to access the [indicated mental health with no diagnosis report](#) which displays the likelihood of mental illness based on a mental health medication or a MHTP being recorded in the patient’s record without a diagnosis.

Description	Status	Action to be taken
After completing activity 1.1d note how many active patients have indicated mental illness with no diagnosis.	Number: _____	
Is there an explanation as to this result?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Provide information (e.g. GPs unsure where to enter diagnosis, coding issue, information inconclusive, etc.). How will this information be communicated to the practice team?
Have you distributed lists to individual GPs for review and update of their diagnosis?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Ensure you follow up in a week’s time to receive the reviewed reports back from the GP. Refer to instructions .
After reviewing your patients with indicated mental illness with no diagnosis, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set your goals. <input type="checkbox"/> No: you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.



Practice decision point

It is recommended that you have a practice meeting to review the data collection table results and determine any action that needs to be taken. The table below will help guide you through this process.

Activity 3. Identifying patients with mental health conditions and other chronic medical conditions

Activity 3.1 –Data collection from CAT4



The aim of this activity is to collect data to identify patients with mental health and at least one other chronic medical condition

Mental illnesses are associated with a higher risk of obesity, diabetes and cardiovascular disease.⁵ Identifying this comorbidity allows for more effective management of both physical and mental health. Chronic health problems can also increase the likelihood of a mental health problem, or confound efforts to better manage a physical health problem.

Complete the below table by collecting data from your CAT4 Data Extraction Tool. Note - Instructions on how to extract the data is available from the CAT4 website: [co-morbidities](#) or [chronic conditions](#).

	Description	Total number of active patients as per RACGP criteria (3 visits in 2 years)	Total number of active patients
3.1a	Number of patients with a mental health condition and 1 other chronic medical condition		
3.1b	Number of patients with a mental health condition and 2 other chronic medical conditions		
3.1c	Number of patients with a mental health condition and 3 other chronic medical conditions		
3.1d	Number of active patients with a mental health condition and diabetes (<i>select mental health “yes” and diabetes “yes” and recalculate</i>)		
3.1e	Number of active patients with a mental health condition and cardiovascular disease (<i>select mental health “yes” and cardiovascular “yes”</i>)		

Please note: You can [search lists by individual providers](#) and provide to them to identify patients with multiple chronic conditions.

⁵ [https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(19\)30132-4.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(19)30132-4.pdf)

Activity 3.2– Reviewing your patients with multiple chronic medical conditions



Complete the checklist below to review your patients with multiple chronic medical conditions.

Description	Status	Action to be taken
After completing activity 3.1 are there any unexpected results with your patients' comorbidities?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. higher number of patients with mental health condition and 3 other chronic medical conditions). How will this information be communicated to the practice team?
After completing activity 3.1 , do you have any unexpected results about the number of patients with a mental health condition & diabetes?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Consider completing a Diabetes Cycle of Care. Refer to MBS online for criteria. Information to assist with patients with a mental health condition & diabetes is available from Diabetes Australia . Refer to Brisbane South PHN's QI Toolkit – Chronic Conditions - Diabetes .
After completing activity 3.1 , do you have any unexpected results about the number of patients with a mental health condition & cardiovascular disease?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Consider a medication review, Consider recalling the patient to check if they are meeting treatment goals. Refer to Brisbane South PHN's QI Toolkit – Chronic Conditions – Cardiovascular .
After reviewing your practice's comorbidities profile, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No: you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 4. Preventative health for patients with a mental health condition

Looking after physical health is important for everyone, but it can be an extra challenge for people who have a mental illness.

This may be related to the symptoms of the illness or the side-effects of medication. It may be due to smoking, not getting enough exercise, or other lifestyle factors. Physical health problems can also get overlooked when everyone’s focus is on looking after the mental health condition.

Whatever the reasons, people affected by mental illness often have some of the following problems:

- weight gain
- high cholesterol
- high blood pressure
- high blood glucose levels.

These problems may lead to heart disease, diabetes or other illnesses. Being physically and mentally healthy in day-to-day life can make a big difference.

Brisbane South PHN have a [toolkit](#) dedicated to improving the physical health of patients with a mental illness for detailed activities on this topic.

Social determinants

Social determinants influence mental health and wellbeing and include factors such as housing, education, employment, income and social justice. It is suggested that you collect this information for patients.

Mental health conditions and cancer screening

People with mental health conditions are potentially less likely to participate in cancer screening. Brisbane South PHN has a [cancer screening toolkit](#) to assist with identifying under-screened patients.

Recording risk factors in your clinical software

It is important to record activities in the correct data fields using the correct coding and avoid entering the activities as ‘free text’ in the progress notes. By recording the information in the correct fields, it will:

- improve efficiency when using your software package by reducing the amount of time needed to search for information in the patient progress notes
- improve consistency in how data is entered across all patients at the practice
- allow the Pen Clinical Audit tool to extract accurate data on patients.

Activity 4.1 – Data Collection from CAT4



Complete the below table by collecting data from your practice monthly benchmark report.

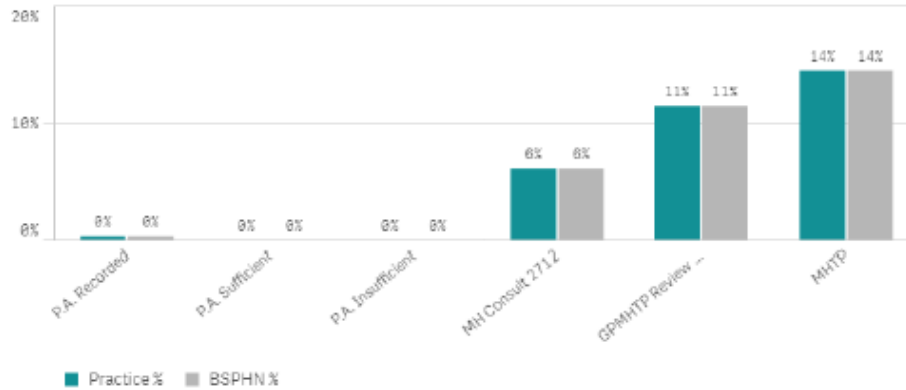
The aim of this activity is to collect data to determine the number of patients with their physical activity recorded.

