

# Mental health training standards 2026–28

A guide for training providers



## **Mental health training standards 2026–28: A guide for training providers**

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*We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.*

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# Foreword

As we present the GPMHSC Mental Health Training Standards 2026-28: A guide for training providers, it is important to reflect on the critical role GPs play in the mental health landscape of Australia.

Mental health issues continue to be a significant challenge for Australians, with nearly half of the population experiencing a mental health condition at some point in their lives. Each year, approximately 20% of Australians aged 16-85 are affected by a mental illness<sup>1</sup>, highlighting the need for accessible, high-quality mental health care. GPs remain at the forefront of this effort, 71% of GPs report psychological issues in their top three reasons for presentations<sup>2</sup>. These figures highlight the increasing demand for GPs to be equipped with the skills, knowledge, and resources necessary to address the diverse mental health needs of their patients.

The GPMHSC has been steadfast in its mission to support GPs in delivering evidence-based mental health care through the development and promotion of high-quality education and training standards. The 2026-28 standards have been meticulously updated to ensure they align with contemporary best practices and emerging needs within the field, including new information about Aboriginal and Torres Strait Islander mental health training. By maintaining these standards, the GPMHSC aims to empower GPs to provide holistic and effective care to individuals and communities across Australia via educational activities.

This edition would not have been possible without the invaluable contributions of our external stakeholders, including training providers, mental health organisations and health professionals. Your feedback has been instrumental in refining and enhancing these standards to ensure they remain practical, relevant, and impactful. We extend our heartfelt gratitude for your expertise, collaboration, and commitment to advancing mental health care.

For training providers, this document serves as an essential reference in the development of accredited mental health training activities. By adhering to the standards outlined within, providers can ensure their programs are not only compliant but also capable of delivering meaningful outcomes for GPs and, ultimately, for the communities they serve. These standards are designed to foster excellence in mental health care, equipping GPs with the tools they need to navigate the complexities of mental health care delivery with confidence and competence.

As the mental health needs of our nation continue to evolve, the GPMHSC remains dedicated to supporting GPs in their critical role as the first point of contact for many Australians seeking mental health support. Together, we can continue to make a significant difference in the lives of individuals, families, and communities.

We hope this latest edition of the training standards will serve as a valuable resource for all those committed to improving mental health outcomes across Australia.

Lastly, I would like to thank all past and present members of the GPMHSC Committee, including Dr James Antoniadis, Dr Zena Burgess, Dr Eleanor Chew, Dr Michael Eaton, Ms Margaret Lewry, Dr Sean Jespersen, Ms Heather Nowak, Dr Molly Shorthouse and Dr David Rimmer.



Associate Professor Morton Rawlin  
Chair, General Practice Mental Health Standards Collaboration

# Preface

## The purpose of this guide

The Mental health training standards 2026–28: a guide for training providers is a document for training providers wishing to find out about:

- the specific training that GPs must complete to be eligible to access general practice mental health care MBS item numbers under the Better Access initiative
- the learning outcomes and course content requirements for GPMHSC-accredited training
- how to apply for accreditation of courses you develop, and what to do after accreditation
- details of ongoing mental health education and training recommended for GPs.

This guide may also be useful for regional training providers who are interested in developing and integrating GPMHSC-accredited mental health courses as part of general practice registrar training.

## Changes from the previous edition

### Aboriginal and Torres Strait Islander mental health care recommendations

- A list of 15 Aboriginal and Torres Strait Islander recommendations has been included in the 2026–2028 edition of the GPMHSC Mental Health Standards for Training Providers. These recommendations aim to strengthen GP education on Aboriginal and Torres Strait Islander mental health and support efforts to close the gap in social and emotional wellbeing outcomes. To meet accreditation requirements, Training Providers must implement at least two of the 15 recommendations in any skills training activity.

### Additional information added

- This edition includes:
  - A strengthened consumer and carer section, to ensure training providers are equipped to safely, meaningfully and adequately incorporate the rich lived experiences, insights, and expertise of consumers and carers into their accredited activities to ensure GP's gain a greater understanding of patient needs and preferences enabling better recovery outcomes.
  - A description of Trauma Informed Care

# Terminology

## Glossary of terms

Where appropriate, glossary definitions from external sources have been adapted to fit the context of the Mental health training standards 2026–28.

Term or phrase	GPMHSC definition
Accreditation	The successful outcome of adjudication by the GPMHSC Committee.
Adjudication	The process by which the GPMHSC Committee reviews a training provider's application for accreditation of a course.
Carer	A person who provides, or has provided, ongoing personal care, support, advocacy and/or assistance to a person with a mental illness, in a non-professional role. Receiving government or Centrelink benefit payments (such as a carer payment or allowance) does not exclude a person from being considered a carer.
Cognitive Behavioural Therapy (CBT)	A focused approach that is based on the concept that thoughts influence feelings and behaviours, and that subsequent behaviours and emotions can influence cognitions <sup>3</sup> .
Consumer	A person who has personal experience of mental illness and of their recovery journey, and who has accessed mental health services.
Continuing professional development	The means by which members of a profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives <sup>4</sup> .
Course content	The educational content, specific to relevant learning outcomes, that training providers need to deliver in a course accredited by the GPMHSC.
Interpersonal therapy (IPT)	A brief, structured approach that addresses interpersonal issues. The underlying assumption of IPT is that causes of depression and psychological distress can often be traced to aspects of the patient's social functioning (relationships and social roles) <sup>5</sup> .
Learning outcomes	What learners or participants will be able to demonstrate after completing GPMHSC-accredited training.
Medicare	Also known as Services Australia (Medicare).
Mental disorder	The term used by the Better Access initiative to refer to mental illness. See Mental illness.

Term or phrase	GPMHSC definition
Mental illness	A clinically diagnosable disorder, subjectively experienced by a person, significantly interfering with their cognitive, emotional or social abilities <sup>6</sup> .
Personal lived experience	First-hand experiences and perspectives gained from those experiences of mental health challenges, the use of services, diagnosis and recovery <sup>7</sup> .
Pre-adjudication	The process by which the GPMHSC Secretariat reviews a training provider's application for accreditation.
Predisposing component	Mandatory educational component of a course that participants complete before the delivery of the course. Examples include reading articles and pre-course surveys.
Reinforcing component	Mandatory educational component of a course that participants complete after the delivery of the course, which consolidates the participant's learning. Examples include follow-up surveys and discussions on implemented changes or improvements in practice.
Skills training	The specific knowledge, abilities, skills and attitudes required to access, manage and provide ongoing mental health care in the context of general practice, either through preparing GP MHTPs and/or providing FPS.
Structured interactive learning	A highly interactive course (delivered face-to-face or via e-learning) that focuses on participant engagement and active learning.
Trauma informed care	Trauma-informed care is an approach to healthcare that recognises the widespread impact of trauma and integrates this understanding into practice, aiming to create safe, supportive environments that avoid re-traumatisation and promote healing <sup>8</sup> .

## Abbreviations

Abbreviation	GPMHSC definition
ACRRM	Australian College of Rural and Remote Medicine
APS	Australian Psychological Society
Better Access initiative	Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS
CALD	culturally and linguistically diverse
CBT	cognitive behaviour therapy
CPD	continuing professional development
DoH	Department of Health
FPS	Focussed Psychological Strategies
FPS CPD	Focussed Psychological Strategies Continuing Professional Development

Abbreviation	GPMHSC definition
FPS ST	Focussed Psychological Strategies Skills Training
Framework	General Practice Mental Health Training Framework
GP	general practitioner
GPMHSC	General Practice Mental Health Standards Collaboration
GP MHTP	General Practice Mental Health Treatment Plan
ICD-10	International classification of diseases, 10th revision
ICD-11	International classification of diseases, 11th revision
IPT	interpersonal therapy
MBS	Medicare Benefits Schedule
MHA	Mental Health Australia
MH CPD	Mental Health Continuing Professional Development
MHST	Mental Health Skills Training
PDP	Professional Development Program
PHN	Primary Health Network
RACGP	The Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists
TIC	Trauma Informed Care



# Part 1: Introduction

## 1.1 About the General Practice Mental Health Standards Collaboration

### Mission statement

The GPMHSC works to achieve optimal mental health and wellbeing for the Australian population, by implementing a multidisciplinary approach to education, policy and advocacy, and by supporting GPs to deliver quality primary mental health care.

### Governance

The GPMHSC is a multidisciplinary body funded by the Commonwealth Government under the Better Access initiative. The GPMHSC is managed by the RACGP, which provides secretariat services and chairs the GPMHSC Committee.

### Membership

The GPMHSC includes representatives from general practice, psychiatry, psychology and the community. Specifically, the GPMHSC is comprised of:

- representatives from the RACGP, the Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and the Australian Psychological Society (APS), as nominated by those bodies
- a carer representative and a consumer representative, both nominated by Mental Health Australia (MHA).

The current members are Associate Professor Morton Rawlin (Chair), Dr James Antoniadis, Dr Zena Burgess, Dr Eleanor Chew, Dr Michael Eaton, Ms Margaret Lewry, Dr Sean Jespersen, Ms Heather Nowak, Dr Molly Shorthouse and Dr David Rimmer..

### The role of the GPMHSC

The GPMHSC:

- establishes standards for general practice training in mental health in relation to the Better Access initiative
- accredits courses related to general practice mental health care
- promotes accredited general practice training in mental health that aims to develop GPs' knowledge of, and skills in, detecting and treating mental illness
- promotes the uptake of MBS mental health items under the Better Access initiative
- develops resources that support GPs to provide mental health services
- regularly updates the general practice sector about current mental health issues
- contributes to the development of policies relating to general practice and mental health.

## The role of the GPMHSC Secretariat

The GPMHSC Secretariat:

- pre-adjudicates courses before the GPMHSC Committee completes a formal adjudication
- pre-adjudicates applications from GPs seeking exemption from completing mental health courses
- adjudicates Mental Health Continuing Professional Development (MH CPD) and Focussed Psychological Strategies Continuing Professional Development (FPS CPD) in accordance with the GPMHSC training standards
- provides Medicare with the details of GPs who are eligible to claim Better Access initiative MBS item numbers
- develops resources relating to primary mental health care and the Better Access initiative for GPs and training providers
- provides support to the GPMHSC Chair and Committee
- responds to general enquiries from GPs, practice managers, training providers, Primary Health Networks (PHNs) and other stakeholders about GPMHSC-accredited training and the Better Access initiative, and provides ongoing communication, marketing and support to help them implement the GPMHSC standards.

## 1.2 The importance of GPs in mental health

Approximately 1 in 5 Australians aged 16–85 (22%, or 4.3 million people) experienced a mental disorder in the previous 12 months, and approximately 8,514,700 Australians aged 16–85 (43%) have experienced a mental illness sometime in their lifetime.<sup>9</sup>

Additionally, since 2017, GPs have consistently reported the most common health issues they manage are mental health related. This is consistent in the 2024 Health of the Nation report, which tells us 71% of GPs report psychological issues in their top three reasons for presentations<sup>10</sup>

It is clear that GPs are at the forefront of caring for Australians with mental health needs. This is why GPs need the skills and knowledge required to identify and address patients' mental health needs.

### Skills and knowledge GPs need to provide

GPMHSC-accredited training provides GPs with the fundamental skills required to assess a patient's needs, recommend appropriate referral options, and manage a patient's ongoing mental health care in the context of general practice.

