

ATAPS Guidelines (Access to Allied Psychological Services)

Contents

ATAPS Overview.....	2
General Principles.....	2
What are the key aspects I need to know?	2
Consent.....	3
Eligibility Criteria for Patients.....	3
Patient Referral to PGPN ATAPS Program	4
Supporting Documentation and Templates.....	9
Role of the ATAPS Clinician.....	9
Mental Health Clinician Role	10
Crisis Issues	11
Who do I contact if I have any further questions?	11
Part 2 - ATAPS Suicide & Self Harm Prevention	12
Patient Eligibility	12
Target population:.....	13
Exclusion criteria:	13
Referral Processes.....	14
ATAPS SPP Clinician role	14
General Practitioner Role	16
Peninsula Mental Health Services	16
Peninsula GP Network Role.....	16
Clinical Governance Framework.....	17
Guiding Principles of Clinical Governance.....	17
Clinical Risk Management	17
High and Imminent Risk.....	17
Referral Activity.....	18
Secondary Consultation option:	19
Clinical supervision	19

ATAPS Overview

Peninsula GP Network (PGPN) is funded by the Commonwealth Department of Health and Ageing (DoHA) under the Better Outcomes in Mental Health Care initiative to provide the Access to Allied Psychological Services (ATAPS) Program and its component parts.

The objectives of the Program are to improve the quality of care provided through general practice to community members with mental disorders.

The ATAPS Program provides short term and time limited psychological therapy and support to people with mental disorders, particularly those with high prevalence mental health disorders.

General Principles

The ATAPS Program encourages a model and practice of 'shared care' between general practitioners and mental health clinicians.

The key aims of the Program are to:

- Enable GPs to access psychological and other allied health services to support their patients with mental health disorders.
- Improve linkages and communications between GPs and allied mental health service providers.
- Improve the health outcomes for patients accessing the Program.

Since November 2006 and the introduction of the Better Access to Mental Health Care Services, the ATAPS Program has been provided alongside the Better Access to Mental Health Care Services initiative as an alternative referral source for patients with mental health disorders.

What are the key aspects I need to know?

- All GPs have access to the ATAPS Program for eligible patients.
- Referral is made by a GP via a completed GP Mental Health Treatment Plan (GPMHTP) and ATAPS referral form.
- Patients must have a diagnosed mental health disorder.
- Patients must be deemed low income (HCC or Pension card holder) to be eligible, or be a young person, student or apprentice.
- GP **MUST** outline the consent process to the patient – consent to development of the GPMHTP and consent to the specified use and disclosure of patient information as part of the process of accessing the ATAPS program.
- Psychological services can only be provided by those mental health clinicians contracted to the Peninsula GP Network for the ATAPS Programs.
- Psychological services are provided by 6 consultations.
 - The second set of 6 consultations can only be provided following review by the referring GP.
- Mental health clinician reporting requirements are the same as under Medicare i.e. written report to referring GP at end of 6 consultations and at conclusion of therapy.
- Services are provided at no cost to the patient.
 - The Peninsula GP Network is responsible for the payment of services provided by the mental health clinicians.
- The Peninsula GP Network has templates for GPs and mental health clinicians that meet the Medicare documentation requirements. These are available on the PGPN website www.pgpn.org.au

Consent

As a Government funded program, the GP Network is required to collect specific information from the referring GP, the patient (via their GP Mental Health Treatment Plan) and the mental health clinician. This data is sourced through the GPMHTP, ATAPS Referral Form and the clinical Invoice/Data Form. All data is de-identified and entered into a National Minimum Dataset. PGPN has developed a local ATAPS Program database that allows us to track patients, sessions and invoice/payments of clinicians.

In relation to the process of referral through the ATAPS Project, patients must formally consent to the specific use and disclosure of their GP Mental Health Treatment Plan in line with Privacy and Health Records legislation.

In making a referral under the ATAPS Programs, **it is the responsibility of the GP to ensure that the patient is fully aware of the context under which information is provided to PGPN so that the patient can provide informed consent:**

- The GPMHTP and ATAPS Referral Form is forwarded to PGPN ATAPS Program and GP and patient demographic data is collected;
- The GPMHTP is forwarded to the nominated ATAPS Clinician;
- The GPMHTP is not kept by PGPN but is shredded;
- All data entered into the National Minimum dataset is de-identified.