	Description	Total Number	% completed	Accreditation target met
4.1a	Number of active patients who have their physical activity recorded			<input type="checkbox"/> Yes <input type="checkbox"/> No

	Description	Total Number	% completed	Accreditation target met
4.1b	Number of active patients with a mental health condition who have their physical activity recorded			

Please note: As a general rule, data recording in this area is low across all practices in the Brisbane South PHN area. If the option for data recording is not user friendly at your practice, please notify your software provider.

Mental Health – Management



Mental Health Management*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420	-	132,420	-
Physical Activity Recorded	384	0%	384	0%

Figure: Sample snapshot of Brisbane South PHN benchmark report – mental health - management

Activity 4.2 – Understanding your practice physical activity status

The aim of this activity is to increase your understanding of the patient’s physical activity status.

Description	Status	Action to be Taken
After completing activity 4.1 , are there any unexpected results with your practice’s patient physical activity status?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. low recording of physical activity status). How will this information be communicated to the practice team?

Description	Status	Action to be Taken
Are your practice patient measures similar to those at other practices in the Brisbane south region (<i>compare information from benchmark report</i>)?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	<p>Outline the differences (<i>e.g. we're on similar par to other practices or others are doing much better than us</i>).</p> <p>How will this information be communicated to the practice team?</p>
Do all clinicians know how to enter physical activity status in your practice's clinical software?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Refer to instructions from Best Practice or MedicalDirector .
After reviewing practice physical activity status, are there any changes you would like to implement in the practice, to help using practice software, over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No, you have completed this activity.	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Smoking and alcohol status

In Australia, while the prevalence of smoking is declining in the general community, it remains high among people with mental illness. People with mental illness have higher smoking rates, higher levels of nicotine dependence, and a disproportionate health and financial burden from smoking compared to the general population.⁶

Alcohol can have a major impact on mental health. Because alcohol is a depressant, it slows the body down and changes the chemical makeup in the brain. This has many effects. It can alter:

- mood
- energy levels
- sleeping patterns
- concentration
- memory
- and also increase risk of injury.

Alcohol reduces inhibitions and impacts decision making.⁷

Weight, BMI and other risk factors

Sometimes people feel down or anxious about their weight. They may feel guilty for not being healthy and energetic. They may blame themselves for not being fit and active. As well, if a person has depression or anxiety, their appetite, energy levels, self-esteem and weight can all be affected.⁸

⁶ <https://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health>

⁷ <https://headspace.org.au/young-people/how-does-alcohol-affect-mental-health/>

⁸ http://healthyweight.health.gov.au/wps/portal/Home/keep-in-check/managing%20the%20challenges/mental-health-and-weight!/ut/p/a0/04_Sj9CPykssy0xPLMnMz0vMAfGjzOI9jFxdDY1MDD3dzbycDTzNLfwsfP0MjyJNTfULsh0VAUgJjsw!/

Activity 4.3 – Data Collection from your monthly benchmark report



Complete the below table by collecting data from your PIP QI measures from your practice monthly benchmark report. You can also collect information from [CAT4](#) (**change condition to mental health**).

The aim of this activity is to collect data to determine the number of patients who have their smoking, alcohol and BMI status recorded.

2. Smoking status			3. Body Mass Index (BMI) classification		7. Alcohol consumption status
12.81% active patients aged 15+ years with smoking status recorded as 'current smoker'	14.67% active patients aged 15+ years with smoking status recorded as 'ex-smoker'	54.02% active patients aged 15+ years with smoking status recorded as 'never smoked'	9.88% active patients aged 15+ years who have a BMI recorded as 'overweight' in the previous 12 months	8.16% active patients aged 15+ years who have a BMI recorded as 'obese' in the previous 12 months	56.81% active patients aged 15+ years with an alcohol consumption status recorded

	Description		Percentage	Number
4.3a	Number of active patients aged 15+ years with smoking status recorded as current smoker			
4.3b	Number of active patients aged 15+ years with an alcohol consumption status recorded			
4.3c	Number of active patients with a mental health condition who are current smokers			
4.3d	Number of active patients with a mental health condition who drink alcohol			
4.3e	Number of active patients aged 15+ years who have a BMI recorded as 'overweight' in the previous 12 months			
4.3f	Number of active patients aged 15+ years who have a BMI recorded as 'obese' in the previous 12 months			

Please note: not all patients included in the PIP QI reports will have a mental health condition. You can produce reports from CAT4 to include just mental health condition patients.

Activity 4.4 – Understanding your practice smoking, alcohol and BMI status



The aim of this activity is to increase your understanding of the patient's smoking, alcohol and BMI status.

Description	Status	Action to be Taken
After completing activity 4.3 , are there any unexpected results with your practice's patient alcohol and smoking status?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. high number of patients with a mental health condition who drink alcohol).

Description	Status	Action to be Taken
		How will this information be communicated to the practice team?
After completing activity 4.3 , are there any unexpected results with your practice’s patient BMI status?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: <i>(e.g. high number of patients with a mental health condition who are overweight).</i> How will this information be communicated to the practice team?
Do all clinicians know how to enter alcohol and smoking status in your practice’s clinical software?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Refer to instructions from Best Practice or MedicalDirector .
After reviewing your data on alcohol and smoking status, are there any changes you would like to implement in the practice, to help using practice software, over the next 12 months?	<input type="checkbox"/> Yes: see actions to be taken to help set you goals. <input type="checkbox"/> No: you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 5. Medicare item numbers for patients with a mental health condition

Patients with a mental illness **may be eligible** to access chronic disease item numbers within the Medicare Benefit Schedule (MBS). These are dependent on patient age, ethnicity and co-morbidities. Conditions apply to each item number, please ensure the GP understands these prior to claiming the item number/s. Brisbane South PHN have a comprehensive [toolkit](#) looking at MBS items, however, a summary of the item numbers include:

MBS items

- [Mental health consultation \(MBS 2713\)](#)
- [Mental health treatment plan \(MHTP\)](#)
- [Mental health treatment plan \(MHTP\) review](#)
- [Aboriginal and Torres Strait Islander health assessment](#)
- [Health assessments](#)
- [Home medication review](#)
- [MBS telehealth fact sheet](#)



TIP: GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.