In Australia, the term 'general practice mental health care' refers to the assessment, management, and ongoing care of people who experience mental illness of varying degrees.

To provide general practice mental health care, GPs need to be able to:

- identify mental health issues
- ensure that the patient receives appropriate care.

## Identifying mental health issues

This includes being able to:

- perform a biopsychosocial assessment, taking into account the patient's chronic and acute physical and mental health issues, as well as their past and present personal, social and cultural circumstances (the GPMHSC does not endorse any diagnostic tool for GPs, who may choose the assessment method and diagnostic tool they believe to be the most suitable)
- identify early warning signs of mental illness
- identify risk factors of mental illness
- provide support and advice that can reduce risk factors and potentially prevent mental illness.

## Ensuring appropriate care

This includes being able to:

- identify signs of suicide risk, and respond accordingly
- provide or recommend appropriate care based on the patient's assessed needs (eg e-mental health for mild mental health issues, face-to-face counselling for moderate to severe mental health issues) and cultural factors that may influence the model of care chosen
- provide continuity of care, which is a key component of the successful treatment of people with mental illness
- use and participate in a multidisciplinary approach to care.
- Develop a GP Mental Health Treatment Plan (MHTP) for each patient

### Useful resources

Suicide prevention and first aid: a resource for GPs.

Available at: <https://gpmhsc.org.au/resources-for-gps/suicide-prevention-and-first-aid>

After suicide: a resource for GPs.

Available at: <https://gpmhsc.org.au/resources-for-gps/after-suicide>

Practice guide: Communication between medical and mental health professionals.

Available at: <https://gpmhsc.org.au/resources-for-gps/communication-between-medical-and-mental-health-professionals>

Working with the Stepped Care Model: Mental health services through general practice.

Available at: <https://gpmhsc.org.au/resources-for-gps/stepped-care-model>

## GP Mental Health Treatment Plans

GP Mental Health Treatment Plans (MHTPs):

- provide continuity of care for people with a mental illness
- provide a structured framework for GPs to undertake assessment, early intervention and management of patients with a mental illness
- assist with coordination of care and provide a referral pathway to allied mental health service providers
- allow the GP to actively involve the patient and carer, where possible, in their care.

When a GP uses an MHTP template, such as those developed by the GPMHSC, they can be guided through important questions and prompts when discussing a patient's mental health issues.

## GP MHTP templates

The GPMHSC GP MHTP templates can enhance the quality of mental health care provision and support GPs in managing common mental health disorders under the Better Access initiative. The templates are designed to provide prompts in the assessment, treatment planning and review of patients experiencing symptoms of a mental illness, and to assist in the documentation of this information.

The GPMHSC has published five templates:

- a short-form template titled Minimal requirements
- a template for Aboriginal and Torres Strait Islander People
- a template for use with adult patients
- a template for use with child and adolescent patients
- a template as a Subjective Objective Assessment Plan (SOAP)

It is not necessary to complete all fields when preparing the GP MHTP. GPs may choose to adapt the templates according to the needs of their practice and their patients. It is not mandatory to use any particular form when preparing and claiming for a GP MHTP.

## Reviewing a patient's GP MHTP

GP MHTPs do not expire at the end of a calendar year, so the patient does not need a new plan to continue their GP MHTP into the next calendar year unless the referring practitioner considers it is clinically required.

This means that a patient can continue to be eligible for rebated allied mental health services in the next calendar year under their existing plan, if the referring GP assesses that the patient continues to need these services.

Generally, new plans should not be developed within 12 months of the previous plan, unless the referring practitioner considers it to be clinically required.

A GP can assess and manage the patient's progress and write a new referral for further services using A standard general practice consultation item (eg MBS items 23, 36 and 44).

*Note: The MHTP review item numbers 2712 and 2713 were removed in November 2025, to be replaced by standard consultation numbers.*

### Useful resources

Developing and reviewing a patient's GP Mental Health Treatment Plan.

Available at: <https://gpmhsc.org.au/info-for-gps/gp-mental-health-treatment-plans>

## 1.3 The Better Access initiative and the role of GPs

The Better Access initiative (introduced by the Federal Government in 2006) aims to improve health outcomes by providing targeted treatment of people with a clinically diagnosed mental disorder.

### How does the Better Access initiative work?

The Better Access initiative allows eligible people with an assessed mental disorder to access rebated mental health services for which they can receive a rebate. At the time of publication, each person is entitled to access up to 10 individual services and up to 10 group services per calendar year.

Patients can access more than 10 individual services and/or more than 10 group services, but they can receive rebates for only the first 10 individual services and only the first 10 group services within a calendar year are eligible for rebates.

### Eligibility for rebated services

Patients with an assessed mental disorder are eligible to access services under the Better Access initiative sessions when they are referred to an approved provider via one of the following:

- a GP managing the patient under a General Practice Mental Health Treatment Plan (GPMHTP)
- a referred psychiatrist assessment and management plan, or
- a psychiatrist or paediatrician.

One of the above professionals would then refer the patient to an approved provider for the rebated sessions.

### Approved providers

Approved providers are:

- GPs who are registered as a provider of Focussed Psychological Strategies (FPS)
- psychologists
- appropriately trained and accredited social workers and occupational therapists.

### Useful resources

Department of Health. Better Access initiative. Available at: [https://www.health.gov.au/initiatives-and-programs/better-access-initiative?utm\\_source=health.gov.au&utm\\_medium=callout-auto-custom&utm\\_campaign=digital\\_transformation](https://www.health.gov.au/initiatives-and-programs/better-access-initiative?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation)

Services Australia. Better Access initiative - supporting mental health care. Available at: <https://www.servicesaustralia.gov.au/better-access-initiative-supporting-mental-health-care>

## Mental disorders applicable under the Better Access initiative

At the time of publication, the following mental disorders are eligible for treatment under the Better Access initiative, as per the International classification of diseases, 10th revision (ICD-10).

- acute psychotic disorders
- adjustment disorder
- alcohol-use disorders
- bereavement disorders
- bipolar disorder
- chronic psychotic disorders
- conduct disorder
- depression
- dissociative (conversion) disorder
- drug-use disorders
- eating disorders
- enuresis
- generalised anxiety
- hyperkinetic (attention deficit) disorders
- mental disorder, not otherwise specified
- mixed anxiety and depression
- neurasthenia
- panic disorder
- phobic disorders
- sexual disorders
- sleep problems
- unexplained somatic complaints.

As the ICD-11 may be adopted during the 2026–28 triennium, there may be variation to the above list of mental disorders applicable under the Better Access initiative.

## Mental disorder, not otherwise specified

The condition listed above as 'Mental disorder, not otherwise specified' covers any mental disorder that does not meet the description of any of the other mental disorders in the ICD-10. Similar to the 'not otherwise specified' codes in the *Diagnostic and statistical manual of mental disorders*, it allows for atypical cases. For a patient to be diagnosed with this condition, they must have mental health symptoms that reach the threshold for clinical significance but do not fall neatly into one of the disorder categories.

However, the MBS online notes indicate that organic mental disorders (i.e., those due to brain damage) are excluded under 'Mental disorder, otherwise not specified'.

## Mental disorders not applicable under the Better Access initiative

In addition to organic mental disorders, the following disorders are not applicable under the Better Access initiative:

- delirium
- dementia
- mental retardation
- tobacco-use disorders.

Although not applicable under the Better Access initiative, GPs can address these disorders if the patient presents with an applicable mental disorder has comorbidity with one or more of these disorders (e.g., when a patient has dementia and generalised anxiety).

### Useful resources

International Classification of Diseases 10th edition (ICD-10).  
Available at: <https://icd.who.int/browse10/2019/en>

International Classification of Diseases 11th edition (ICD-11).  
Available at: <https://icd.who.int/browse11/l-m/en>

## The role of the GPMHSC and GPs in the Better Access initiative

The GPMHSC sets and monitors the training standards for GPs that allow them to deliver services during GP consultations that correspond to mental health MBS item numbers.

Table 1 sets out services and the corresponding MBS item numbers that GPs can claim based on their mental health training.

**Table 1. GPs' eligibility to provide mental health MBS items**

Mental Health Training	Services	MBS item numbers	MBS Rebate
None	Preparation of a patient's GP MHTP	2700, 2701	Minimum MBS rebate
Level 1: MHST	Preparation of a patient's GP MHTP	2715, 2717	Maximum [higher schedule] MBS rebate
Level 2: FPS ST	Registered to provide FPS interventions to patients for their mental health conditions as identified in the patient's GP MHTP	2721, 2723, 2725, 2727	MBS rebates apply for up to 10 individual FPS sessions and 10 group sessions per person per calendar year

### Useful resources

Department of Health. MBS Online. Available at: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

GPMHSC Mental health MBS item number descriptors and rebates.  
Available at: <https://www.gpmhsc.org.au/gp-resources/mbs-descriptors-and-rebates>

## 1.4 The General Practice Mental Health Training Framework

The Framework provides an overview on the different levels of training and education recommended by the GPMHSC before GPs can provide different levels of mental health care in general practice. These are shown in Table 2 and the pathway for GP mental health training and education is shown in Figure 1.

The Framework assumes that, having completed undergraduate and pre-vocational training, GPs have achieved entry-level proficiency in the following areas:

- general clinical skills, including communication, cultural competency and recording of patients' medical history
- knowledge of the general aetiology, epidemiology and prevalence of mental illness in the community
- knowledge of the principles of psychiatric assessment and diagnosis
- knowledge of common evidence-based pharmacological and non-pharmacological treatments.

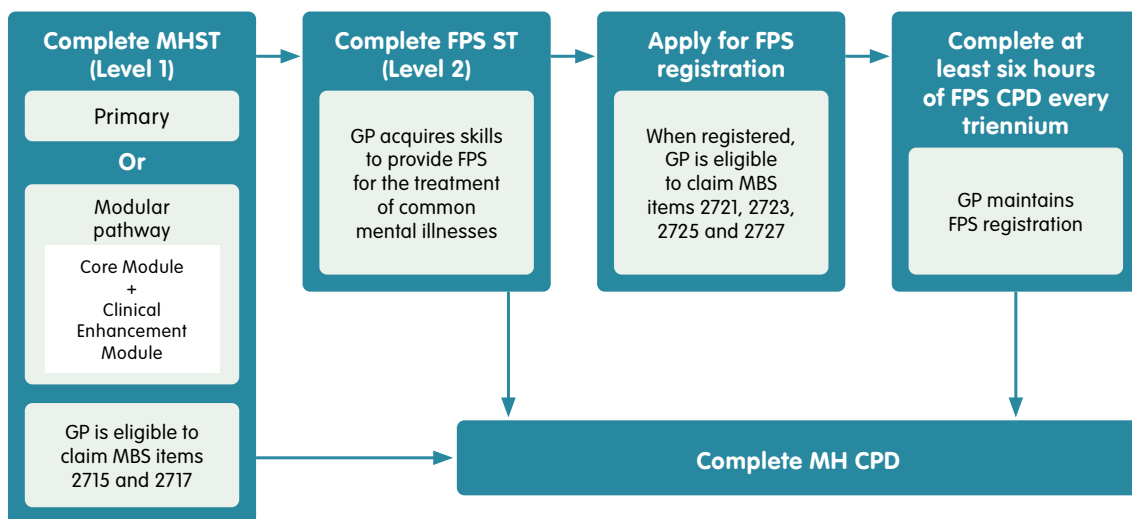
**Table 2. General Practice Mental Health Training Framework**

Level 1: Mental Health Skills Training (MHST)		
Action	Outcomes	Recognition
Complete one of the following:	GPs should be able to:	GPs can access MBS item numbers:
<b>MHST Primary Pathway</b> Targeted at general practice registrars and other doctors entering Australian general practice.	Undertake mental health assessments for common mental illnesses in the context of general practice <i>and</i> Develop and review GP MHTPs	2715 and 2717
<b>MHST Modular Pathway:</b> Complete a core module and a clinical enhancement module. Targeted at GPs who are more experienced or have particular interests.	Undertake mental health assessments for common and more complex mental illnesses/specific population groups within the context of general practice <i>and</i> Develop and review GP MHTPs	



## Level 2: Focussed Psychological Strategies Skills Training (FPS ST)

Action	Outcomes	Recognition
Complete one of the following:	GPs should be able to:	GPs can access MBS item numbers:
Complete FPS ST (Prerequisite: Level 1 MHST)	Provide cognitive behaviour therapy (CBT) or interpersonal therapy (IPT) to patients eligible for treatment under the Better Access initiative in the context of general practice	2721, 2723, 2725, 2727 PLUS: Registration with Medicare as a GP provider of FPS.



