

# **New Medicare Items for Psychologists' Services for Mental Health Problems**

# Who may refer to psychologists?

- GPs, psychiatrists & paediatricians
- When patient mental health needs are identified
- GP Mental Health Care Plan developed
- Patient referred to psychologist for 6 services
- Psychologist's report for GP review of patient
- Patient referred for further 6 services, if required
- Psychologist's report for GP MHC Plan review

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710) PATIENT ASSESSMENT			
Patient's Name		Date of Birth	
Address		Phone	
Carer details and/or emergency contact(s)		Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP Name / Practice			
AHP or nurse currently involved in patient care		Medical Records No.	
<b>PRESENTING ISSUE(S)</b> What are the patient's current mental health issues			
<b>PATIENT HISTORY</b> Record relevant biological psychological and social history including any family history of mental disorders and any relevant substance abuse or physical health problems			
<b>MEDICATIONS</b> (attach information if required)			
<b>ALLERGIES</b>			
<b>ANY OTHER RELEVANT INFORMATION</b>			
<b>RESULTS OF MENTAL STATE EXAMINATION</b> Record after patient has been examined			
<b>RISKS AND CO-MORBIDITIES</b> Note any associated risks and co-morbidities including suicidal tendencies and risks to others			
<b>OUTCOME TOOL USED</b>	<b>RESULTS</b>		
<b>DIAGNOSIS</b>			

**GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710)  
PATIENT PLAN**

PATIENT NEEDS / MAIN ISSUES	GOALS Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take	TREATMENTS Treatments, actions and support services to achieve patient goals	REFERRALS Notes: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.
<b>CRISIS / RELAPSE</b> If required, note the arrangements for crisis intervention and/or relapse prevention			
<b>APPROPRIATE PSYC-HO-EDUCATION PROVIDED</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	PLAN ADDED TO THE PATIENT'S RECORDS YES <input type="checkbox"/> NO <input type="checkbox"/>	COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQ'D <input type="checkbox"/>
<b>COMPLETING THE PLAN</b> On completion of the plan, the GP is to record that s/he has discussed with the patient: - the assessment; - all aspects of the plan and the agreed date for review; and - offered a copy of the plan to the patient and/or their carer (if agreed by patient)			
<b>DATE PLAN COMPLETED</b>		<b>REVIEW DATE</b> (initial review 4 weeks to 6 months after completion of plan)	
<b>REVIEW COMMENTS</b> (Progress on actions and tasks) Note: If required, a separate form may be used for the Review.			<b>OUTCOME TOOL RESULTS ON REVIEW</b>

# For what?

- Almost any disorder listed in ICD-10
  - Alcohol use disorders
  - Chronic psychotic disorders
  - Bipolar disorder
  - Phobic disorders
  - Generalised anxiety disorder
  - Adjustment disorder
  - Depression
  - Unexplained somatic complaints
  - Eating disorders
  - Sexual disorders
  - Post-traumatic stress disorder
  - Conduct disorder
  - Bereavement disorders
  - Obsessive Compulsive disorder
  - Drug use disorders
  - Acute psychotic disorders
  - Schizophrenia
  - Panic disorder
  - Mixed anxiety and depression
  - Dissociative (conversion) disorder
  - Neurasthenia
  - Sleep problems
  - Hyperkinetic (attention deficit) disorder
  - Enuresis
  - Mental disorder, not otherwise specified

# Registered & clinical psychologists

- **Registered (or ‘generalist’) psychologist**
  - ◆ Minimum of 4 years of university training and 2 years supervised practice – must have competencies for treating mental illness to be eligible for Medicare
  - ◆ Registered with state/territory Board and Medicare
- **Clinical (or ‘specialist’) psychologist**
  - ◆ Eligible to be a member of the APS College of Clinical Psychologists i.e. 2 further years university training in clinical psychology (or equivalent) and 2 years supervised clinical practise
  - ◆ Approved by APS for registration with Medicare

### MBS example case 1

You are a woman, Mary (28), married to Tom (30), for five years; you have two children, Jane (3) and Matthew (1½ ). You have been having increasing difficulty "just getting out of the house", even to go shopping. Now, you can only go if you are accompanied by your mother. She lives nearby and has been very supportive, always willing to go with you.

It all started about a year ago, when you were at the local shopping centre. You remember it was a hot day, you were having trouble coping with the two kids and getting the shopping done, and you were stuck in a queue at the checkout. You suddenly felt dizzy and had your first "attack". You remember feeling your heart racing and pains in your chest ("I thought I was having a heart attack"), your throat felt constricted, you were sweaty, shaking and faint. You remember your children became distressed at your collapse and you worried about what was going to happen to them if you died then. The supermarket manager took you into a staff room to lie down and offered to call an ambulance. You felt very embarrassed but eventually you recovered enough to take a taxi to your local doctor.