Better access to psychiatrists, psychologists and general practitioners through the MBS (Better Access) initiative

The purpose of the [Better Access initiative](#) is to improve the treatment and management of mental illness within the community. The Better Access initiative is increasing community access to mental health professionals and team-based mental health care, with general practitioners encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists. Part of the Better Access funding has been allocated to [education and training](#) for health professionals.

Education and training

As GPs are often the first point of contact for patients experiencing a mental illness, they are the most common providers of mental health services. Therefore, it is essential that they have the necessary skills and knowledge to address patients' mental health needs.

The [training accredited by the GPMHSC](#) provides the fundamental skills required to assess a patient's needs, recommend appropriate referral options and manage a patient's ongoing mental health care.

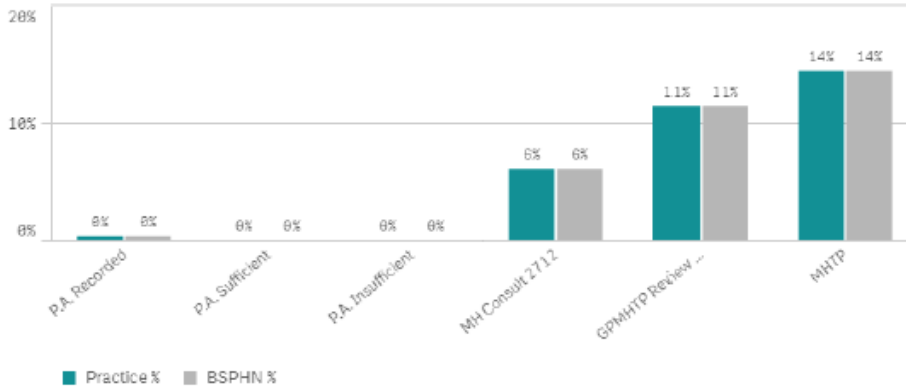
Activity 5.1 – Data collection - MBS claiming for mental health patients



The aim of this activity is to review your practice’s claiming of MBS items for patients with mental health conditions.

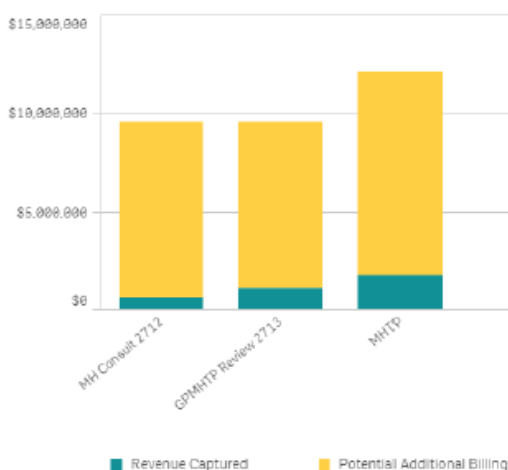
Note – Information to complete this activity is available from your latest benchmark report from Brisbane South PHN.

Mental Health – Management



Mental Health Management*	-	- %	BSPHN	BSPHN %
Active Patients with a Mental Health diagnosis**	132,420	-	132,420	-
Physical Activity Recorded	384	0%	384	0%
Physical Activity Sufficient	0	0%	0	0%
Physical Activity Insufficient	0	0%	0	0%
MHTPs (2700, 2701, 2715, 2717)***	19,084	14%	19,084	14%
MHTP review (2712)	8,069	6%	8,069	6%
Mental health consultation (2713)	15,124	11%	15,124	11%

Mental Health – Financial Review



MBS Billing Item*	Mental Health Consult (2712)	MHTP Review (2713)	MHTPs (2700, 2701, 2715, 2717)
Captured Revenue	\$578,547	\$1,084,391	\$1,737,598
Potential Missed Revenue	\$8,915,967	\$8,410,123	\$10,319,243

	Description	Number	Percentage
5.1a	Number of patients with a mental health condition		
5.1b	Number of patients with a mental health condition and a mental health consult claimed		
5.1c	Number of patients with a mental health condition and a MHTP claimed		
5.d	Number of patients with a mental health condition and a MHTP review claimed		

Activity 5.2 – Checklist for reflection on MBS claiming



Complete the checklist below to review your practice’s MBS claiming for patients with a mental health condition.

Description	Status	Action to be taken
After completing activity 5.1 , are there any unexpected results with your practice’s claiming for mental health patients?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. low % of patients with a MHTP or we are doing well at claiming MHTP reviews). How will this information be communicated to the practice team?
Is your practice claiming for mental health patients similar to other practices in the Brisbane south region (compare information from benchmark report)?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Outline the differences – (e.g. our practice is lower at claiming mental health consultations than other practices). How will this information be communicated to the practice team?