**Figure 1. GPMHSC-accredited pathway for GP mental health training and education**

## How GPs choose courses from the Framework

We encourage GPs to:

- complete a variety of mental health courses that refresh and broaden their undergraduate and pre-vocational skills and knowledge in primary mental health.
- include MH CPD in the course of their regular professional development, considering the profile of their practice, so that their mental health skills and knowledge remain up to date.

If they need advanced skills in mental health care, we encourage them to select relevant courses as referred to in the Advanced Mental Health Skills Acknowledgement Position Statement found on the GPMHSC website: <https://gpmhsc.org.au/advanced-mental-health-skills-acknowledgement-position-statement>.

GPs can use the Framework to plan their professional development in mental health at different stages during their career.

### Additional information

GPMHSC FAQs - Mental health training and education.

Available at: <https://gpmhsc.org.au/guidelinessection/index/d591433d-1f59-4c6d-afeb-b23c2f4fd702/frequently-asked-questions-faqs-mental-health-educ>

GPMHSC FAQs - Medicare Benefits Scheme.

Available at: <https://gpmhsc.org.au/guidelinessection/index/ea6d3af3-e807-4630-84dd-4f9e35358d58/frequently-asked-questions-faqs-medicare-benefits>

## Exemption from completing MHST and FPS ST

Although the GPMHSC strongly recommends that all GPs complete accredited MHST or FPS ST, if a GP believes they can demonstrate that they have achieved the learning outcomes of MHST (Primary Pathway or Modular Pathway) or FPS ST without completing a course, they can apply for an exemption.

If the GPMHSC grants them exemption, the GP can gain access to the relevant MBS items.

### Additional information

Exemption from accredited mental health training.

Available at: <https://gpmhsc.org.au/exemption-from-accredited-mental-health-training>

# Part 2: Planning mental health courses for GPs

## 2.1 Introduction

Read this information carefully before planning your mental health courses for GPs.

### **GPs eligibility to provide mental health consultations**

After completing an accredited skills training course, a GP is eligible to provide specific types of mental health consultations with consumers and claim relevant MBS items.

### **CPD and PDP hours for GPs**

After successfully completing accredited mental health courses, GPs can also accrue RACGP CPD and/or ACRRM Professional Development Program (PDP) hours.

### **Types of mental health courses for GPs**

There are two types of mental health courses for GPs that the GPMHSC accredits:

- Skills training courses  
(Mental Health Skills Training and Focussed Psychological Strategies Skills Training)
- CPD courses.

### **Skills training (ST) courses**

There are two types of GPMHSC-accredited skills training courses:

- Level 1: Mental Health Skills Training (MHST)
- Level 2: Focussed Psychological Strategies Skills Training (FPS ST).

### **CPD courses**

There are two types of GPMHSC-accredited CPD:

1. Mental Health CPD (MH CPD)
2. Focussed Psychological Strategies CPD (FPS CPD).

The GPMHSC also elects to accredit some CPD courses as gold standard CPD courses. Gold standard CPD courses:

- run for a minimum of six hours
- include predisposing and reinforcing components (work completed before and after the course delivery)
- include involvement from carer and consumer representatives.

## Trauma informed care

Developing your activities from a trauma informed lens

- GPMHSC-accredited activities should be developed through a trauma-informed care lens to ensure training environments and content are safe, supportive, and respectful for all participants, including those with lived experience of trauma. This involves embedding the TIC principles into program design and delivery:
  - Safety
  - Trustworthiness
  - Choice
  - Collaboration and
  - Empowerment<sup>8</sup>

TIC training should also help GPs recognise the signs and impacts of trauma in patients, understand how trauma can influence behaviour and health outcomes, and respond in ways that avoid re-traumatisation. By integrating trauma-informed principles, training providers can better prepare GPs to deliver compassionate, effective, and culturally safe care—particularly for populations with high rates of trauma exposure, such as refugees, veterans and Aboriginal and Torres Strait Islander peoples.

## 2.2 Planning your course

When planning your course, you should consider the following, each of which are explained in this section.

- Audience
- Underpinning philosophy
- Developing training that allows GPs to work with specific populations
- Delivery modes
- Learning types mapped to MBA CPD types
- Mandatory involvement of health professionals
- Genuine involvement of consumers and carers

### Audience

Although the learning outcomes listed for each type of course primarily relate to GPs, not all of your participants will necessarily be GPs, as the GPMHSC supports multidisciplinary training where different professional groups are brought together.

This not only reflects the team-based nature of primary care, but also helps to improve collaboration between different types of service providers.

### Underpinning philosophy

The GPMHSC believes in the importance of:

- trauma-informed care within a psycho-social and cultural context
- a recovery-focused/recovery-oriented model

- multidisciplinary approaches
- consumer-centred and consumer-agreed informed choices with the collaboration of carers.

Your courses should, where relevant, incorporate this underpinning philosophy.

## Developing training that allows GPs to work with specific populations

The GPMHSC has developed a suite of resources to help you prepare mental health courses that give GPs the skills and knowledge they need to work with a variety of specific populations, including refugee populations and Aboriginal and Torres Strait Islander peoples.

### Useful resource

GPMHSC resources for training providers.

Available at: <https://gpmhsc.org.au/resources-for-training-providers>

## Delivery modes

Table 3 shows the different learning modes that you might want to incorporate into your course, particularly if some parts of the course can be delivered on-line, such as pre-disposing and reinforcing components.

**Table 3. Learning modes**

Learning Mode	GPMHSC definition
<b>Face-to-face learning</b>	Traditional method of delivering training, where the participant and facilitator attend the session together.
<b>Distance learning / remote learning</b>	An umbrella term for learning delivered without face-to-face contact, such as online learning and self-paced learning.
<b>Online learning / e-learning</b>	Learning that is mostly delivered via the internet. Examples include the use of learning management systems (LMS) and videoconferencing applications. This type of learning can be synchronous (i.e., the participant and facilitator participate at the same time) or asynchronous (i.e., the participant and facilitator are not necessarily participating at the same time).
<b>Self-paced learning</b>	Learning that the participant completes when it best suits them. Self-paced learning can be online (e.g., completing an on-line survey) or offline (e.g., attending a focus group and reporting the outcomes).
<b>Blended learning</b>	Learning that is a combination of different learning modes (e.g., online learning, self-paced learning, face-to-face learning). The amount of each learning mode in a course can vary.

## Learning types mapped to MBA CPD types

Table 4 shows how different types of learning map to CPD types as defined by the Medical Board of Australia's (MBA) Registration Standards.

If you are developing CPD training, you may want to consider the MBA CPD types.

**Table 4. Learning types mapped to MBA CPD types**

Type of learning	Examples	MBA CPD types
Courses	Workshops, seminars, lectures and conferences.	Knowledge and skills
Online learning	eLearning and webinars	Knowledge and skills
Peer group learning	Balint groups	Reviewing performance
Higher education/professional certification	Graduate diploma or Masters degree in psychology, psychiatry or another related field.	Knowledge and skills Reviewing performance
Audit	Systematic review of FPS skills in clinical practice.	Measuring outcomes
Supervised clinical attachment	Working directly under a mental health practitioner, in a variety of settings, such as an inpatient psychiatric facility, community mental health service, or a drug and alcohol service.	Reviewing performance
Research	Mental health research in the context of general practice (individual GP or group)	Knowledge and skills Measuring outcomes

### Useful resource

Medical Board of Australia Registration Standards.  
Available at: <https://www.medicalboard.gov.au/Registration-Standards.aspx>

## Mandatory involvement of health professionals

When you plan, develop, deliver and evaluate courses you want accredited by the GPMHSC, you must genuinely involve people from the following professionals in each stage:

- GPs
- mental health professionals skilled in the specific techniques being taught
- experienced educators or vocational trainers.

A professional with more than one of these can satisfy the requirements for the necessary involvement of multiple roles. For example, a GP who is also an experienced educator will satisfy the mandatory involvement of both roles.

## Genuine involvement of consumers and carers

### Requirements

- When you design, deliver and evaluate an ST course you want accredited by GPMHSC, you must involve consumers and carers.
- When you design and deliver a CPD course you want accredited by GPMHSC, involvement of consumers and carers is highly recommended. If you include consumers and carers in CPD courses, your course may be accredited as a gold standard CPD course.

### Rationale

Learning that involves consumers and carers gives GPs a greater understanding and appreciation of the wider impact of mental illness, challenges and barriers that consumers and their carers often face, and the recovery journey. It also means that they are more likely to consider how to improve the mental health care they deliver in conjunction with other services in the community.

The involvement of consumers and carers also aligns with national mental health plans and agendas that prioritise consumer and carer participation in decision-making and policy-making.

## 2.3 How to involve consumers and carers

### Why involve consumers and carers

Involving consumers and carers in GP mental health training enhances a GPs understanding of lived experience, improves communication skills, and promotes person-centred care by highlighting real-world challenges.

Their insights help reduce stigma, refine GPs' approach to consultations, and ensure training is relevant to patients' needs. By emphasising shared decision-making and the role of support networks, their involvement fosters more compassionate, holistic, and effective mental health care.

Involving consumers and carers is one of the most important parts of developing an activity, and time should be taken to ensure this is done adequately.

### Sourcing consumers and carers

To source consumers and carers, you can use your existing networks, or organisations such as:

- Lived Experience Australia  
<https://www.livedexperienceaustralia.com.au/>  
Phone: 1300 620 042
- National Mental Health Consumer Alliance  
<https://nmhca.org.au/>  
admin@nmhca.org.au
- Mental health carers Australia  
<https://www.mentalhealthcarersaustralia.org.au/>  
info@mentalhealthcarersaustralia.org.au

## Selecting consumers and carers

You must select consumers and carers who:

- have personal experience of mental illness, or of caring for someone with a mental illness
- have accessed and navigated mental health services, particularly through primary care
- have the appropriate skills to effectively contribute to the planning, development, delivery and review of your course
- have previously contributed to multidisciplinary projects in primary care or other programs in the mental health sector
- are involved with a recognised consumer or carer advocacy organisation, with a preference being to engage a lived experience educator

You should select consumers and carers who:

- reflect diversity in age, culture, gender, and socio-economic status, as it is important to highlight that mental health experiences vary widely
- have an ability to discuss how overlapping identities (e.g., LGBTQIA+, Aboriginal and Torres Strait Islander people) influence mental health and care experiences.