Eligibility Criteria for Patients

Eligible patients must meet the following criteria:

1. Patients **must** have a current Health Care Card or be deemed by their GP as 'low income'.
 - Young people (up to age 25 years), students/apprentices will be accepted without reference to income.
2. Patient must have a high prevalence mental disorder as described by the following range of conditions, with or without substance use co-morbidity.

<ul style="list-style-type: none">▪ Depression▪ Anxiety▪ Panic disorders▪ Obsessive compulsive disorders▪ Post traumatic stress disorders▪ Generalised anxiety disorders and phobias▪ Bipolar disorder▪ Panic disorders	<ul style="list-style-type: none">▪ Bereavement disorders▪ Phobic disorders▪ Drug use disorders▪ Eating disorders▪ Sleep problems▪ Acute psychotic disorders▪ Conduct disorder
--	--
3. The presenting condition is one that is likely to respond to up to 6 - 12 consultations of psychological treatment. Chronic and long standing conditions are unlikely to be helped through this Program.

Patient Referral to PGPN ATAPS Program

Referral status

Referrals are open as of the date they are approved by Peninsula GP Network. The Department of Health and Ageing, Mental Health Services Branch's operational guidelines for the Access to Allied Psychological Services initiative (January 2012) recommend funds for allocated sessions be committed for no longer than 3 months. As each referral allocated entitles the patient to 6 sessions it is expected that these sessions are provided with the aim of being completed within 3 months of the date of referral. Extensions on this time frame should be discussed with and approved at the discretion of the Peninsula GP Network, Mental Health Program Officer.

ATAPS is a short term program and should patients require ongoing support consideration should be given to other referral options.

Peninsula GP Network will conduct regular audits of open referrals nearing / exceeding their recommended life span with the intention of closing referrals and re-allocating available funds to new referrals.

Standard ATAPS and Perinatal Depression Project
GP Referral
1. GP must complete the <i>Initial referral</i> , which should include the following and be faxed to PGPN on 03 9708 8157 <ol style="list-style-type: none">PGPN must receive a comprehensive Mental Health Treatment Plan completed within previous 12 months, a fully completed referral form. General Practitioner and Patient signature on both or either MHTP or referral form.In the instance that the General Practitioner does not complete and fax both the referral form and Mental Health Treatment Plan to PGPN, or if neither document has both GP and Patient signatures, the GP will be notified by fax that the referral has been rejected and requested to complete the referral.
2. Nominate a Mental Health Clinician from the ATAPS Provider list, or if blank the PGPN Mental Health Program will nominate an ATAPS Clinician.
3. Fax completed GPMHTP (assessment and plan components) and ATAPS referral form: PGPN Mental Health Program Fax No. 9708 8157

Referral Contingencies
1. Patient does not fit eligibility criteria for ATAPS Programs (i.e. no Health Care Card) <ol style="list-style-type: none">Refer to private clinician under Better Access/Medicare via GP MHTPRefer to low income counselling services i.e at Peninsula Health Community Health Services (4 sites) Phone 9784 8100 as an initial contact point or review low cost counselling option list on PGPN website www.pgpn.org.au
2. Patient is at risk or on assessment GP is concerned about the clinical presentation of a patient (i.e. at risk mental state, imminent risk of suicide):

<ul style="list-style-type: none"> ▪ Peninsula Mental Health Services Triage 1300 792 977 ▪ Southern Health Child and Adolescent Triage 1300 369 012 <p>Please note - ATAPS is not a crisis intervention or crisis assessment service.</p>
<p>3. Patient is experiencing suicidal ideation and/or, behaviour and GP assesses patient as not being at immediate risk</p> <ul style="list-style-type: none"> a. Refer patient for immediate assistance under the ATAPS Suicide Prevention Project via a GP MHTP b. See Part 2 of this document
<p>4. Patient is experiencing perinatal mental health disorder – anxiety and/or depression</p> <ul style="list-style-type: none"> a. Refer patient for immediate assistance under the ATAPS Perinatal Wellbeing Program via a GP MHTP as per standard referral process.



PGPN Mental Health Program (PGPN MHP) Role
<p>1. On receipt of a completed GP Mental Health Treatment Plan and ATAPS referral form PGPN Mental Health Program staff will:</p> <ul style="list-style-type: none"> ▪ Contact the nominated mental health clinician and advise them of the referral ▪ Pass on patient contact phone numbers and request Clinician to contact the patient directly to arrange an initial consultation. ▪ PGPN will forward (fax or mail) GP Mental Health Treatment Plan and Patient Feedback form to the Clinician. ▪ PGPN will send written confirmation to the GP that referral has been received and passed on to a specified mental health clinician.