Description	Status	Action to be taken
<p>Are there any patients with a mental health condition without a MHTP completed in the past 12 months? Refer to activity 1.1.</p>	<p><input type="checkbox"/> Yes, see action to be taken.</p> <p><input type="checkbox"/> No, continue with activity.</p>	<p>Please explain.</p> <p>What action will you take?</p>
<p>Are there any patients with mental health conditions who may benefit from a Home Medication Review (HMR)? Refer to activity 1.1. (<i>Note: not all patients with mental health will be eligible for a HMR, refer to MBS criteria</i>).</p>	<p><input type="checkbox"/> Yes, see action to be taken.</p> <p><input type="checkbox"/> No, continue with activity.</p>	<p>Please explain.</p> <p>What action will you take?</p> <p>How will you use this information to increase the number of HMRs completed?</p>
<p>Have you created a Topbar prompt on all patients with mental health conditions who may be eligible for a MHTP?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Follow the instructions to complete this.</p>
<p>Do relevant staff know where to find appropriate templates for MHTPs?</p>	<p><input type="checkbox"/> Yes, continue with activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Refer to instructions from Best Practice or MedicalDirector.</p>
<p>Do you know the contact details for any MBS related questions?</p>	<p><input type="checkbox"/> Yes, continue with the activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Email: askMBS@health.gov.au</p> <p>Provider Enquiry Line - 13 21 50</p>
<p>Do relevant staff know that Medicare provides online training modules?</p>	<p><input type="checkbox"/> Yes, continue with activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>More information can be obtained from Medicare Australia e-learning modules.</p>
<p>After reviewing the MBS claiming for patients with a mental health condition, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?</p>	<p><input type="checkbox"/> Yes: see actions to be taken to help set you goals.</p> <p><input type="checkbox"/> No, you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 6. Mental health conditions and suicide

Suicide in the Brisbane south region

The Brisbane South PHN Health Needs Assessment 2022-23 to 2024-25 identifies mental health, suicide prevention, and alcohol and other drugs as being high contributors to poor health in the Brisbane south region and a priority for action for the Brisbane South PHN.⁹



As the first point of contact for many people, GPs and their practices are at the frontline in working with people who have considered or attempted suicide.

GPs should be alert for higher-risk individuals and the possibility of suicide.

People who are contemplating suicide will often give some clues or signs to those around them, including friends, family, colleagues, their GP or other mental health professionals.¹⁰ Preventing suicide starts with recognising and acting on warning signs, which usually occur in combination, and being aware of the specific risk factors involved. It should be noted, however, that in some cases there might not be any warning signs.

Who is at increased risk?

A patient has increased risk of suicide if they:

- have a history of mental illness (particularly mood disorders, alcohol and drug abuse)
- have made previous suicide attempts or deliberate self-harmed
- are male
- are younger or older
- have experienced recent loss or other adverse event
- have a family history of attempted or completed suicide
- have an ATSI background
- are widowed
- live alone or in prison
- have a chronic and terminal illness
- are up to 12 months post-discharge from a psychiatric hospital
- are women experiencing intimate partner violence
- identify as LGBTQI.

Suicide risk factors

For those at higher risk, it is important to be aware of and evaluate the risk factors for suicide.

- Assessment of suicide risk involves enquiring into the extent of suicidal thinking and intent. This includes assessing the following: suicidal thinking (if present, how frequent and how persistent?), planning (if

⁹ <https://bsphn.org.au/wp-content/uploads/2019/03/Brisbane-South-Mental-Health-Suicide-Prevention-and-Alcohol-and-Other-Drug-MHSPAOD-Strategy-2019-2022.pdf>

¹⁰ <https://www.healthdirect.gov.au/warning-signs-of-suicide>

present, how detailed and realistic is it?), lethality (what method has been chosen and how lethal is it?), means (does the person have the means to carry out the method?), past history (has the person ever planned or attempted suicide?), history of suicide of family member or peer.

- Also consider: guilt, impulsivity, substance use, strengths and supports.
- For all people with suicidal ideation, enquiry should be made about preparatory activities e.g. obtaining a weapon, making a plan, putting affairs in order, giving away possessions, preparing a note etc.
- In young people, the HEADS ED [tool](#) has questions that can assist in assessing suicide risk.

For example:

- Sometimes when people feel really down, they feel like hurting or even killing themselves.
- They can deliberately harm or injure themselves (e.g. cutting, burning or putting them self in unsafe situations, such as unsafe sex).
- People can lose interest in things they usually enjoy.

GP involvement in suicide assessment

Research shows that quality mental health care can reduce suicidal thinking and prevent suicidal behaviour. It is important that clinicians are [equipped with skills](#) to discuss suicide and suicide risk with their patients. This involves a comprehensive psychosocial assessment and assessment of suicidality.¹¹

Responding to suicide risk

It is important that clinicians are equipped to discuss and develop a suicide safety plan. Safety planning has been shown to reduce suicide risk and increase engagement with health services when used in combination with evidence-based therapy. It is important to involve the patient in treatment planning and to have a recovery-oriented focus. For people at a high and immediate risk of suicide, it is important that GPs and practice staff are aware of where to access immediate assistance if required. This may involve the local hospital or acute mental health service. Occasionally, for those at immediate danger to themselves or others, this may require calling 000 and using the [Mental Health Act](#).

Activity 6.1– Suicide prevention in general practice



The aim of this activity is to review your practice’s role in suicide prevention.

Description	Status	Action to be taken
Does your practice undertake health promotion and activities for mental health and suicide prevention?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Consider running a series of promotional events in the practice coinciding with World Mental Health Day.
Are clinical staff trained in how to conduct a suicide risk assessment?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Consider extra training in mental health first aid.

¹¹ <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/red-book/psychosocial/suicide>

Description	Status	Action to be taken
Are clinicians trained in how to develop a suicide safety plan?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	More information available from Beyond Blue . Suicide safety planning app .
Are staff trained in how to respond to a mental health emergency?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Consider extra training in mental health first aid.
Are patients provided with mental health and suicide prevention resources in other languages and for Aboriginal communities?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Ensure the practice has a number of mental health and suicide prevention resources available in the waiting room and GP consultation rooms. Resources available from: <ul style="list-style-type: none"> • Head to health • Beyond Blue
After reviewing your suicide prevention strategies, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes: see actions to be taken to help set you goals. <input type="checkbox"/> No: you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 7. Establishing appropriate care assessments and pathways using evidence-based guidelines

Identify roles for managing mental health patients within your practice

Consider how best to use your practice staff to provide optimum care and the impact this will have on the workload and appointment system. This involves systematically determining if your practice is set up and equipped to provide evidence-based mental health assessment and management.