## Supporting consumers and carers

You must provide appropriate support to consumers and carers throughout their involvement.

Suggested guidelines for involving Consumer and Carers in training videos include:

- Involve a consumer and carer to develop the expression of interest and plan the questions that will be asked during the making of the video
- Ensure expression of interest includes why this is happening, what will be involved and how the video will be used
- Always ask your consumer and carer their preferred method of receiving information and payments – do not assume they have certain systems or access
- Prior to commencing the video ensure that you go through any disclaimer with them (What the video will be used for, who will own the video, where will it be used) and allow them to make an informed choice as to whether they will participate
- Prior to recording ensure that the interviewer is across the questions that need to be asked. Do not expect the person to just 'tell their story'
- Debrief with the person after and ensure they have support in place
- Allow the consumer and carer to see the edited version before agreeing to it being used.
- Follow-up with the consumer and carer after the training is delivered to inform future training requirements and ensure the consumer and carer are satisfied with outcomes.

## Achieving genuine involvement of consumers and carers

To achieve genuine consumer and carer involvement, you must:

- actively involve carers and consumers in all stages of the course, including the:
  - initial planning processes



- development of program content and materials
- delivery of the course
- review and evaluation of the course
- limit their contributions to a consumer or carer perspective so that they do not take on other roles (for more information, see [No dual roles for consumers and carers](#))
- recognise that the perspectives of consumers and the perspectives of carers are usually different, and therefore actively and separately address each perspective (carer and consumer) in each stage.

Table 5 shows the nature of involvement that is required at each stage.

**Table 5. Consumer and carer involvement in skills training courses**

Stage	Consumer and carer involvement
<b>Planning</b>	<ul style="list-style-type: none"><li>• Active involvement in the formal planning process, from the beginning of planning and/or development</li><li>• Representation on planning or advisory groups.</li></ul>
<b>Development</b>	<ul style="list-style-type: none"><li>• Active contribution to the selection and/or development of program content, including course materials and resources.</li><li>• Input from experienced individuals or consultation with focus groups.</li></ul>
<b>Delivery</b>	<ul style="list-style-type: none"><li>• For each consumer and carer, a minimum 15-minute presentation of their perspective or lived experience in an interactive discussion (see <a href="#">Presentations by consumers and carers</a>).</li></ul>
<b>Review</b>	<ul style="list-style-type: none"><li>• Involvement in the formal review of the training including a review of the learning outcomes and evaluation and feedback received by participants.</li></ul>

## No dual roles for consumers and carers

A consumer or carer must provide the perspective of either a consumer or a carer but not both. For example, a carer who has also experienced mental illness cannot represent both the carer and consumer perspectives.

While someone's lived experience in more than one role may give them greater perspective, it is preferable that each person brings just one perspective to their involvement in your course.

Similarly, if you involve a health professional who is also a consumer or carer, their involvement must not inform their lived experience as a consumer or carer. For example, it is inappropriate for a GP to present their lived experience as a consumer or carer.

## Presentations by consumers and carers

An experienced consumer and an experienced carer should present during an interactive session where participants can ask questions about their lived experience of mental illness perspectives. This should include their perspectives of relevant issues, such as challenges, treatment, and recovery from a trauma-informed perspective.

An effective way of presenting these interactive discussions is to conduct an interview, so that you make sure all areas are covered (see [Suggested questions to ask a consumer](#) and [Suggested questions to ask a carer](#)).

## Consumers and carers with particular skills

Consumers and carers with appropriate skills could lead a discussion based on their lived experiences and their perspectives on treatment and recovery.

Appropriately experienced consumers and carers could also give feedback during role-plays.

## Video conferencing/recorded presentations

If the consumer and/or carer is unable to present in person, or if the course is an e-learning one, contact the GPMHSC Secretariat to discuss alternatives that meet the learning outcomes.

Other alternatives include live video conferencing, written narratives, or pre-recorded videos. Please ensure you are submitting all consumer and carer presentations as part of your application as per face-to-face programs.

Recorded presentations should be fit for purpose, i.e. recorded for the purpose of the mental health activity you are accrediting.

Video conferencing/recorded presentations should be completed in a quiet room, with microphones and sound pre-tested before recording.

Recorded presentations should be up to date and relevant (no less than two years old).

Review a script or talking points prior, to ensure the content aligns with the specific objectives of the training activity, addressing key topics such as diagnosis, treatment, recovery, and systemic challenges.

## Suggested questions to ask a consumer

The GPMHSC recommends a breadth of questions that address the following key topics:

- Diagnosis of your mental illness
- Seeing your GP
- Impact of your mental illness
- Recovery

Table 6 contains some suggested questions for interviews with consumers. If you would like some more ideas for questions, contact the GPMHSC Secretariat.

**Table 6. Suggested questions to ask a consumer**

Topic	Sample questions for consumers
<b>Diagnosis of your mental illness</b>	When were you first diagnosed with a mental illness? What was the impact of a diagnosis for you? Was the diagnosis helpful?
<b>Seeing your GP</b>	What was helpful/unhelpful? How involved were you in the development of the GP MHTP? What else could the GP have done to help you receive the treatment and support you needed?

Topic	Sample questions for consumers
<b>Impact of your mental illness</b>	How has your mental illness impacted your life? What were some of the positive and negative aspects of living with a mental health illness?
<b>Recovery</b>	What does recovery mean to you? What strategies do you use to manage your mental health illness? What services or resources have helped you in your recovery?

## Suggested questions to ask a carer

The GPMHSC recommends a breadth of questions addressing four key topics:

- Your role as a carer
- The impact of being a carer on your life and wellbeing
- Seeing your GP
- Recovery

Table 7 contains some suggested questions for interviews with carers. If you would like some more ideas for questions, contact the GPMHSC Secretariat.

**Table 7. Suggested questions to ask a carer**

Topic	Sample questions for carers
<b>Your role as a carer</b>	<ul style="list-style-type: none"><li>• What is your relationship with the person living with a mental illness?</li><li>• How long have you been in this role?</li></ul>
<b>The impact of being a carer on your life and wellbeing</b>	<ul style="list-style-type: none"><li>• Can you describe how your role of carer has affected your life?</li><li>• How does caring for a person living with a mental illness affect your daily life?</li><li>• What do you do to take care of yourself while undertaking your role as a carer?</li></ul>
<b>Seeing your GP</b>	<ul style="list-style-type: none"><li>• What has been helpful/unhelpful about the help you have received from your GP?</li><li>• Were you involved in the development of the GP MHTP for the person you care for? If so, was this helpful?</li><li>• What do you want GPs to know about the caring role?</li></ul>
<b>Recovery</b>	<ul style="list-style-type: none"><li>• What does recovery mean to you?</li><li>• What has been your role in the recovery journey of the person you care for?</li><li>• What services or resources have helped the person you care for in their recovery?</li></ul>

### Useful resource

Consumers and Carers Checklist. Available at: <https://mhaustralia.org/publication/consumers-and-carers-checklist>

Consumers and Carers as Educators. Available at: <https://www.livedexperienceaustralia.com.au/resources-training-consumersandcare>

Consumer and Carer Engagement: a Practical Guide. Available at: <https://www.mentalhealthcommission.gov.au/lived-experience/consumer-and-carers/consumer-and-carer-engagement-%281%29>

## 2.4 Involving Aboriginal and Torres Strait Islander mental health education

The GPMHSC respectfully acknowledges that a strong connection to country, culture and community is integral to strong health and wellbeing for Aboriginal and Torres Strait Islander peoples.

As part of the GPMHSCs dedication to Closing the Gap, and determination to provide more equitable healthcare to Aboriginal and Torres Strait Islander peoples, a list of recommended inclusions to GPMHSC accredited activities have been developed by experts such as the Royal Australian College of General Practitioners (RACGP) Aboriginal and Torres Strait Islander Health Faculty, Professor Helen Milroy, descendant of the Palyku people of the Pilbara region of Western Australia and Professor of Child and Adolescent Psychiatry, Robert Ramjan, Chair of Psychosis Australia, The Healing Foundation, and Professor Peter O'Mara, Wiradjuri man and Professor of Indigenous Medical Education.

Training Providers wishing to have their activities accredited by the GPMHSC will need to include a minimum of two of the following 15 recommendations in each of their activities to remain accredited. Training Providers will be given 18 months from January 2026 to implement their chosen recommendations.

Training Providers are advised to follow the principles and guidance described in [Working Together: Aboriginal and Torres Strait Islander Mental Health Wellbeing Principles and Practice](#).

## Recommendations

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Partner with an Aboriginal and Torres Strait Islander expert, medical educator, or community group in at least two of the four development stages of the activity, ensuring shared ownership and leadership.

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Include pre-reading on the Aboriginal and Torres Strait Islander Kinship system, which will help GPs to provide culturally safe, respectful, and effective care that acknowledges the central role of family, community, and cultural obligations in health and wellbeing.

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Include a predisposing activity on social and emotional wellbeing in Aboriginal and Torres Strait Islander patients in their area, which could include topic areas such as:

1. What country do you practice on
  2. Learn about the local Aboriginal and Torres Strait Islander (if in the Torres Strait) history, significant events, cultural festivals, local services in your area of practice.
  3. Identifying Aboriginal health workers, senior cultural members or community experts in your area
  4. How many Aboriginal and Torres Strait Islander patients are in your practice, the places you work and in your local community?
  5. What strengths do you observe in your local Aboriginal and Torres Strait Islander communities?
  6. In what ways does your clinic create a culturally welcoming environment?
  7. Why might an Aboriginal and Torres Strait Islander person choose you or your practice? Would an Aboriginal and Torres Strait Islander person give the same answers?
- 

Include Aboriginal and Torres Strait Islander data, research and epidemiology in learning outcome 1 in Mental Health Skills Training and Focussed Psychological Strategies Skills Training activities, ensuring First Nations data governance and principles as applied to the research.

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Engage an Aboriginal and Torres Strait Islander consumer representative (if possible from a remote or rural area) in the consumer learning outcome, recognising the value of lived experience and community voice.

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Engage an Aboriginal and Torres Strait Islander carer representative (if possible from a remote or rural area) acknowledging the strengths of family and kinship roles in social and emotional wellbeing.

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Include education around the role of cultural safety, norms and trauma informed care in the GP approach to assessing and managing Aboriginal and Torres Strait Islander peoples

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Support GPs to apply culturally responsive mental health assessment skills that are appropriate and strengths-based when engaging with Aboriginal and Torres Strait Islander patients (Learning Outcome 2).

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Work through the [Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Template](#) with GPs, alongside MHTP requirements, to promote holistic care planning

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Include, within activity information, discussion on the limitations of diagnostic categories when it comes to Aboriginal and Torres Strait Islander peoples and the management of mental health symptoms

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Include information about the cultural safety and limitations of commonly used mental health assessment tools when used with Aboriginal and Torres Strait Islander people, and identify alternative tools that might be used

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Include information about cultural assumptions and cultural practices which can be mistaken for behaviour indicative of mental health problems, and suggest local guidance on how to navigate these, such as sickness because their community is sick, visions of deceased loved ones, sorry cuts and so on.