ATAPS Clinician Role
<p>Following contact with PGPN Mental Health Program:</p> <ol style="list-style-type: none"> 1. ATAPS Clinician will contact the referred patient and provide an initial consultation session (must occur within 2 weeks of receiving notification of a referral). 2. At the initial consultation, ATAPS Clinician will: <ul style="list-style-type: none"> a. Ensure that patient completes the DASS (42) b. Confirm all patient contact details 3. Patient and Clinician must sign the Data/Invoice Form each session.

ATAPS Clinician – Clinical Contingencies			
Contingency	ATAPS Clinician Action	Letter to referring GP	Feedback to PGNP - post closure.
1. DNA : no response to phone calls and letter & probable low-medium risk as indicated in referral documentation.	<p>Contact referring/nominated GP /practice:</p> <ul style="list-style-type: none"> Confirm contact details - if incorrect attempt further contact. <p>If no contact with patient, contact referring GP</p> <ul style="list-style-type: none"> Advise and recommend recall appointment to assess. <p>Case closed</p>	<p>Yes</p> <p>Brief closure confirmation. Advise of option to re-refer with patient consent.</p>	<p>Yes – email or phone notification. Case Closed on PGNP ATAPS Database.</p>
2. Patient assessed as high risk during initial consultation or at any stage of treatment.	<p>Contact Tertiary Mental Health Services for assessment:</p> <p>Peninsula Mental Health Services Triage 1300 792 977</p> <p>Southern Health Child and Adolescent Triage 1300 369 012</p> <ul style="list-style-type: none"> Advise Tertiary Services of referring GP and contact details Await assessment outcome: <ul style="list-style-type: none"> - Patient referred back for treatment under ATAPS; - Patient assessed as requiring Mental Health Service treatment, case closed. 	<p>Phone Contact with referring GP</p> <ul style="list-style-type: none"> Advise referring GP of referral to Tertiary Mental Health Services Advise awaiting assessment Advise GP of assessment outcome when it arrives 	<p>Yes-as per PGNP Service Provision Data form.</p>
3. Patient withdraws from treatment.	<p>Contact patient and confirm withdrawal</p> <p>Contact referring/nominated GP to advise of patient's withdrawal from treatment</p> <ul style="list-style-type: none"> Advise and recommend recall appointment to assess as priority. <p>Case closed</p>	<p>Yes</p> <p>Report to GP as per Feedback Template</p>	<p>Yes-as per PGNP Service Provision Data form.</p>
4. Engaged & completed maximum course of treatment	<p>Complete final report</p>	<p>Final report to GP outlining recommendations for further treatment</p>	<p>Yes-as per PGNP Service Provision Data form.</p>

Process Contingencies – GP and Mental Health Clinician Shared Care Requirements			
Contingency	ATAPS Clinician Requirement	GP requirement	Feedback to PGN.
1. Development of a GP Mental Health Treatment Plan		<ul style="list-style-type: none"> ▪ Claim item No. 2700, 2701, 2715, 2717 ▪ Set reminder/recall to see patient in 6 weeks for formal review of progress against plan (Item 2712) 	
2. Completion of first set of 6 consultations (the first course of treatment)	<p>Written report to GP about progress to date and where clinically indicated recommendations for further treatment. Report must provide information on:</p> <ul style="list-style-type: none"> ▪ Assessment/s ▪ Treatment provided ▪ Recommendations on future management 	<p>GP must review patient and provide written and/or verbal approval to PGN for need for second set of 6 consultations.</p> <p>GP claims either</p> <ul style="list-style-type: none"> ▪ GPMHTP Review Item No. 2712 <p>or</p> <ul style="list-style-type: none"> ▪ Mental Health Consultation Item (20 min) consultation) 2713 	Approval for further 6 sessions required
3. Completion of second set of 6 consultations & case closed	Final written report to GP about progress to date and where clinically indicated recommendations for further treatment as per PGN Template	<p>GP claims either</p> <ul style="list-style-type: none"> ▪ GPMHTP Review Item No. 2712 if not claimed before <p>or</p> <ul style="list-style-type: none"> ▪ Mental Health Consultation Item (20 min) 	If case closed, final report must be sent to PGN with Tax Invoice for payment.
4. Provisional Referrals (Under NPDI referrals can be made by Obs, Paeds, MCH)	2 sessions only until patients visits their GP to complete a Mental Health Treatment Plan	GP to complete a Mental Health Treatment Plan	Mental Health Treatment Plan and ATAPS referral from to be received for the allocation of a further 4 sessions