Activity	Nurse	GP	Admin
Complete appropriate screening tool (for e.g. K10 or MMSE etc).			
Organise investigations (if relevant).			
Monitor blood pressure.			
Height, weight and BMI.			
Complete cardiovascular risk assessment.			
Update patient reminders for regular monitoring (frequency depends on patients' condition).			
Review diet/healthy eating.			
Review physical activity and exercise tolerance.			
Review smoking and alcohol intake.			
Review substance and drug use.			
Review and record social determinants of health (insecure housing, unemployment, level of education, domestic violence).			
Offer support services.			
Provide self-care education.			
Mental health assessment.			
Consider comorbidities (chronic kidney disease, diabetes, cardiovascular disease, lung cancer).			
Review medications.			
Complete MHTP and review.			
Home Medication Review (if appropriate).			
Assess need for referral to other mental health provider.			
Consider advanced care planning.			
Complete suicide risk assessment.			
Manage patient recall and reminders.			
Monitor monthly benchmark report from Brisbane South PHN			

Activity 8. Recalls and reminders

As part of the RACGP accreditation standards, it is a requirement that practices provide health promotion, illness prevention, preventive care and a reminder system based on patient need and best available evidence. Brisbane South PHN have a comprehensive [toolkit](#) to assist you to review your practice recall and reminder systems, however, the aim of this activity is to assist with mental illness specific recall and reminders. You can also access other QI tools via medical software modules that will assist your practice to merge duplicate recall/reminder lists in your practice’s clinical software. These modules are:

- Module 7 – Recalls, Reminders and Screening using MedicalDirector
- Module 8 – Recalls, Reminders and Screening using Best Practice

You can access these modules via [DiscoverPHN](#).

Activity 8.1 – Reminder system



The aim of this activity is to review the practice’s reminder system.

Question to consider	Status	Action to be taken
Do clinicians know how to initiate a patient reminder within clinical software?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to instructions from Best Practice or MedicalDirector . Arrange education on setting up patient reminders for relevant team members.
Is there a system for ensuring patients recently diagnosed with a mental illness are incorporated into the reminder system	<input type="checkbox"/> Yes, policy is working. <input type="checkbox"/> Yes, policy is not working, see action to be taken. <input type="checkbox"/> No policy, see action to be taken.	Revise policy Practice policy on reminders to be implemented
Does the recall and reminder system take into consideration patients with low English proficiency?	<input type="checkbox"/> Yes, policy is working. <input type="checkbox"/> Yes, policy is not working, see action to be taken. <input type="checkbox"/> No policy, see action to be taken.	Revise or implement practice policy. Letters and voice phone messages can be confusing for patients with limited or no English. Using the Translating and Interpreting Service to call the patient or sending text messages can be more effective. Consider using the online Appointment Reminder Translation Tool .

Question to consider	Status	Action to be taken
<p>After reviewing your practice’s recall and reminder system, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see action to be taken to help set your goals.</p> <p><input type="checkbox"/> No, you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 9. Referral pathways

The aim of this activity is to ensure that practice staff have access to the relevant information and understand pathways for referral of patients to specialists and allied health staff as deemed clinically appropriate.

Engaging other medical services (e.g. diagnostic services; hospitals and consultants; allied health; and social, disability, financial, housing, training, supported employment, alcohol and drug treatment and community services) assist the practice to provide optimal care to patients whose health needs require integration with other services.

Multidisciplinary teams convey many benefits to both service users and the mental health professionals working on the team, such as continuity of care, the ability to take a comprehensive, holistic view of the service user's needs, the availability of a range of skills, and mutual support and education.¹²

Potential members of the multidisciplinary mental health team



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<https://www.researchgate.net/publication/260125071> Interdisciplinary Care to Enhance Mental Health and Social and Emotional Wellbeing

Essential referral information for mental health patients

Metro South 24-hour phone support

The Metro South community can access local mental health services for information and assistance in times of mental health crisis 24 hours a day via a centralised phone number:

Phone: 1300 MH CALL (1300 64 22 55).

Refer your patient

Metro South Health is the major provider of public health services, and health education and research, in the Brisbane south side, Logan, Redlands and Scenic Rim regions. The [refer your patient](#) website assists health professionals with accessing public health services for patients. It provides a single point of entry for all new referrals.

The website outlines available health professionals, criteria to access appointments with the health professionals and expected wait times as well as all the information required in the referral.

[Metro South Health](#) provides a number of services to patients with a variety of mental health conditions.

Services

- ▶ [Acute Mental Health Inpatient Services](#)
- ▶ [Addiction Services](#)
- ▶ [Child and Youth Mental Health Services](#)
- ▶ [Consultation Liaison Psychiatry Services](#)
- ▶ [Deafness and Mental Health Statewide Consultation and Liaison Service](#)
- ▶ [Logan-Beaudesert Perinatal Wellbeing Service](#)
- ▶ [Mood Services](#)
- ▶ [Older Adult Mental Health Services](#)
- ▶ [Psychosis Services](#)
- ▶ [Rehabilitation Services](#)
- ▶ [Resource and Access Services](#)
- ▶ [Transcultural Mental Health Service](#)

Under each section, referral requirements are listed to assist with the smooth transition of care. This is an example of the requirements of older people mental health:

Referrals

To ensure your service needs are met in a timely manner we would request the following information at time of referral:

- ▶ Self or carer referrals: Our triage clinicians will guide you through any additional information that may be required. It is essential to know about active Guardianship or Power of Attorney arrangements.
- ▶ For health practitioners: Key assessment findings, treatment interventions provided or proposed, and current General Practitioner/other service providers.
- ▶ For General Practitioners: Key assessment findings including physical examination and current medications. Suggested pathology ELFT, FBE, TSH MSU, serum levels of medication (if applicable) and cognitive test scores and neuroimaging (if relevant).
- ▶ For residential aged care facilities: General Practitioner review prior to referral (see GP requirements above), Psychogeriatric Assessment Scale (PS), Neuropsychiatric Inventory (NPI) and Cornell Scale for Depression results if available.
- ▶ Emergency services (Ambulance or Emergency Departments): These services can facilitate access for individuals in an acute crisis.
- ▶ What if the person won't agree to be seen? The *Mental Health Act 2016* provides for the involuntary assessment and treatment, and the protection, of persons with mental illness. Our triage service can advise you about this.