Your local doctor examined you and said she could find nothing wrong physically but arranged for you to have some tests, to be sure. All of the tests found no physical problems and the doctor said it was an "anxiety attack". You doubted this at the time, because your physical symptoms were so strong. However, you have since had two more "attacks", one in the mall at the shops and one in a crowded bus on the way to the shops. Since then, you have only gone to the shopping centre with your mother, because you feel less at risk of another attack with her. Sometimes you stay home and she does the shopping for you. You think you are being "silly for acting like this", so you have accepted the doctor's referral to a psychologist.

Your husband is sympathetic but "doesn't really understand what you're frightened of at the shops" and has told you to "forget about it and stop worrying". Otherwise you think your marriage is usually OK.

You are now worried that this problem means you are heading for a "nervous breakdown", like your mother had when you were a child. She was always a worrier and you think you probably inherited a bit of that, too.

## MBS case example 2

Ms C, 33 yo, single, has had a series of jobs, mostly as sales assistants, never for long, and is currently unemployed following her attempt at suicide by over-dosing with anti-depressants. She has previously attempted suicide several times. The latest attempt was sparked by the end of her relationship with Joe. She had been "head over heels" in love with Joe and believed he was "Mr Right" for her.

He had gradually got fed up with her "clinging" behaviour and her "moodiness". She admits she was "terrified" of losing him and she would "throw a whammy" if he did not phone her when he said he would. The end of the relationship was precipitated by her attacking him with her fists because he was ignoring her and flirting with other women at a party. She has had other angry outbursts like this in previous relationships.

All of her relationships have turned out like this. "Men are bastards. They lead you on until they get what they want and then they drop you." But she had thought Joe was different; "I was deliriously happy with him at first". "We met at a party and I went to bed with him that night because he was obviously right for me."

Ms C has a history of drug use, "mostly marijuana with a bit of speed", starting during adolescence. Her father was an alcoholic who physically abused her mother. Ms C has sketchy memories of her father touching her in ways that made her feel uncomfortable and of "perving at her" when she was a teenager. She remembers him as "sometimes nice" to her as a child but, for no apparent reason except possibly drinking, suddenly nasty. There was increasing conflict between them during her adolescence, especially when she would try to defend her mother. She can't now understand why her mother put up with the marriage.

Ms C did poorly at school and remembers thinking of herself as stupid and ugly. She felt isolated from most of her peers with only a couple of friends. She would even have "major break-ups" with them occasionally. Nowadays when a relationship is going well, she can feel good about herself, but then she "hates herself" when the relationship ends.

Nowadays she often feels "just empty" and then she is likely to eat "too much". After an eating binge she makes herself vomit, so as not to put on weight.

Although her physical health suffers from her lifestyle, she has no major health problems.

### MBS example case 3

Lionel, a 50-year-old man who is self-employed with a small business selling books was diagnosed two years ago with diabetes type 2. A recent assessment concluded that his condition did not warrant insulin treatment and he was placed on metformin daily to control his diabetes.

Lionel's father died of a major stroke at the age of 55 and his mother died of complications of diabetes at the age of 60. Linda, Lionel's wife is concerned about Lionel's latest health condition. Lionel was seen months ago walking the dog and following a healthy diabetic regimen but lately all this seems to have changed. Lionel has just turned 50; in the last few months, he has put on an extra 10 kg and now weighs 100kg (height of 170cm), started to smoke again (15 cigarettes/day), enjoys drinking (2-3 beers/day) and is no longer physically active. Linda has been instrumental in keeping the family on track with health related issues. Lionel seems to be a laid back type of person who does not worry about things but Linda says he has been increasingly stressed and depressed lately.

Lately Lionel eats lunch when he has a chance, which means dropping by the fast food store to grab a quick bite or skipping lunch entirely. He gets home late during evenings feeling wiped out and lacking the energy to walk the dog. His son is now walking the dog. Linda was laid off several months ago, which has put strain on the family, but she was able to find herself some part-time work to help with family expenses. They have two children living at home. John (18 yo) is doing well at uni, studying engineering, and Lydia (16 yo) diagnosed with depression following the accidental death of her boyfriend. The daughter needed lots of parental support to cope with her ordeal.

Lionel has hypertension that has been controlled with medication. Lionel self-initiated taking one tablet 150 mg aspirin daily. Lionel has been complaining lately to his wife about blurriness in one eye and having some shortness of breath. Linda has noticed that Lionel sometimes decides not to take his BP pill because he says that he feels better without it. His last blood tests showed high total cholesterol level, a low level of HDL, and high blood glucose (HbA1c at 8). He cancelled his appointment with his GP twice so far. He's also missed his latest eye care appointment with the specialist.

# How do I find a psychologist?

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- The APS will be providing lists of registered and clinical psychologists registered with Medicare to Divisions of General Practice.
- Contact your local Branch of the APS.
- Use the APS Referral Service via 1800 333 497 or on line at [www.psychology.org.au](http://www.psychology.org.au)

# Further information

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- From the APS at [www.psychology.org.au](http://www.psychology.org.au)
- From the department of Health and Ageing at [www.health.gov.au](http://www.health.gov.au)