<p>4. Exceptional circumstances – up to an addition 6 consultations to a maximum of 18 consultations per referral</p>	<p>Written report to GP requesting review of patient for additional consultations under exceptional circumstances, identifying what the exceptional circumstances are and the course of treatment for the additional consultations.</p>	<p>GP must review patient and approve need for additional consultations under exceptional circumstances providing the clinician with written consent for the additional sessions.</p> <p>GP claims either</p> <ul style="list-style-type: none"> ▪ GPMHTP Review Item No. 2712 if not claimed before <p>or</p> <ul style="list-style-type: none"> ▪ Mental Health Consultation Item (20 min) 	<p>Clinician must contact PGPN Mental Health Program to ascertain capacity of ATAPS to pay for additional consultations under exceptional circumstances before a request is made to referring GP.</p>
--	---	--	--

Clinical advice available to GPs

▪ Access to Psychiatrist Support

The free GP Psych Support Service – ph. 1800 200 588 – provides a phone or online network for GPs to seek assessment, treatment and management advice from a psychiatrist within 24 hours.

▪ Find a Psychiatrist

To find a private psychiatrist in your area try the RACGP private practice referral directory:

www.racgp.org.au/psychiatristdatabase

▪ Consultant Psychiatrist Referred Patient Assessment and Management Plan (item No. 291)

GPs can refer a patient to a psychiatrist for an assessment and development of a 12 month management plan. The implementation of the Management Plan is the responsibility of the GP.

This plan sits instead of a GPMHTP and must be reviewed in 12 months by the Psychiatrist.

Supporting Documentation and Templates

The following templates, tip sheets and information are available on the PGN website at www.pgpn.org.au

- GP Mental Health Treatment Plan Template
- Contracted Mental Health Provider List
- ATAPS Patient Information Sheet.
- Patient outcome measures – K10, DASS (42), Edinburgh Postnatal Depression Scale,

Specific Mental Health Clinician forms are also available on the PGN website:

- Service Provision Data Form

Role of the ATAPS Clinician.

Recruitment Process – Contracted Clinicians

- The Peninsula GP Network contracts private Mental Health Clinicians (Clinical Psychologists, Psychologists, Social Workers, Mental Health Nurses and Occupational Therapists) to provide services under the ATAPS Program.
- AHP are recruited on the basis of criteria outlined by the Commonwealth Department of Health and Ageing (DoHA), i.e. professional body registration requirements, experience and demonstrated expertise in the area of mental health and short focused interventions.
 - Prospective Clinicians must complete the ATAPS Provider Application Form and submit it with supporting documentation. All applications will be reviewed by the MH Program Coordination and a member of the PGN Mental Health Reference Group.
- Only those Mental Health Clinicians contracted to the PGN ATAPS Program can receive referrals through this Program.

Clinical Services purchased under Contract

- The services to be purchased under Contract from the Mental Health Clinicians are restricted to the provision of time limited focussed psychological services to patients with otherwise restricted access to appropriate counselling and therapeutic interventions.
- DoHA provides clear guidelines about the type of psychological interventions that can be provided under the ATAPS project – these are substantially the same as the interventions that can be provided under Medicare.

The interventions that can be provided under ATAPS include:

- Psycho-education
- Cognitive –behavioural therapy: behavioural assessment, behavioural interventions, cognitive interventions
- Relaxation strategies
- Skills training
- Interpersonal therapy
- Relapse prevention

Two papers detailing the evidence for the selection of the interventions can be sourced at the following site: <http://www.gpcare.org/phc/evidence>

Mental Health Clinician Role

Process for Receiving an ATAPS Referral

- You will always receive a phone call from the PGNP Mental Health Program in relation to a referral.
- You will have up to 3 months to utilise up to 6 sessions, after which time the referral will be considered closed and no further sessions will be paid for.
- It is your responsibility to contact the patient and arrange an initial and all follow up appointments.
- Prior to the commencing the first session, ask the patient to complete the DASS (42).
- It is recommended that you contact the referring GP (leave a message) to confirm a patient's attendance at first appointment.
- If you are unable to contact the patient, it is recommended that you contact the referring GPs practice to confirm contact details or advise them of DNA.