SpotOnHealth HealthPathways

[SpotOnHealth HealthPathways](#) provides clinicians in the greater Brisbane south catchment with web-based information outlining the assessment, management and referral to other clinicians.

It is designed to be used at point of care primarily by general practitioners but is also available to specialists, nurses, allied health and other health professionals.

Primary mental health and wellbeing initiatives

Brisbane South PHN commissions [mental health, suicide prevention, and alcohol and other drug services](#) designed to provide flexible support that is best suited to an individual’s needs. There are three sub-regions:

- Brisbane (Princess Alexandra Hospital catchment area)
- Logan/Beaudesert (Logan Hospital catchment area)
- Redlands (Redlands Hospital catchment area)

Assistance is available for [GPs to link to Brisbane South PHN](#) commissioned mental health services.

Health Services Directory

[Health Services Directory](#) is a joint initiative of all Australian governments, delivered by HealthDirect Australia, to provide health professionals and consumers with access to reliable and consistent information about health services.

My Community Directory

[My Community Directory](#) lists organisations that provide services that are free or subsidised to the public in thousands of locations across Australia. These services are organised into various Community Directories.

Other services

If you can’t find a service that suits your needs, these links may help:

- [Alcohol and Drug Information Service](#)
- [Ask Izzy](#)
- [Head to Health](#)
- [Lifeline](#)
- [Metro South Health](#)
- [Suicide Call Back Service](#)

Activity 9.1 – Referral Pathways



Complete the checklist below in relation to referral pathways.

This activity is designed to raise your awareness of local referral options available for you and your patients to facilitate co-ordinated and therefore optimal care.

Question to consider	Status	Action to be taken
Do all GPs and nurses have login details for SpotOnHealth HealthPathways?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Register on the login page to request access.
Do all GPs and nurses know how to access SpotOnHealth HealthPathways via Topbar?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to instructions . Or contact BSPHN Digital Health Team via email: health@bsphn.org.au .

Question to consider	Status	Action to be taken
Do all GPs and nurses know how to refer to Brisbane South PHN commissioned mental health, suicide prevention and alcohol and other drug services?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken .	Refer to Brisbane South PHN .
How will you communicate information so clinicians know where to access details on referring a patient to specialist services?	What is the practice plan for communicating referral information?	
After reviewing your practice referral system, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set your goals . <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 10. Policy and procedures (including mental health strategies)

It is important that the practice reviews its policy and procedure manual, to ensure relevant documentation is in place and up to date. It is recommended that the following policy and procedures are in place:

- anti-bullying in the workplace
- support for staff when dealing with stressful situations
- dealing with difficult patients
- GP self-care
- transfer of patient care
- personal duress alarms
- employee assistance program
- patients’ rights and responsibilities
- mental health first aid
- triage – includes suicidal patients or those who have self-harmed.

Activity 10.1 – Policies and Procedures



Complete the below table to gather information on your **current** policies and procedures relating to mental health management.

Activity 10.1 – Review Policy & Procedures				
Does the practice have a policy and procedure for the following?	Policy up to date *	Policy needs reviewing	Who will review or update?	Date completed
Anti-bullying in the workplace	<input type="checkbox"/>	<input type="checkbox"/>		
Support for staff when dealing with stressful situations	<input type="checkbox"/>	<input type="checkbox"/>		
Dealing with difficult patients	<input type="checkbox"/>	<input type="checkbox"/>		
GP self-care (Doctors’ Health in Queensland)	<input type="checkbox"/>	<input type="checkbox"/>		
Transfer of patient care	<input type="checkbox"/>	<input type="checkbox"/>		
Personal duress alarms	<input type="checkbox"/>	<input type="checkbox"/>		
Employee assistance programs	<input type="checkbox"/>	<input type="checkbox"/>		
Patients’ rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>		
Mental health first aid	<input type="checkbox"/>	<input type="checkbox"/>		
Triage – including suicidal or patients who have self-harmed	<input type="checkbox"/>	<input type="checkbox"/>		
Workplace and safety	<input type="checkbox"/>	<input type="checkbox"/>		

Activity 10.2 – Policies and procedures review



The aim of this activity is to complete a PDSA on any policy and procedures that need updating in your practice.

Description	Status	Action to be taken
<p>After reviewing your relevant policy and procedures, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see action to be taken to help set your goals.</p> <p><input type="checkbox"/> No: you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 11. Resources and education

Mental health resources for health professionals

- [Mental health guidelines](#) - RACGP
- [Keeping body and mind together](#) – RANZCP
- [Clinical Guidelines for the Physical Care of Mental Health Consumers](#)
- [Headspace clinical toolkit](#)
- [Diagnostic and Statistical Manual of Mental Disorders, 5th edition](#) – American Psychiatric association
- [SpotOnHealth HealthPathways](#)
- [GP Psychiatry support line](#)
- [Wellbeing First Report \(Queensland Alliance for Mental Health\)](#).

Education for health professionals

- [Mental health skills training – ThinkGP](#)
- [Insight training](#)
- [Mental health CPD for nurses](#)
- [RACGP e-learning modules](#)
- [Brisbane South PHN Education events](#)
- [National Prescribing Service](#) - You can find a number of resources focused on mental health conditions. Specific resources of interest to health professionals may include:
 - MedicineWise News
 - Clinical eAudit
 - Online case study
- Mental health first aid – there are a number of accredited courses available to complete this
- [Managing Physical Health in Severe Mental Illness](#) – RACGP.