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Develop a dedicated module or section focused on Aboriginal and Torres Strait Islander approaches to mental health and social and emotional wellbeing, informed by community-led frameworks and strengths-based narratives

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Incorporate content that adequately supports GPs to deliver holistic, safe, and strengths-based care with Aboriginal and Torres Strait Islander peoples, recognising cultural, spiritual, and community strengths.

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Incorporate content on Narrative Therapy, exploring its alignment with story-based and relational approaches to healing in Aboriginal and Torres Strait Islander contexts.

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Incorporate content on Aboriginal and Torres Strait Islander perspectives on the impacts of intergenerational trauma, with a focus on community resilience, healing practices, and culturally safe engagement with services. This recommendation is particularly important for Focused Psychological Strategies Skills Training (FPS ST).

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Incorporate content on the impacts of racism and discrimination against Aboriginal and Torres Strait Islander peoples on mental health

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Include a list of useful Aboriginal and Torres Strait Islander resources for GPs to refer to, such as 13 Yarn, National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people, The Aboriginal and Torres Strait Islander Cultural and Health Training Framework and The Dulwich Centre.

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### Useful resource

**National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people.**

Available at: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/national-guide/mental-health>

**Gayaa Dhuwi (Proud Spirit) Australia.** For resources and Consumers and Carers. Available at: <https://www.gayaadhuwi.org.au/>

**Treatment of ADHD in Aboriginal and Torres Strait Islander peoples.** Available at: <https://adhdguideline.aadpa.com.au/wp-content/uploads/2024/02/ADHD-Guideline-Factsheet-ADHD-in-Aboriginal-and-Torres-Strait-Islander-Peoples-C-AADPA.pdf>

**The Aboriginal and Torres Strait Islander Cultural and Health Training Framework.** Available at <https://www.racgp.org.au/cultural-and-health-training-framework/home>

**The Dulwich Centre.** Available at <https://dulwichcentre.com.au/>

**Lived Experience Australia. For Consumers and Carers.** Available at <https://www.livedexperienceaustralia.com.au/>

**National Aboriginal Community Controlled Health Organisation.** For Consumers and carers. Available at: <https://www.naccho.org.au/>

**James Cook University: Partnering with Aboriginal and Torres Strait Islander Health Consumers.** Available at <https://www.youtube.com/watch?v=TczbUZkQ80M>

**The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP): Wellbeing Our Way.** Available at: <https://www.youtube.com/watch?v=GapXJEUrR5IOur>

**Emerging Minds. The value of diversity in Lived Experience.** Available at: <https://emergingminds.com.au/resources/the-value-of-diversity-in-lived-experience-work/>

# Part 3: Developing mental health courses for GPs

## 3.1 Introduction

Read this information carefully before developing your mental health courses for GPs to ensure that your course will meet the required standards.

### General educational requirements

Table 8 lists the general educational requirements of each type of mental health training.

**Table 8. General educational requirements of ST and CPD courses**

Requirement That the course:	Skills training (MHST, FPS ST)	FPS CPD	MH CPD
be highly interactive, with a focus on participant engagement and active learning (whether face to face or via e-learning)	Required	Strongly Recommended	Recommended
be able to be adapted to accommodate the diversity of participants' existing knowledge and skills	Required	Strongly Recommended	Recommended
include predisposing and reinforcing components designed to improve educational value	Required	Required	Recommended
enable the application of knowledge and skills that will change behaviours	Required	Strongly Recommended	Recommended
provide participants with resources that will enable them to apply what they have learnt into their practice.	Required	Strongly Recommended	Recommended

### Identifying course content

Your course content must address the specific requirements of the particular type of course you are developing. These are specified in each of the following sections under the heading Learning outcomes and course content.



## 3.2 Developing Mental Health Skills Training (MHST) courses (Level 1)

### Objectives

Your MHST course must:

- enhance GPs' skills to recognise and assess mental illnesses in order to prepare evidence-based GP MHTP
- enhance GPs' skills to monitor and review a patient's progress
- provide GPs with insight into the perspective of people who have experienced mental illness
- provide GPs with insight into the perspective of non-professional carers caring for people living with mental illness.

### Developing an MHST Primary Pathway course

#### Introduction

The most common pathway GPs take to become accredited with MHST, the MHST Primary Pathway is designed for:

- general practice registrars and other doctors entering general practice in Australia
- GPs who need a refresher on core mental health skills as part of their CPD.

Although experienced GPs can complete an MHST Primary Pathway course, we encourage GPs who have already completed MHST to complete courses in the MHST Modular Pathway so that they extend their skills in assessing and managing specific mental illnesses.

#### Course requirements of an MHST Primary Pathway course

Your MHST Primary Pathway course must:

- be of at least six hours duration (whether an e-learning or a face-to-face course)
- contain relevant predisposing components
- contain relevant reinforcing components.

#### Useful resource

Developing GPMHSC-accredited Mental Health Skills Training.  
Available at: <https://gpmhsc.org.au/info-for-training-providers/developing-mhst>

#### Learning outcomes and course content of an MHST Primary Pathway course

Your MHST Primary Pathway course must adequately address each of the learning outcomes and course content items shown in Table 9.

**Table 9. Learning outcomes and course content of an MHST Primary Pathway course**

<b>Learning outcomes</b> <b>The GP is able to:</b>	<b>Course content</b> <b>The course must include:</b>
<b>1. Detect mental health issues experienced by consumers.</b>	<p>1.1 A brief discussion of Australia’s mental health care system</p> <p>1.2 A discussion of the epidemiology and aetiology of mental disorders included for treatment under the Better Access initiative</p>
<b>2. Assess and manage mental illness in the context of general practice.</b>	<p>2.1 Recognition of the physical and differential factors, causation and prevention in the detection of mental illnesses in primary care.</p> <p>2.2 The application of skills required in mental health assessment, including:</p> <ul style="list-style-type: none"> <li>• interviewing skills</li> <li>• psychosocial history-taking</li> <li>• risk assessment (including risk of suicide and self-harm)</li> <li>• current psychosocial status and the effect of social determinants of health</li> </ul> <p>2.3 The application of complexities and comorbidities often associated with mental illness.</p> <p>2.4 The use of psychometric instruments to aid mental health assessment and the identification of changes in symptoms.</p> <p>2.5 The reassessment and review of patients with a known mental illness, including the review of their GPMHTP.</p>
<b>3. In consultation with consumers and carers, develop an agreed evidence-based and needs-based GPMHTP.</b>	<p>3.1 A discussion with a consumer to achieve a shared understanding of the mental illness, considering cultural and linguistic diversity.</p> <p>3.2 A discussion with consumers and carers about psychoeducation and self-help strategies.</p> <p>3.3 The development of personal prevention strategies and plans to assist in the detection of early warning signs of mental illness.</p> <p>3.3 A discussion about the appropriate and inappropriate use of evidence-based pharmacological and psychological therapies, either alone or in combination for the treatment of mental illness.</p> <p>3.4 A discussion about skills in shared care, multidisciplinary communication and teamwork.</p>

Learning outcomes The GP is able to:	Course content The course must include:
<p><b>4. Develop a GPMHTP that incorporates the lived experience and needs of consumers, their carers and others in their network.</b></p>	<p><b>Consumer experience</b></p> <p>4.1 A discussion with the consumer about their experience of a diagnosis, including:</p> <ul style="list-style-type: none"> <li>• when first diagnosed</li> <li>• whether this diagnosis helped</li> <li>• whether the diagnosis has changed over time</li> <li>• the impact of the diagnosis and of the mental illness on the consumer's life.</li> </ul> <p>4.2 A discussion of helpful and unhelpful aspects of their relationship with the GP and/or healthcare system, including previous experiences of barriers to accessing mental health services.</p> <p>4.3 A discussion of improvements that could be made to the primary healthcare system for consumers of mental health services, and recommendations to address barriers to access.</p> <p>4.4 A discussion of the value of the GPMHTP in terms of the consumer's recovery.</p> <p>4.5 A discussion of useful resources for consumers.</p> <p><b>Carer experience</b></p> <p>4.6 A discussion of how the mental illness diagnosis of the consumer has affected the carer, their role as a carer, their life and their health and wellbeing.</p> <p>4.7 A discussion of how GPs can best support carers and other support people through the coordination of care.</p> <p>4.8 A discussion of the value of the GPMHTP and the carer's role in the patient's recovery.</p> <p>4.9 A discussion of improvements that could be made to the primary healthcare system for carers of people accessing mental health services, and recommendations to address barriers to access.</p> <p>4.10 A discussion of useful resources for carers.</p>
<p><b>5. Discuss the use of practice systems and strategies to provide safe and holistic mental health care in the context of general practice.</b></p>	<p>5.1 The implementation of systematic approaches to risk assessment and coordination of care for consumers.</p> <p>5.2 The application of knowledge of local services, resources and referral pathways relevant to address consumers' needs and their mental health care and recovery.</p> <p>5.3 The implementation of systematic approaches to manage the complexities of providing mental health, including strategies that acknowledge and support GPs' self-care and wellbeing.</p>

Learning outcomes The GP is able to:	Course content The course must include:
6. Discuss appropriate MBS item numbers relating to provision of mental health care in the context of general practice.	6.1 The use of MBS item numbers and other GP mental health item numbers commonly used in general practice (including telehealth items) when developing and reviewing a GP MHTP.

## The MHST Modular Pathway course

### Introduction

Developed in response to the increasingly complex mental health issues that patients present with, this pathway is designed for more experienced GPs who have a particular interest in mental health.

Typically, this would be GPs who:

- want to know more about mental health
- consult many patients with mental illness.

By choosing the Modular Pathway, GPs can:

- acquire core skills and knowledge in mental health, then
- tailor their MHST learning according to special interests and needs by completing different clinical enhancement modules as part of MH CPD, thereby expanding their skills and ability to treat complex mental illnesses.

### GP requirements

To satisfy the requirements of the MHST Modular Pathway, GPs must complete:

- one core module (three hours) plus
- one clinical enhancement module (four hours).

They do not have to complete the core module and the clinical enhancement module with the same training provider, nor do they have to complete the two modules on the same day.

Although experienced GPs can attend an MHST Primary Pathway course, we expect GPs who have already completed MHST to complete courses within the MHST Modular Pathway to extend their skills in assessing and managing specific mental illnesses.

## Developing an MHST Modular Pathway course

As a training provider, you can develop and deliver:

- a stand-alone core module
- one or more clinical enhancement modules, each focusing on a different area.

The requirements for each option are set out in the following pages.

## Developing a core module

Your core module must cover the fundamentals of mental health care in Australian general practice, and include:

- an overview of the Better Access initiative, mental health care services and resources available to GPs
- the key components of a GPMHTP
- a deeper understanding of mental illnesses commonly presented in general practice
- an introduction of the concept of the consumer and carer perspective in the provision of mental health care.

## Why GPs choose a core module

GPs complete a mental health core module if:

- they want to claim MBS items 2715 and 2717, in which case they must complete this module, then a mental health clinical enhancement module
- they require a refresher on core mental health skills, in which case, they complete it as part of their CPD.

## Learning outcomes and course content of a core module

Your core module must adequately address each of the learning outcomes and course content items shown in Table 10.