Course of treatment

- All patients are eligible for six (6) consultations.
- The referring GP must review the need for the second round of 6 sessions before the second round commences (the GP should conduct a formal review, item 2712). **PGPN must approve a further 6 sessions before they have commenced.**

At the completion of counselling you must:

- Ask the patient to complete a post DASS;
- Provide the patient with a Patient Feedback form and return envelope
- Remind the patient to return to their GP for a review
- Complete the Allied Health Report and forward it to the GP within one month of finalisation of counselling (c.c to PGNP)
- Complete the Service Provision Details form, it is important that you complete all details on this form
- Forward it to the Peninsula GP Network, P.O. Box 496 Frankston VIC 3199, or Fax: (03) 9769 6110. **At a minimum invoices should be received at the end of each month for all sessions completed within that month. Weekly or Fortnightly invoices are preferred.**

Repeated DNAs. If the patient repeatedly fails to attend, notify the referring GP and advise them of the need to re-refer when the patient is ready and able to commit to counselling.

Feedback to the GP

- Mental Health Clinician must provide written feedback to the referring GP as per the Medicare Descriptor requirements – at 6th and 12th sessions, or whenever the treatment has concluded.
- The Mental Health Clinician will provide the GP with written feedback on the Allied Health Provider Report to GP form (template provided). This information may be sent to the GP via mail or fax.

Feedback to the GP will include:

- Assessment outcome and confirmation of diagnosis if appropriate
- Summary of progress through the sessions
- Ongoing issues
- Any obstacles to treatment i.e. patient did not attend
- Suggestions/recommendations for future management
- The need for other service providers to be engaged in care (i.e., AMHS/PMHT)
- Outcome measure – pre and post DASS scores where relevant.
- Other information as required, including contact details.

Invoicing

- Clinician must submit a correctly rendered Tax Invoice at the end of each month for consultations undertaken in that month.
- All payments are made directly into Clinician's bank accounts via direct deposit. Any queries re payments should be forwarded to the PGN Finance Manager on 9708 8019.
- **Invoices must be submitted monthly.**
- All invoices must be accompanied by a completed Service Provision Data Form detailing the date and scope of services provided for which payment is to be made.
- The final invoice must be accompanied by a copy of the final Mental Health Clinician Report to GP. It is a requirement under the ATAPS Consultancy Agreement that this report be sighted before the final invoice is paid.

Crisis Issues

If during a consultation a Clinician's assessment indicates a high level or imminent risk, they are advised to contact the Peninsula Mental Health Triage Service or Southern Health Child and Adolescent Triage, as appropriate, for assessment:

Peninsula Mental Health Services Triage	1300 792 977
Southern Health Child and Adolescent Triage	1300 369 012

Who do I contact if I have any further questions?

The Peninsula GP Network Mental Health Program Officer Ph. 9708 8019

Part 2 - ATAPS Suicide & Self Harm Prevention

General Principles.

The ATAPS Suicide & Self Harm Prevention Program is funded by the Commonwealth Department of Health and Ageing under the current Access to Allied Psychological Services (ATAPS) Program. PGPN holds funds for the delivery of services under this Project as an extension of its current ATAPS Program.

The primary focus of the Suicide Prevention project is to:

- Support patient access to specialist services through their GP.
- Better integrate the coordination of care between acute and primary mental health care for patients with suicidal behaviour and/or ideation.

Service delivery under the ATAPS Suicide Prevention Project (ATAPS SPP) is for immediate short term management and support of patients displaying suicidal intent, behaviour and/or thoughts. The focus of service delivery is to diffuse and contain suicidal thoughts and behaviour and to develop a management plan for longer term intervention. Longer term therapeutic treatment is available under the standard ATAPS Program, Medicare or other appropriate counselling and/or support services.

The services provided under the Suicide Prevention Project are broadly consistent with those provided under ATAPS but should be tailored by individual ATAPS SPP clinicians to meet the needs of individuals in psycho-social distress associated with suicide or self harm attempt. The level of support and services provided will be more intensive and will require clinicians to work more directly with GP, family/carers and other relevant support people. Meetings with family, carers and other relevant support people may occur with or without the patient present.

Key performance indicators in this project:

- Patient must be contacted within 24 hours of initial referral.
- Patient must be seen by clinician within 72 hours of referral being made.
- Patients must be linked back to a general practitioner or general practice for ongoing primary mental health care.