Screening and assessment tools

- [Alcohol Use Disorders Identification Test \(AUDIT\)](#)
- [DASS 21 \(Depression, Anxiety, Stress Scales\)](#)
- [DASS 42 \(Depression, Anxiety, Stress Scales\)](#)
- [Kessler 5 \(K5\)](#)
- [Kessler 10 \(K-10\)](#)
- [Severity of Dependence Scale](#)
- [Indigenous Risk Impact Screen \(IRIS\)](#)
- [Substance and Choices Scale](#) (for ages 13-18)
- [Mental State Examination](#)
- [Fagerstrom Nicotine Tolerance Questionnaire](#)
- [Psycheck](#)
- [Alcohol, Smoking and Substance Involvement Screening Test \(ASSIST\)](#)
- [Edinburgh Postnatal Depression Scale](#)
- [Geriatric Depression Scale](#)
- [Montreal Cognitive Assessment](#)

- [Paediatric symptom checklist](#)
- [HEADSS – for adolescents](#)
- [HoNOS and Life skills profile](#)
- [Mental Health Continuum Short Form](#)
- [Warwick-Edinburgh Mental Wellbeing Scale.](#)

Resources for patients

- [Sane Australia](#)
- [Beyond Blue](#)
- [Black Dog Institute](#)
- [Lifeline](#)
- [Suicide Call Back Service](#)
- [Head to health](#)
- [Alcohol and Drug information services.](#)

Resources for Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) patients

- [Family support and healing](#) - Queensland health
- [Beyond Blue](#)
- [Head to health](#)
- [Health translations](#)
- [First Nations health focus.](#)

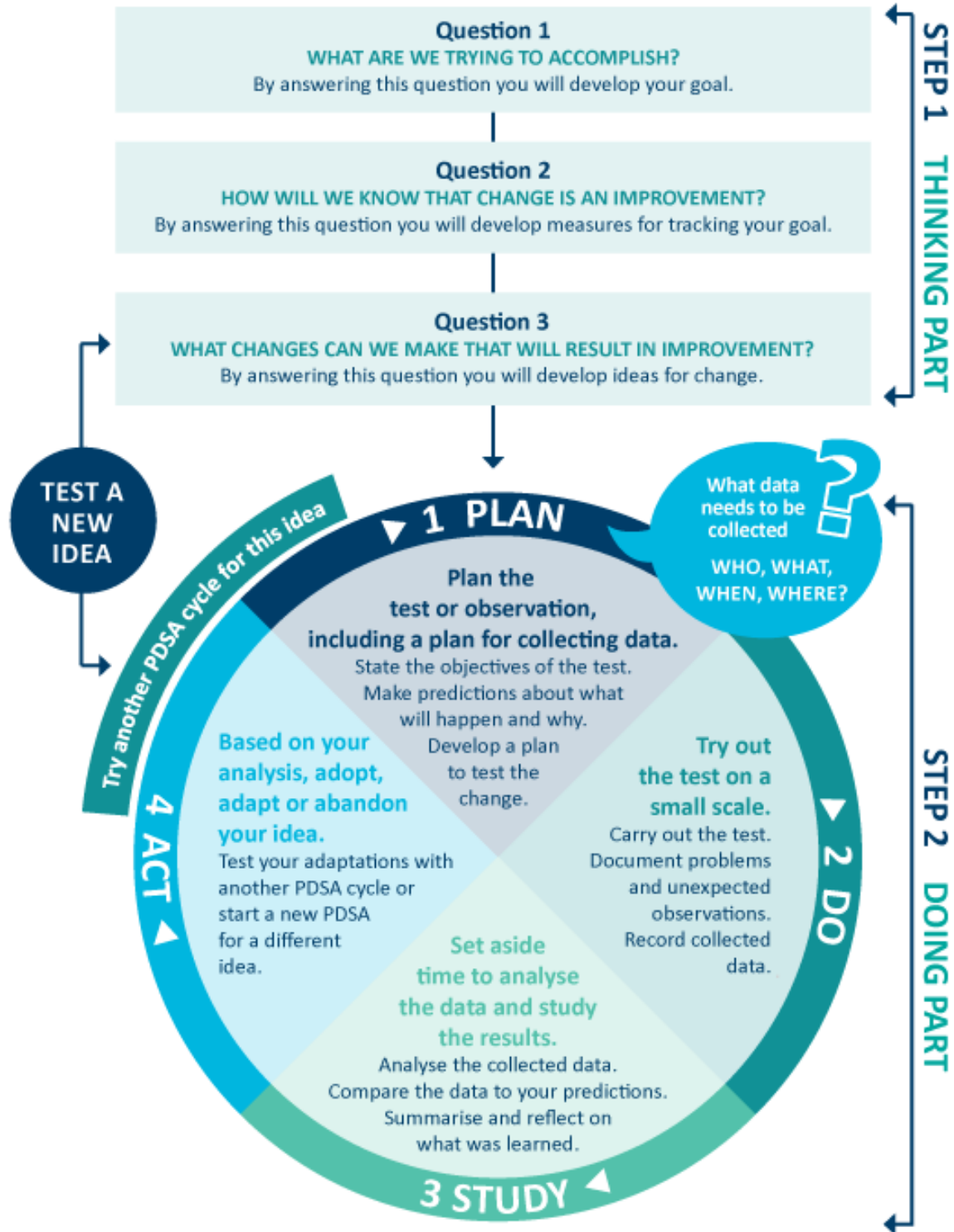
Links to other QI toolkits

After completing this toolkit, you may benefit from choosing one of the following:

- Anxiety and depression – this toolkit is designed to assist practices to review their patients who may be affected by a anxiety and depression.
- Alcohol and other drugs – this toolkit is designed to identify patients, develop a register of patients to facilitate better continuity of care and better manage the physical health and comorbidities of patients experiencing problematic substance use and/or dependency.
- Eating disorders – this toolkit can assist to identify patients with and at risk of an eating disorder, including screening and assessment of those with relevant comorbidities or presentations. It also includes prevention, early identification, appropriate intervention including referral pathways and identifying eligible MBS eating disorder and other funding streams.