**Table 10. Learning outcomes and course content of an MHST stand-alone mental health core module**

<b>Learning outcomes</b> <b>The GP is able to:</b>	<b>Course content</b> <b>The course must include:</b>
<b>1. Detect mental health issues experienced by consumers.</b>	1.1 A brief discussion of Australia's mental health care system. 1.2 A discussion of the epidemiology and aetiology of mental disorders included for treatment under the Better Access initiative.  These can both be included in pre-reading.
<b>2. Assess and manage mental illness in the context of general practice.</b>	2.1 Recognition of the physical and differential factors, causation and prevention in the detection of mental illnesses in primary care. 2.2 The application of skills required in mental health assessment, including: <ul style="list-style-type: none"><li>• interviewing skills</li><li>• psychosocial history-taking</li><li>• risk assessment (including risk of suicide and self-harm)</li><li>• current psychosocial status and the effect of social determinants of health.</li></ul> 2.3 The application of complexities and comorbidities often associated with mental illness. 2.4 The use of psychometric instruments to aid mental health assessment and to identify change in symptoms. 2.5 The reassessment and review of patients with a known mental illness, including the review of their GPMHTP.

Learning outcomes The GP is able to:	Course content The course must include:
<b>3. In consultation with consumers and carers, develop an agreed evidence-based and needs-based GPMHTP.</b>	<p>3.1 A discussion with a consumer to achieve a shared understanding of the mental illness, considering cultural and linguistic diversity.</p> <p>3.2 A discussion with consumers and carers about psychoeducation and self-help strategies.</p> <p>3.3 The development of personal prevention strategies and plans to assist in the detection of early warning signs of mental illness.</p> <p>3.3 A discussion about the appropriate and inappropriate use of evidence-based pharmacological and psychological therapies, either alone or in combination for the treatment of mental illness.</p> <p>3.4 A discussion about skills in shared care, multidisciplinary communication and teamwork.</p>
<b>4. Discuss the use of practice systems and strategies to provide safe and holistic mental health care in the context of general practice.</b>	<p>4.1 The implementation of systematic approaches to risk assessment and coordination of care for consumers.</p> <p>4.2 The application of knowledge of local services, resources and referral pathways relevant to consumers' needs to assist in their mental health care and recovery.</p> <p>4.3 The implementation of systematic approaches to manage the complexities of providing mental health, including strategies that acknowledge and support GP self-care and wellbeing.</p>
<b>5. Discuss appropriate MBS item numbers relating to provision of mental health care in the context of general practice.</b>	<p>5.1 The use of MBS item numbers and other GP mental health item numbers commonly used in general practice (including telehealth items) when developing and reviewing a GP MHTP.</p>

## Developing a clinical enhancement module

### Why GPs choose a clinical enhancement module

GPs choose a clinical enhancement module after completing the mental health core module and can choose the clinical enhancement module that suits their specific needs or areas of interest.

We encourage GPs to complete a range of mental health clinical enhancement modules as part of their CPD.

### Requirements of a clinical enhancement module

A clinical enhancement module must:

- build on the knowledge acquired in the core module
- apply that knowledge to a specific mental health condition, or complex situations, or a specific consumer group (therefore it is more specific than the courses in the MHST Primary Pathway)
- include carer and consumer perspectives relating to the specific mental illness/es covered.

Mental disorders addressed by a clinical enhancement module must be one or more of those specified in the Better Access initiative, so that GPs who complete the course (and have completed the core module) can:

- create GP MHTPs
- claim relevant MBS items.

## Learning outcomes and course content of a clinical enhancement module

Your clinical enhancement module must adequately address each of the learning outcomes and course content items shown in Table 11.

**Table 11. Learning outcomes and course content of a clinical enhancement module**

Learning outcomes The GP is able to:	Course content The course should contain:
<b>1. Detect mental health issues experienced by consumers.</b>	<p>1.1 A brief discussion of Australia’s mental health care system.</p> <p>1.2 A discussion of the epidemiology and aetiology of mental disorders included for treatment under the Better Access initiative.</p> <p>These can both be included in pre-reading.</p>
<b>2. Assess and manage mental illness in the context of general practice.</b>	<p>2.1 Recognition of the physical and differential factors, causation and prevention in the detection of mental illnesses in primary care.</p> <p>2.2 The application of skills required in mental health assessment, including:</p> <ul style="list-style-type: none"> <li>• interviewing skills</li> <li>• psychosocial history-taking</li> <li>• risk assessment (including risk of suicide and self-harm)</li> <li>• current psychosocial status and the effect of social determinants of health.</li> </ul> <p>2.3 The application of complexities and comorbidities often associated with mental illness.</p> <p>2.4 The use of psychometric instruments to aid mental health assessment and to identify change in symptoms.</p> <p>2.5 The reassessment and review of patients with a known mental illness, including the review of their GPMHTP.</p>

Learning outcomes The GP is able to:	Course content The course should contain:
<b>3. In consultation with consumers and carers, develop an agreed evidence-based and needs-based GPMHTP.</b>	<ul style="list-style-type: none"><li>3.1 A discussion with a consumer to achieve a shared understanding of the mental illness, taking into account cultural and linguistic diversity.</li><li>3.2 A discussion with consumers and carers about psychoeducation and self-help strategies.</li><li>3.3 The development of personal prevention strategies and plans to assist in the detection of early warning signs of mental illness.</li><li>3.3 A discussion about the appropriate and inappropriate use of evidence-based pharmacological and psychological therapies, either alone or in combination for the treatment of mental illness.</li><li>3.4 A discussion about skills in shared care, multidisciplinary communication and teamwork.</li></ul>



<b>Learning outcomes</b> <b>The GP is able to:</b>	<b>Course content</b> <b>The course should contain:</b>
<b>4. Incorporate the lived experience and needs of consumers, their carers and others in a person's network in a GPMHTP.</b>	<p><b>Consumer experience</b></p> <p>4.1 A discussion of the consumer's experience of a diagnosis, including:</p> <ul style="list-style-type: none"> <li>• when first diagnosed</li> <li>• whether this diagnosis helped and has changed over time</li> <li>• the impact of the diagnosis and the mental illness more broadly on the consumer's life.</li> </ul> <p>4.2 A discussion of helpful and unhelpful aspects of their relationship with the GP and/or healthcare system, including their experiences of barriers to accessing mental health services.</p> <p>4.3 A discussion of improvements that could be made to the primary healthcare system for consumers of mental health services and recommendations to address barriers to access.</p> <p>4.4 A discussion of the value of the GP MHTP from a recovery perspective.</p> <p>4.5 Useful resources for consumers.</p> <p><b>Carer experience</b></p> <p>4.6 A discussion of how the mental illness diagnosis of the consumer has affected the carer, their role as a carer, their life and their health and wellbeing.</p> <p>4.7 A discussion of how GPs can best support carers and other support people via care coordination.</p> <p>4.8 A discussion of the value of the GPMHTP and the carer's role in the recovery journey.</p> <p>4.9 A discussion of improvements that could be made to the primary healthcare system for carers of people accessing mental health services and recommendations to address barriers to access.</p> <p>4.10 A discussion of useful resources for carers.</p>
<b>5. Discuss the use of practice systems and strategies to provide safe and holistic mental health care in the context of general practice.</b>	<p>5.1 The implementation of systematic approaches to risk assessment and coordination of care for consumers.</p> <p>5.2 The application of knowledge of local services, resources and referral pathways relevant to consumers' needs to assist in their mental health care and recovery.</p> <p>5.3 The implementation of systematic approaches to manage the complexities of providing mental health, including strategies that acknowledge and support GP self-care and wellbeing.</p>

## 3.3 Developing Focused Psychological Strategies Skills Training (FPS ST) courses (Level 2)

### Introduction

#### What are Focused Psychological Strategies (FPS)?

Focused Psychological Strategies (FPS) are specific mental health care treatments, derived from evidence-based psychological therapies. At the time of publication, they include:

- cognitive behaviour therapy (CBT), including behavioural interventions and cognitive interventions
- eye-movement desensitisation reprocessing (EMDR)
- interpersonal therapy (ITP)
- narrative therapy for Aboriginal and Torres Strait Islander peoples
- psychoeducation, including motivational interviewing
- relaxation strategies
- skills training, including training in problem-solving, anger management, social skills, communication training, stress management, and parent management.

#### Useful resource

Up to date list of FPS interventions applicable under the Better Access Initiative.

Available at: <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&qt=ItemID&q=2721>

Under the Better Access initiative, GPs who are registered FPS providers can use a range of these recognised FPS interventions.

#### Objectives of an FPS ST course

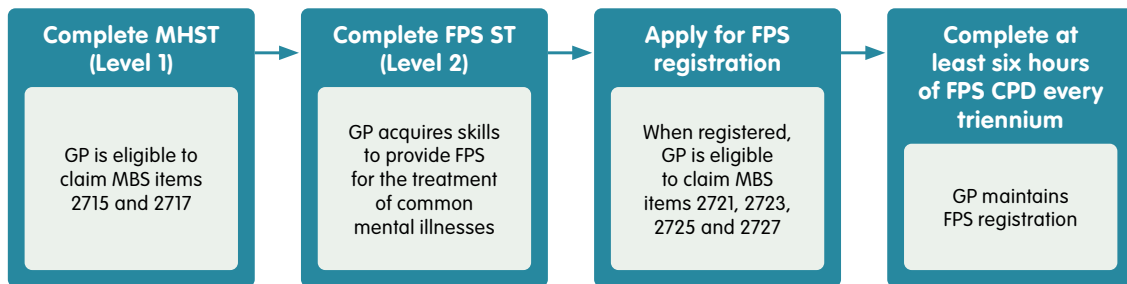
Your FPS ST course must aim to:

- enhance the knowledge and skills GPs attained in MHST
- develop GPs' skills in providing evidence-based psychological interventions for common mental health illnesses
- provide GPs with insight into the perspective of people who have experienced mental illness
- provide GPs with insight into the perspective of non-professional carers caring for people living with mental illness.

## How a GP becomes a GP provider of FPS

After successfully completing an FPS ST course, GPs can register with Medicare as a GP provider of FPS and claim the relevant MBS item numbers for the provision of FPS in general practice.

Figure 2 outlines the steps GPs must complete in order to register with Medicare as GP providers of FPS.



**Figure 2. Education required to be a registered GP provider of FPS**

### Useful resource

Registering with Medicare as a GP provider of FPS.

Available at: <https://gpmhsc.org.au/info-for-gps/registration-gp-provider-fps>

## Courses based on CBT and IPT

Table 12 shows the skills that training providers must include in GPMHSC-accredited FPS ST.

**Table 12. Focussed Psychological Strategies**

### Courses based on CBT

Courses predominantly based on CBT must provide skills in the following strategies, except those shown as optional:

- Psycho-education
- Motivational interviewing
- Theory and principles underlying CBT
- Behavioural interventions:
  - behaviour modifications
  - activity scheduling (optional)
  - exposure techniques (optional)
- Cognitive interventions:
  - cognitive analysis, thought challenging and cognitive restructuring
  - self-instructional training, attention regulation and control (optional)
- Relaxation strategies
- Skills training (e.g., problem-solving, communication training, parent management training and stress management)

### Courses based on IPT

Courses predominantly based on IPT must provide skills in the following strategies, except those shown as optional

- Psycho-education
- Motivational interviewing (optional)
- Theory and principles underlying IPT, mental illnesses linked to four types of relationship difficulties (loss, role dispute, role transitions and interpersonal deficits)
- IPT training:
  - explores consumer's perceptions, expectations of others and relationships
  - identifies problems with relationships
  - uses the patient's affect to bring about change
  - problem-solves to achieve a resolution of relationship issues
  - includes communication analysis and training
  - includes role-play changed behaviour
  - looks at use of the therapeutic relationship

## Requirements

To satisfy the requirements of FPS ST, your course must contain:

- a minimum of 12 hours of face-to-face or live/interactive contact time (delivered over consecutive weekdays or a weekend)
- an additional interactive structured learning course of a minimum of eight hours
- a predisposing component
- a reinforcing componentA recommended role play component to show FPS skills learnt
- A reminder that the purpose of FPS ST activities is to educate GPs on the FPS intervention chosen, rather than a specific topic. When including topic education, it must be how a GP would use the intervention in relation to the topic, rather than on the topic itself.