This Project does not replace or replicate the Mental Health Services Triage Service.

A minimum data set is being collected as per the standard ATAPS Project with additional data fields reflecting the new Project. PGPN Mental Health Program will retain responsibility for collecting and loading this data onto the national data base and meeting the Departmental project evaluation requirements.

Patient Eligibility

Referrals will be accepted from:

- General Practitioners.
- Peninsula Mental Health Services Triage and Consultation and Liaison Service.
- Mental Health Inpatient Services as part of a discharge plan.

Target population:

- People who present to their GP after an incident of self harm or who have expressed strong suicidal ideation to their GP;
- Patients assessed by their GP as being at risk of suicide;
- Patients for who the GP identifies the presence of psychosocial or mental health stressors that may indicate elevated risk of suicidal behaviour and/or ideation;
- People who have been assessed by Peninsula Mental Health Services Triage or Consultation Liaison Service and are discharged into the care of a GP from hospital, including Emergency Department and medical ward following treatment.

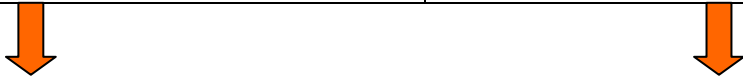
There is no age or income limits associated with access to this project.

Exclusion criteria:

Referrals to the Project will not be accepted for patients:

- Currently managed by Peninsula Mental Health Services.
- Patients under the care of a current private psychiatrist or psychologist – referrals in these cases will be referred back to the current clinician with a request for an immediate follow up.

Referral Processes

GP direct referral	PMHS Triage & Consultation Liaison Referral
GP must complete <ul style="list-style-type: none"> ▪ GP Mental Health Treatment Plan ▪ ATAPS Referral Form ▪ Patient Consent to treatment form 	Triage or CL Clinician must complete: <ul style="list-style-type: none"> ▪ Screening/Intake Register ▪ SPP Fax Cover Sheet to GP c.c to PGPN
Fax plan, referral form and consent form to: PGPN Mental Health Program Request: Priority Psychological Services Fax No. 9708 8157 (Monday – Friday 9.00am – 5.00pm)	Fax Screening Register and any other additional information to: PGPN Mental Health Program Alert – SPP Referral Fax No. 9708 8157 (Monday – Friday 9.00am – 5.00pm)
PGPN will activate referral on receipt of referral (or next working day if forwarded after hours)	PGPN will activate referral on receipt of referral (or next working day if forwarded after hours)
 <p>PGPN Role in Referral process.</p> <p><u>On receipt of referral documentation, PGPN will:</u></p> <ul style="list-style-type: none"> • Contact ATAPS SPP Provider and pass on patient contact details. <ul style="list-style-type: none"> • Forward referral documentation to ATAPS SPP Provider. <p>Where a referral is initiated through Peninsula Mental Health Services, PGPN will follow up with the nominated General Practice/General Practitioner and advise them of referral and need for patient to be recalled for an appointment.</p>	

ATAPS SPP Clinician role

On receipt of a referral from PGPN under the ATAPS SPP, the ATAPS SPP clinician will:

1. Make initial phone contact with patient upon contact by PGPN with referral notice:
 - a. Confirm patient contact details and assess immediacy of risk.
 - b. Offer appointment for face to face assessment.
 - c. If referral is via PMHS, consent to contact GP.
 - d. Confirm patient has emergency contact numbers for the interim period, including Peninsula Mental Health Services Triage Number, emergency services numbers; GP's contact details and clinician contact details.
2. Initial consultation
 - a. Assessment of current level of risk
 - b. Assessment of current supports and where required contact with nominated support person/s
 - c. Short term management plan

2.1 Outcome of Initial Consultation

- a. ATAPS SPP Clinical has capacity to continue working with patient under ATAPS SPP Project and will re-book patient for ongoing consultations.
- b. Where the initial assessment indicates a high level or imminent risk, the clinician will contact the Peninsula Mental Health Triage Service or Southern Health Child and Adolescent Triage, as appropriate, for assessment:

Peninsula Mental Health Services Triage 1300 792 977

Southern Health Child and Adolescent Triage 1300 369 012

In situations where the referral originated from Peninsula Mental Health Service Triage, clinicians should note this with Triage staff and advise them of the date of their initial assessment.

3. ATAPS SPP clinician will have up to 8 consultations for ongoing assessment, identification and containment of risk and development of management plan with patient.