The full [suite of toolkits](#) are available on Brisbane South PHN's website.

Model for Improvement diagram



Source: <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

MFI and PDSA template EXAMPLE

Step 1: The thinking part - The 3 fundamental questions

Practice name:	Date:
Team members:	
Q1. What are we trying to accomplish? (Goal)	
By answering this question, you will develop your GOAL for improvement. Record this as an S.M.A.R.T. goal (S pecific, M easurable, A chievable, R elevant, T ime bound).	
<p><i>Our goal is to:</i></p> <p>Ensure all patients with a mental health diagnosis have their alcohol consumption recorded.</p> <p>This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit.</p> <p>So, for this example, a better goal statement would be:</p> <p><i>Our S.M.A.R.T. goal is to increase the percentage of alcohol consumption recorded on all active patients aged 15 years and old with an active mental health condition by 10% by 31st July.</i></p>	
Q2. How will I know that a change is an improvement? (Measure)	
By answering this question, you will determine what you need to MEASURE in order to monitor the achievement of your goal. Include how you will collect your data (e.g. CAT4 reports, patient surveys etc.). Record and track your baseline measurement to allow for later comparison.	
<p>We will measure the percentage of active patients who have their alcohol consumption recorded. To do this we will:</p> <ul style="list-style-type: none"> A) Identify the number of active patients aged 15 years and older with an active mental health condition. B) Identify the number of active patients aged 15 years and older who have had their alcohol consumption recorded. <p>B divided by A x 100 produces the percentage of patients who have had their alcohol consumption recorded.</p> <p>BASELINE MEASUREMENT: 17% of active patients 15 years and older have their alcohol consumption recorded.</p>	
Q3. What changes could we make that will lead to an improvement? (List your IDEAS)	
By answering this question, you will generate a list of IDEAS for possible changes you could implement to assist with achieving your S.M.A.R.T. goal. You will test these ideas using part 2 of this template, the 'Plan, Do, Study, Act (PDSA)' cycle. Your team could use brainstorming or a driver diagram to develop this list of change ideas.	
<p>IDEA: Identify active patients aged 15 years and older who have not had their alcohol consumption recorded.</p> <p>IDEA: Create a Topbar prompt for eligible patients who do not have their information recorded.</p> <p>IDEA: Clinical team discuss how they can update this information opportunistically.</p> <p>IDEA: Source and provide endorsed patient education resources (in waiting rooms, toilets etc.).</p> <p>IDEA: Provide patients with a checklist on arrival for their appointment to update details, smoking and alcohol status.</p>	



Note: Each new GOAL (1st Fundamental Question) will require a new MFI plan.

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

MFI and PDSA template

Step 2: The doing part - Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the 3rd fundamental question in step 1. You will use this template to test an idea. Ensure you communicate the details of the plan to the entire practice team.

IDEA	Record the change idea you are testing
Which idea are you going to test? (Refer to Q3, step 1 above)	
Identify active patients aged 15 years and older who have not had their alcohol consumption recorded.	
PLAN	Record the details of how you will test your change idea
Plan the test, including a plan for collecting data	What exactly do you plan to do? Record who will do what; when they will do it (day, time etc) and for how long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and predictions about the outcome.
<p>WHAT:</p> <p>Mary will conduct a search on CAT4 to identify active patients aged 15 years and older with an active mental health condition who do not have their alcohol consumption recorded. A Topbar prompt will be created for eligible patients to update information.</p> <p>WHO/WHEN/WHERE:</p> <p>Who: Receptionist. When: 1st March. Where: Dr Brown’s office.</p> <p>DATA TO BE COLLECTED: Number of active patients aged 15 years and older with an active mental health condition and the status of their alcohol consumption recording.</p>	
DO	Run the test, then record your actions, observations and data
Run the test on a small scale	What did you do? Were there any deviations from the original plan? Record exactly what you did, the data collected and any observations. Include any unexpected consequences (positive or negative).
<p>Done – completed 31st July – Mary conducted a search on CAT4 and identified patients aged 15 years and older with an active mental health condition and no alcohol consumption recorded back in March. She then created a Topbar prompt to ensure the practice team members were alerted to the missing information when the patient arrived for their next appointment. A mini checklist that asked to update patient details, smoking and alcohol status was created and available at reception to be handed to patients on arrival for their appointment. The clinical team member followed up with patients when they had their consultation.</p>	

STUDY	Analyse the data and your observations
<p>Analyse the results and compare them to your predictions</p>	<p>Was the plan executed successfully? Did you encounter any problems or difficulties? What worked/didn't work? What did you learn on the way? Compare the data to your predictions. Summarise and reflect on what was learned.</p>
<p>At the end of the focus on alcohol consumption recording, we identified 22% of patients aged 15 years and older with an active mental health condition. This was a 5% increase.</p> <p>Results have been shared with the whole practice team. Whilst we didn't achieve our goal, we can see the benefit in discussing this with eligible patients.</p> <p><i>Communicate the results of your activity with your whole team. Celebrate any achievements, big or small.</i></p>	
ACT	Record what you will do next
<p>Based on what you learned from the test, record what your next actions will be</p>	<p>Will you adopt, adapt or abandon this change idea? Record the details of your option under the relevant heading below. <i>ADOPT: record what you will do next to support making this change business as usual; ADAPT: record your changes and re-test with another PDSA cycle; or ABANDON: record which change idea you will test next and start a new PDSA.</i></p>
<p>ADOPT:</p> <p>ADAPT:</p> <p>The practice will regularly monitor alcohol consumption stats to ensure the rates are increasing.</p> <p>John will ensure a Topbar prompt has been created for all patients aged 15 years and older with an active mental health condition, however, we will complete this information as part of a MHTP review, as some patients felt that they were being targeted.</p> <p>ABANDON:</p>	

Repeat step 2 to re-test your adapted plan or to test a new change idea