## Learning outcomes

Your GPMHSC-accredited FPS ST needs to adequately address each of the learning outcomes shown in Table 13.

**Table 13. Learning outcomes and course content for FPS ST**

Learning outcomes GPs will be able to:	Course content The course should include:
<b>1. Select evidence-based FPS intervention appropriate to consumer issues and needs outlined in the GPMHTP.</b>	<ol style="list-style-type: none"> <li>1.1 A brief discussion of Australia's mental health care system (which can be included in pre-reading).</li> <li>1.2 A discussion of the epidemiology and aetiology of mental disorders included for treatment under the Better Access initiative (which can be included in pre-reading).</li> <li>1.3 For each condition covered: <ul style="list-style-type: none"> <li>• an outline of the relevant FPS treatment models that apply to particular disorders</li> <li>• an outline of the modes of assessment</li> <li>• an outline of how to best apply FPS interventions in general practice.</li> </ul> </li> </ol>
<b>2. Demonstrate evidence-based FPS intervention appropriate to consumer issues and needs within the context of general practice.</b>	<ol style="list-style-type: none"> <li>2.1 In CBT programs, a demonstration of techniques to provide CBT-based FPS to consumers as part of the treatment plan for their mental illness.</li> <li>2.2 In IPT programs, a demonstration of techniques to provide IPT-based FPS to consumers as part of their treatment plan for their mental illness.</li> <li>2.3 A discussion of the cultural, environmental and social influences that relate to the delivery and uptake of FPS.</li> <li>2.4 A discussion of integrated FPS and pharmacological therapies, and the use of e-therapies.</li> <li>2.5 A discussion of the progress and review of consumers with a known mental illness.</li> <li>2.6 A discussion of safe closure/termination of FPS interventions.</li> </ol>

Learning outcomes GPs will be able to:	Course content The course should include:
<b>3. Incorporate the lived experience and needs of consumers, their carers and others in their network to inform provision of FPS.</b>	<p><b>Consumer experience</b></p> <ul style="list-style-type: none"> <li>3.1 A discussion of the application of learnt FPS strategies in day-to-day life.</li> <li>3.2 A discussion of helpful and challenging aspects of learnt FPS strategies</li> <li>3.3 A discussion of how the GP assisted the consumer to navigate mental health services</li> <li>3.4 A discussion of improvements that could be made to the primary healthcare system for consumers of mental health services and recommendations to address barriers to access.</li> <li>3.5 Useful resources for consumers.</li> </ul> <p><b>Carer experience</b></p> <ul style="list-style-type: none"> <li>3.6 A discussion of how the mental illness diagnosis of the consumer has affected the carer, their role as a carer, their life and their health and wellbeing.</li> <li>3.7 A discussion of how GPs can best support carers and other support people via care coordination.</li> <li>3.8 A discussion of the value of the GPMHTP and the carer role in the recovery journey.</li> <li>3.9 A discussion of improvements that could be made to the primary healthcare system for carers of people accessing mental health services and recommendations to address barriers to access.</li> <li>3.10 Useful resources for carers.</li> </ul>
<b>4. Discuss the use of practice systems and strategies to provide safe and holistic mental health care in the context of general practice.</b>	<ul style="list-style-type: none"> <li>4.1 The implementation of systematic approaches to risk assessment and coordination of care for consumers</li> <li>4.2 The application of knowledge of local services, resources and referral pathways relevant to consumers' needs to assist in their mental health care and recovery</li> <li>4.3 The implementation of systematic approaches to manage the complexities of providing mental health, including strategies that acknowledge and support GP self-care and wellbeing.</li> </ul>
<b>5. Discuss the engagement of regular supervision and other professional development to maintain and extend skills in the provision of FPS.</b>	<ul style="list-style-type: none"> <li>5.1 A discussion of the requirement for ongoing registration as a GP provider of FPS with Medicare, including the need to complete FPS CPD every triennium</li> <li>5.2 A discussion of the different types of FPS CPD, including peer-group learning and Balint groups, that will help GPs reflect on and improve their FPS.</li> <li>5.3 A discussion of and model principles of professional supervision, including information on registers or networks.</li> </ul>

Learning outcomes GPs will be able to:	Course content The course should include:
6. Discuss appropriate MBS item numbers relating to the provision of mental health care within the context of general practice.	6.1 The application of MBS item numbers relating to the provision of FPS, including telehealth item numbers (i.e., video-conferencing and phone consultations).

#### Useful resource

Developing GPMHSC-accredited Focussed Psychological Strategies Skills Training.  
Available at: <https://gpmhsc.org.au/info-for-training-providers/developing-fps-st>

## 3.4 Developing Mental Health CPD and Focussed Psychological Strategies CPD courses

### Types of CPD

As shown in the [GP Mental Health Training Framework](#), GPs can complete two types of CPD related to mental health:

- MH CPD
- FPS CPD.

### Mental Health CPD

Building on the topics covered in MHST, MH CPD courses aim to extend the GP's skills in assessing and managing mental illnesses in the context of general practice.

The GPMHSC strongly encourages GPs to complete a variety of MH CPD courses as part of their ongoing professional development requirements, even though it is not necessary. We advise them that completing clinical enhancement modules and CPD is a good way of keeping their mental health skills and knowledge up to date and ensuring that they have a broad knowledge across several areas.

## MH CPD topics we require

<b>We strongly recommend</b> you consider developing MH CPD courses that address the following topics that are in high demand:	<b>Other topics</b> you could consider addressing in your MH CPD courses:
<ul style="list-style-type: none"><li>• trauma-informed care and practice</li><li>• child and adolescent mental health</li><li>• domestic family violence</li><li>• addictions/alcohol and other drugs</li><li>• other areas that may be relevant to communities in which GPs practice.</li></ul>	<ul style="list-style-type: none"><li>• affective disorders</li><li>• anxiety disorders</li><li>• bodily distress disorders</li><li>• substance-use disorders</li><li>• eating disorders</li><li>• suicide prevention: undertaking risk assessments, recognising and responding to those at risk of suicide</li><li>• mental health first aid training</li><li>• interpersonal skills training: relationships, rapport, communication skills, interview skills.</li></ul>

## Learning outcomes for MH CPD

After completing MH CPD courses, GPs will have:

- a broader and/or deeper set of skills and knowledge about mental health than they attained in MHST
- a broader and/or deeper set of skills to detect mental illness
- a broader and/or deeper set of skills to assess and manage common mental illnesses.

## FPS CPD

FPS CPD must expand on the skills and knowledge GPs acquired in FPS ST, and must educate on the [FPS interventions approved under the Better Access Initiative](#). The GPMHSC recommends that GPs consider provision of FPS to other specific populations including. We encourage you to include them in your courses

- Aboriginal and Torres Strait Islander peoples
- those experiencing domestic family violence
- addictions/alcohol and other drugs
- people from culturally and linguistically diverse (CALD) backgrounds
- children and adolescents.

## Learning outcomes for FPS CPD

After completing FPS CPD courses, GPs will have:

- a broader and/or deeper set of skills and knowledge about FPS than they attained in FPS ST
- enhanced skills in selecting and demonstrating evidence-based FPS interventions appropriate to consumers' issues and needs.
- An ability to further provide FPS in the context of general practice



## Course requirements

It is recommended that FPS CPD be 6 hours in length, the yearly CPD requirement for GPs who are registered and wish to maintain their registration

It is recommended providers include consumers and carers in their CPD courses, meeting the gold standard CPD requirement.

### Additional information

Developing GPMHSC-accredited Mental health CPD.

Available at: <https://gpmhsc.org.au/info-for-training-providers/developing-mental-health-cpd>

Developing GPMHSC-accredited Focussed Psychological Strategies CPD

Available at: <https://gpmhsc.org.au/info-for-training-providers/developing-fps-cpd>

## 3.5 Developing online or e-learning courses or components

Table 14 sets out the requirements you must satisfy for a course to meet GPMHSC standards if it is an online or e-learning course, or if it has components that are online or e-learning.

**Table 14. Requirements for online or e-learning courses**

Element	Requirements
<b>User accessibility</b>	<ul style="list-style-type: none"><li>• Consider the file size of videos/audios, as some participants (particularly those outside metropolitan areas) may have suboptimal broadband.</li><li>• Provide ongoing information technology assistance to participants.</li></ul>
<b>Timing</b>	<ul style="list-style-type: none"><li>• The length of the program must satisfy the requirements of a comparable face-to-face course.</li><li>• Incorporate mechanisms so that participants cannot move through the program unless they engage with the content and provide adequate responses.</li></ul>
<b>Interactivity</b>	<ul style="list-style-type: none"><li>• The content must be interactive and varied so that participants engage with the material (especially for asynchronous training programs).</li><li>• There must be opportunities for participants to view specific mental health skills and techniques (e.g., watching a pre-recorded demonstration of a technique).</li><li>• Simulate the interactivity of face-to-face training programs, by allowing participants to see each other's responses.</li><li>• If the content relating to the consumers' and carers' perspective is a pre-recorded video, submit this as part of your application as per face-to-face programs.</li></ul>

<b>Checking learning</b>	<ul style="list-style-type: none"><li>• Incorporate participant feedback mechanisms throughout the training so participants can check and track their learning.</li><li>• Provide opportunities for participants to practise and reflect on skills they have learnt in the program.</li></ul>
<b>Opportunity to debrief with peers</b>	<ul style="list-style-type: none"><li>• As material covered in mental health training programs is often sensitive, you must provide support. This could include giving consumers and carers the opportunity to debrief with their colleagues or peers and providing referrals to appropriate resources.</li></ul>
<b>Evaluation and quality improvement</b>	<ul style="list-style-type: none"><li>• Establish and follow procedures to regularly review, check and update content.</li></ul>

## Redeveloping existing face-to-face training as online learning

If you have existing GPMHSC-accredited face-to-face courses, we encourage you to re-develop these courses as online or e-learning courses, if appropriate.

To do so, you need to submit a document to the GPMHSC Secretariat that clearly explains:

- specific details of the online or e-learning software and technology used
- how the software and technology will monitor and record participants' attendance and active participation
- how the online or e-learning experience aligns to the requirements of comparable face-to-face training
- the course's interactivity: specifically, how the course will encourage participants to ask questions and interact with the facilitator and their peers
- login details, including a username and password so that the GPMHSC can access the online or e-learning training.

# Part 4: Applying for GPMHSC-accreditation

## 4.1 Introduction

The GPMHSC is responsible for accrediting general practice mental health education and training courses.

This section outlines the process of applying to the GPMHSC for accreditation of skills training courses for the 2026–28 triennium.

Your course must have dual accreditation with GPMHSC plus RACGP and/or ACRRM.

### Benefits of GPMHSC-accredited skills training

GPs who complete your GPMHSC-accredited courses will be eligible to access additional item numbers under the MBS.

