

CAREinMIND™ Targeted Psychological Support (ATAPS) Referral Pathway for GP –

 step by step guide for GPs CG068

1. GP assesses the patient as eligible for the ATAPS program

In order for a client to be eligible for TPS s/he must:

1. have a diagnosed mental disorder (exception: Children 0-12)
2. hold a Health Care card or be similarly disadvantaged
3. meet criteria for one or more of the TPS target groups supported by NWMPHN, and
4. benefit from **short-term** psychological intervention.

Important:

* All referrals must be received, lodged, coded and triaged via referdirect - NWMPHN’s centralised intake system.
* Referrals must not be generated/ requested by the provider of the service.
* If a client has already received Medicare sessions in the same calendar year they are not eligible for TPS sessions.

2. GP completes Mental Health Treatment Plan + CAREinMIND Referral Form

The GP completes both the Mental Health Treatment Plan + CAREinMIND Referral Form (available on MPCN’s website).

Important:

* At the time of referral, GPs can nominate a preferred provider on the referral form.
* In the event that an identified clinician is unregistered with NWMPHN, unavailable or uncontactable, the referdirect centralised intake, assessment team will contact the GP and/or client and offer an alternative provider.

3. GP lodges the referral with the referdirect team

Once complete, the GP lodges both the Mental Health Treatment Plan + CAREinMIND Referral Form via fax or secure messaging it to the CAREinMIND team.

* Fax: 03 9348 0750
* Email: careinmind@nwmphn.org.au or send via argus@mpcn.org.au (if GPs have access to Argus Connect)argus@mpcn.org.au

Important:

While not delivering direct clinical services, the referdirect team are qualified mental health providers who provide intake and risk assessment/management, in a confidential and secure manner.

4. The referral is received by the referdirect team

Referrals are then:

* Reviewed to ensure they meet TPS criteria
* Entered into referdirect - our Client Information Management System
* Coded and a receipt sent to the referrer indicating the client’s code and approximate wait time.
* NOTE: If the referral is for Suicide Prevention Service, a member of the referdirect team will contact the client within 24 hours of receipt of referral and undertake a short risk assessment. The client will be assigned to an SPS mental health clinician for treatment. The first face to face appointment is to occur within 72 hours of referral.

5. The referral is triaged by the referdirect team

When the referral is to be assigned (based on waitlist time or priority rating) it is triaged according to provider availability. An email notification is sent to the provider asking them to log into referdirect to receive/ accept it. Once the provider logs in and accepts the referral, all referral information is available in the form of PDF documents. These can be saved or filed in accordance with the MPCN records management policy and applicable legislation.

Important:

* Based on this availability, the referdirect team allocates referrals.

6. The provider makes the initial appointment with the client

The registered provider makes contact with their client and schedules the next available appointment.

7. The client’s sessions take place

The registered provider sees the client for Focussed Psychological Strategies (FPS) for up to 6 sessions. During this time, and just prior to the 6th session (where able), the client returns to the GP for a Review. GP Review documentation is forwarded to the referdirect team (via GP or provider) along with a request for additional sessions. When these are approved by the referdirect team, the client may continue onto sessions 7-12.

Important:

* A client whose sessions cease or lapse for a period of 3 months or more is “closed” and a request from the provider or GP to re-activate the client must be made in order to continue.

Throughout this process…

It is expected that:

* The provider will:
1. complete an initial letter/ report to the GP in accordance with best practice process
2. communicate with the GP at the time of review to outline continued intervention goals
3. complete a concluding letter/ report to the GP in accordance with best practice process
4. liaise with GP/ referrer as required throughout the service.
* In the event that the service is not deemed appropriate for the clients needs, provide a supported referral onward to a more appropriate service, in collaboration with the referring GP. For further queries, please contact the referdirectTeam at careinmind@nwmphn.org.aucareinmind@nwmphn.org.au

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place.

We pay our respects to their Elders past and present.