Focus of session will include:

- o Immediate management of the suicidal behaviour/intent;
- o Assessment and management of risk;
- o Diagnosis and/or formulation,
- o Management plan and recommendations;
- o Psycho-education.

Service delivery may also include:

- o Participation in secondary consultation and/or case management meetings as required or requested by GPs.
- o Family meetings, meetings with carers/support person/s, joint consultations with carers.
- o Phone or face to face consultation with GP in relation to the assessment and ongoing treatment planning issues.
- o May include assisting GP to update GP Mental Health Care Plan to reflect recommendations.

Note: Additional consultations are available to ATAPS SPP as required and as indicated until immediate risk is contained, resolved and/or managed.

Requests for additional consultations must be made through to the PGPN Mental Health Administration by contacting 9708 8019.

4. Complete a written assessment and treatment plan as per ATAPS SPP Template to be forward to the GP within 2 weeks of concluding service provision.
 - a. Treatment planning may include recommendations for longer term counselling options. It may be recommended that the patient continue with the current clinicians for longer term therapy either under Medicare (Better Access) or the ATAPS Program (low income).
 - b. Referral under either program must be initiated by a GP via a GP Mental Treatment Plan and referral as per standard processes.
5. Complete and submit data and invoice documents to PGPN in a timely manner as per PGPN Template.

General Practitioner Role

1. Completion of a thorough GP Mental Health Treatment Plan or a review of a current GPMHTP.
2. Complete risk assessment
3. Plan of action must indicate priority referral for intervention.
4. Where the referral to the Suicide Prevention Project is via the Peninsula Mental Health Services Triage or Consultation/Liaison Service, a GP must recall the patient within that week to initiate a GPMHTP or review of a current GPMHTP.
 - PGPN must receive the GPMHTP or reviewed GPMHTP and the ATAPS Consent form as within two (2) weeks of the patient's appointment.
5. GP retains responsibility for the ongoing primary health care of the patient.
6. Work in collaboration with the ATAPS SPP provider.

Peninsula Mental Health Services

In situations where a patient contacts Mental Health Services Triage or presents to Frankston Hospital Emergency Department and is assessed as not requiring ongoing treatment, Mental Health Services Triage or Consultation Liaison Clinicians will offer the patient the option of a referral through to the ATAPS SPP;

- Patient consents to a referral to the ATAPS SPP
- MHS Triage or Consultation Liaison Clinician will complete the Screening Register, fax cover sheet and consent form and forward to both the nominated General Practice/General Practitioner and the PGPN Mental Health Program.

Peninsula GP Network Role

- Central point for all ATAPS referrals and activation of referrals.
- Purchase and manage consultation sessions, ensuring patient access to clinical services are within the KPI parameters.
- On receipt of referrals, contact ATAPS SPP Clinicians and pass on relevant patient information and forward documentation.
 - For referrals received via PMHS, PGPN will initiate contact with patient's General Practitioner/Practice to advise them of patient presentation and need to recall patient for appointment within 5 – 10 days.
- Contact point for information and advice for GPs and general practice staff, ATAPS Clinicians, Mental Health Services and patients.
- An additional data field has been added to the ATAPS National Minimum Dataset to record referral and session information, and patient outcome data. Completion of this data is a requirement of the funding.
- Responsible for all reporting requirements to the funding body.

Clinical Governance Framework

Guiding Principles of Clinical Governance

The clinical governance framework is underpinned by a set of principles that together inform the PGNP ATAPS approach to safe and high quality service delivery.

Guiding Principles are:

- **A client centred approach to care** – work in collaboration with the referred patient and patient identified support persons. Safe and high quality health care services are achieved when they are planned, delivered and evaluated in collaboration with patients and their families and, where appropriate, the broader community.
- **Providing a collaborative approach to care** – providers under the ATAPS SPP will work collaboratively with General Practitioners and General Practice and other referral services to ensure a team based approach to the primary mental health care of patients.
- **Ensuring established clinical guidelines, policies and protocols inform daily practice.** All ATAPS clinicians are required to be familiar with and adhere to their professional body clinical guidelines, including risk management strategies, and seek consultation or support as required from senior colleagues, supervisors or professional body as required.
- **Provision of high quality, evidence-based practice.** All ATAPS clinicians will have experience and expertise in working with patients with mental health issues. Clinicians will assess the patient's needs and within the ATAPS treatment guidelines provide the most effective, timely and appropriate intervention.
- **Accountability and responsibility.** - All ATAPS clinicians are accountable to themselves and their professional body for their clinical practices, and responsible for providing high quality clinical services to the referred patients. Clinicians are responsible for complying with conditions of their contracted consultancy agreement, which provides clear details of requirements for clinical documentation, collaborative approach to service provision, confidentiality, and general nature of their position.

Clinical Risk Management

All ATAPS Clinicians ensure that ongoing risk assessment and management is incorporated in the assessment and clinical review undertaken by practitioners within the context of ongoing work with a patient.

High and Imminent Risk

In the event that a clinician in the course of their consultations with a patient assesses the patient as high or at imminent risk of suicide, or the clinician is concerned about the presentation of the patient, the clinician will contact the Peninsula Mental Health Triage Service or Southern Health Child and Adolescent Triage, as appropriate, for assessment:

Peninsula Mental Health Services Triage 1300 792 977

Southern Health Child and Adolescent Triage 1300 369 012

- In situations where the referral originated from Peninsula Mental Health Service Triage, clinicians should note this with Triage staff and advise them of the date of their initial assessment.
- The clinician should also contact the referring GP and advise them of the risk level and their course of intervention.

Referral Activity

ATAPS Suicide Prevention Project - Referral Activity			
Contingency	ATAPS Clinician Action	Letter to referring GP c.c. referral agency if relevant	Feedback to PGPN - post closure.
1. DNA : no response to phone calls and letter & probable low risk as indicated in referral documentation	Contact referring/nominated GP to advise and recommend recall appointment to assess. If referred by PMHS - advise of DNA and contact with GP as above Case closed	Yes Brief closure confirmation. Advise of option to re-refer with patient consent.	Yes – email or phone notification
2. DNA : no response to phone calls and letter & probable higher risk as indicated in referral documentation.	Contact referring/nominated GP to advise and recommend recall appointment to assess. If referred by PMHS - advise of DNA and contact with GP as above Case Closed.	Yes More detail in closure letter, concerns. Advise of option to re-refer with patient consent. c.c. Letter to GP to PGPN.	Yes – email or phone notification.
3. Assessed as high risk and linked to tertiary M H services	Contact PMHS Triage to arrange assessment. Await assessment outcome: - Patient referred back for treatment under ATAPS; - Patient assessed as requiring Mental Health Service treatment, case closed.	Yes – Advise referring GP as per template guidelines	Yes -as per Invoice/data template guidelines
4. Engaged & completed short term SPP intervention.	Patient referred onto longer term therapy Report forwarded to referring GP	Final report to GP as per template guidelines outlining recommendations for further treatment and action.	Yes as per Invoice/data template guidelines

Referral options				
Contingency	Clinician Action	Referral Options	Follow up with referrer	Clinical activity
1. Referral to ATAPS Provider does not indicate suicide risk or suicide issues	Initial assessment identifies suicide as priority issue	Contact PGPN and advise of re-allocation of patient under ATAPS SPP with same provider to continue with patient	ATAPS Provider to contact GP and advise of re-allocation of patient under ATAPS SPP	Collaborative care approach working with, family/carers or nominated support persons, in partnership with GP.
2. Private referral to ATAPS Provider from GP under Better Access (Medicare) - not via PGPN ATAPS – referral does not indicate suicide risk or suicide issues	Initial assessment identifies suicide as priority issue	Continue to see patient as private patient under current referral	As per Medicare Requirements	As per Medicare Requirements
		Contact PGPN and request allocation of patient under ATAPS SPP with same provider to continue with patient.	ATAPS Provider to contact GP and advise of re-allocation of patient under ATAPS SPP	Collaborative care approach working with, family/carers or nominated support persons, in partnership with GP.

Secondary Consultation option:

As per the Project Guidelines, the Australian Psychological Society (APS) - Clinical Support Service will provide ATAPS SPP Clinicians with clinical back up and advice. This service includes:

- Clinical advice
- Debriefing and support

Phone: 1800 722 422 (toll free)

Email: clinicalsupport@psychology.org.au

Hours of operation: Monday – Friday 9.00am – 4.00pm EST

Clinical supervision

All ATAPS Clinicians are required to have current clinical supervision arrangements in place or are currently engage in regular peer review by a suitably qualified professional and are required to provide details of such as part of their consultancy agreement.

All ATAPS Clinicians are expected to meet requirements for credentialing and/or supervision for their professional registration and/or professional association.

fin