### Benefits of MHST

GPs who have completed MHST can, in the context of general practice:

- recognise and assess mental illnesses in order to prepare evidence-based GP MHTP
- monitor and review the patient's progress
- incorporate the perspective of people who have experienced mental illness
- incorporate the perspective of non-professional carers who are caring for people living with mental illness.

### Benefits of FPS ST

GPs who are registered providers of FPS deliver the following benefits for patients and communities within the context of general practice.

- Members of the community can receive cost-effective psychological interventions, which is particularly important if there is a shortage of psychologists and psychiatrists, or if access to them is difficult (eg in rural and remote settings).
- FPS can be an effective form of treatment for people with depression and anxiety.
- When delivered by a GP who is a registered FPS provider, FPS can address the immediate needs of patients in an acute medical situation.
- When delivered by a registered GP, particularly in rural and remote locations, FPS can help communities overcome disasters and widespread adversities such as droughts.
- GPs trained and skilled in FPS are better equipped to manage stressful situations and support people having difficulties with their mental health (eg those experiencing trauma following an event, or an exacerbation of a pre-existing mental illness).

## Retrospective accreditation

The GPMHSC does not grant retrospective accreditation of training courses that have been delivered. This means that although you can apply for accreditation of a course you have delivered, anyone who has completed that course before accreditation cannot access additional items under the MBS until they complete a course that has been accredited.

## 4.2 Re-accreditation of existing skills training activities for the 2026–28 triennium

If you have courses that were accredited for the 2023–25 triennium, you need to apply for re-accreditation for the 2026–28 triennium.

Contact the GPMHSC Secretariat via email at [gpmhsc@racgp.org.au](mailto:gpmhsc@racgp.org.au) if you have any questions about re-accreditation.

To apply for re-accreditation of an accredited course, you must:

- Complete the updated GPMHSC application form for 2026-28 found here [https://racgp.au1.qualtrics.com/jfe/form/SV\\_3f4XKeujiAC8jzg](https://racgp.au1.qualtrics.com/jfe/form/SV_3f4XKeujiAC8jzg) or on the GPMHSC website here <https://gpmhsc.org.au/info/detail/87213d65-7917-41ac-af70-0fd70ce8b37b/the-new-triennium-reaccreditation-process>
- Confirm you have updated any research, data and statistics to be relevant within the last five years
- If you have any changes to your activity, you must complete the survey, updating all sections that require updating. Then upload with your application:
  - a cover letter outlining any changes in the course, and a short paragraph about how your activity is run through a trauma informed care lens
  - relevant documents showing these changes (e.g., updated course outline, predisposing and reinforcing components, evaluation material, participant resources/workbooks)
  - evaluation reports that contain aggregated data from each time that the course was delivered in the previous triennium. If you have no changes outside of updating research, data and statistics, simply include your new RACGP CPD activity ID and select 'no changes' to finish the survey, and upload alongside your application:
  - a cover letter outlining a short paragraph about how your activity is run through a trauma informed care lens
  - relevant documents for the new activity triennium (e.g., updated course outline, predisposing and reinforcing components, evaluation material, participant resources/workbooks)
  - evaluation reports that contain aggregated data from each time that the course was delivered in the previous triennium.

Aboriginal and Torres Strait Islander recommendations:

- Once you have submitted your 26–28 re-accreditation form, complete the Aboriginal and Torres Strait Islander recommendations application form found [here](#).
  - If you believe your activity already meets 2 of the recommendations, provide that information in the form
  - If your activity does not meet the recommendations, provide details around which 2 you plan to implement and how

- The GPMHSC will then review your application and provide approval via a letter of outcome

## 4.3 Applying for accreditation of a skills training (ST) course

### Documents required when submitting your ST course for accreditation

Table 15 lists the documents you must provide when you apply for accreditation.

**Table 15. Documents required when you apply for skills training accreditation**

Application document	Face-to-face courses	Online or e-learning courses
Completed application form for accreditation with responses that clearly demonstrate how the training addresses the required learning outcomes.	✓	✓
Detailed course outline/schedule that demonstrates how the course meets the minimum time requirements.	✓	✓
Participant resources/workbooks that clearly outline the content, case studies, and examples, and how participants will use this material.	✓	✓
Course outline that includes content of training, manuscripts, case studies, screenshots of e-learning training modules (if available) or slides that mirror what the e-learning module will look like, and how participants will use the material in an e-learning environment.		✓
Predisposing component.	✓	✓
Reinforcing component.	✓	✓
Copy of the consumer and carer perspective videos if applicable, or manuscripts/questions and schedules of carer and consumer presentations/interviews.		✓
Participant feedback forms.	✓	✓

### The process of applying

Note: Skills training courses that you wish to have accredited by GPMHSC must also be accredited as CPD courses with RACGP and/or ACRRM. It is recommended that you contact RACGP/ACRRM first to confirm your organisation and activity are eligible for accreditation before completing the GPMHSC process, and to find out the RACGP/ACRRM process. The RACGP adjudication process can take up to 6 weeks to complete

#### Stage 1: Submit a draft application for pre-adjudication

1. Prepare your course.
2. Complete the online application form found [here](#) or on the GPMHSC website [here](#)

## Stage 2: GPMHSC Secretariat pre-adjudicates your application

1. The Secretariat will:
  - review your draft
  - provide you with feedback
  - work with you so that your application meets the GPMHSC Standards before you proceed to Stage 3.

## Stage 3: Submit your final application for adjudication

1. Revise your draft application based on the feedback you receive.
2. Submit your final application by the final closing date (10 days before the next GPMHSC Committee meeting).
3. While your application is being adjudicated, you can include the following statement on advertising material: 'This course has been submitted to the GPMHSC for adjudication – recognition of this course by GPMHSC does not occur until adjudication is complete.'

## Stage 4: GPMHSC Committee adjudicates your application

1. At the next committee meeting, the GPMHSC Committee will determine whether your course meets the required standards. (Adjudication does not guarantee accreditation). Although we aim to review each application as soon as possible, sometimes we have to hold over an application until the next meeting (e.g., if the meeting's agenda is already full or if your application seems to be incomplete).
2. The GPMHSC will notify you in writing of the outcome of the adjudication within two business days of the committee meeting.

If your application is successful, you will also receive the GPMHSC-accredited logo that you can use to promote the course.

If your application is unsuccessful, we will work with you to bring your course up to standard so you can resubmit.

### Further information about applying and important dates

For further information about applying for accreditation of ST courses, including closing dates and meeting dates, visit the GPMHSC website <https://gpmhsc.org.au/info-for-training-providers/application-process>

## 4.4 Applying for accreditation of a CPD course

### Accreditation types for CPD courses

GPMHSC-accredited CPD courses are accredited as either CPD or gold standard CPD.

Gold standard courses:

- use an interactive structured learning format
- include genuine involvement from both carer and consumer representatives

- include predisposing and reinforcing components.

The GPMHSC determines if your course will be accredited as a gold standard CPD course (ie you don't apply for gold standard accreditation).

## Submitting your CPD course for GPMHSC accreditation

### Stage 1: Submitting your CPD course to RACGP and/or ACRRM

If you wish to have an MH CPD or FPS CPD course accredited by GPMHSC, you must apply for RACGP CPD activity approval and/or the ACRRM PDP, and inform them that you want the course accredited by GPMHSC. Having dual accreditation may attract more participants to your course as you can display the GPMHSC accredited logo when you promote the course.

This means you do not need to complete a GPMHSC application form for CPD courses.

For RACGP courses only:

1. Log in to the RACGP CPD dashboard, select 'Provider activity forms' then open the form.
2. Complete and submit the online form by marking the relevant CPD (MH CPD and/or FPS CPD) under the specific requirement eligibility section found under 'Additional details'.
3. Upload and attach your activity session plan. At least 50% of the course content must address all of the requirements of the relevant CPD.
4. The RACGP will send all relevant information and materials to the GPMHSC Secretariat, who will then arrange for adjudication of your course.

For ACRRM courses only:

1. Develop your course so it meets ACRRM PDP requirements.
2. Write an outline of the course content, explaining how it meets the requirements of either MH CPD or FPS CPD. At least 50% of the course content must address all of the requirements of the relevant CPD.
3. When you send your application to ACRRM for PDP hours:
  - inform them that you want to seek GPMHSC accreditation for either MH CPD or FPS CPD
  - attach your written outline.
4. If your application with ACRRM is successful, they will send all relevant information and materials to the GPMHSC Secretariat, who will then arrange for adjudication of your course.

### Stage 2: GPMHSC adjudication of your CPD course

After receiving the notification from RACGP/ACRRM, the GPMHSC Secretariat will adjudicate your CPD course as soon as practicable and notify RACGP/ACRRM of the outcome. Please remember that neither accreditation with RACGP/ACRRM nor GPMHSC adjudication guarantees GPMHSC accreditation.

The GPMHSC Secretariat will notify you of the outcome and:

- if your application is successful, send you the GPMHSC-accredited logo you can use to promote the course
- if your application is not successful, give you feedback or request further information, and work with you to bring your course up to standard so you can resubmit.

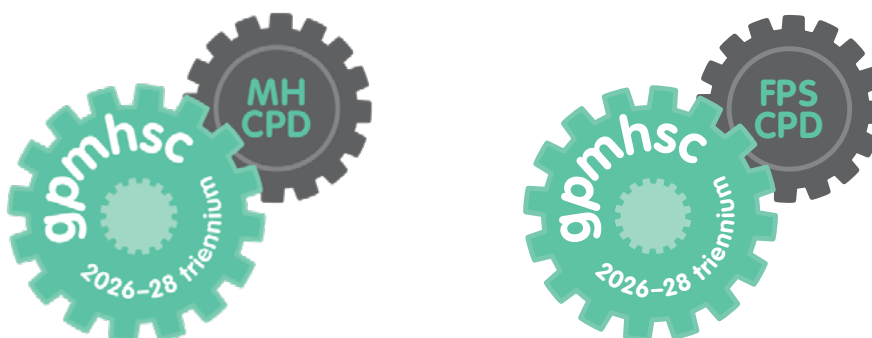
## Part 5: After accreditation

### 5.1 Authority to use GPMHSC logos

If your course is accredited as an MHST or FPS ST course, you are authorised to display the relevant logo for the nominated triennium.



If your course is accredited as an MH CPD or FPS CPD course, you are authorised to use the relevant logo for the nominated triennium.



If your course is accredited as a gold standard CPD course, you are authorised to use the relevant logo for the nominated triennium.





## 5.2 Your promotion of your GPMHSC-accredited courses

You can advertise a course as GPMHSC-accredited only if you have received written confirmation of accreditation from the GPMHSC.

After you receive written confirmation that your course is accredited, you should display the supplied GPMHSC logo on your course material and promotional media (e.g., on your website and brochures).

## 5.3 GPMHSC promotion of your accredited courses

When your course is accredited by GPMHSC, we are able to:

- include an article in our quarterly EDM to promote your activity

## 5.4 Changing a course after accreditation

If you want to make changes to an accredited course, you must inform the GPMHSC Secretariat in writing, outlining any changes to the educational content and/or format.

For information about this process, contact the GPMHSC Secretariat.

## 5.5 Ongoing quality assurance of accredited courses

The GPMHSC regularly conducts quality assurance of accredited courses to ensure GPs receive high-quality general practice education and training in mental health and that courses meet the required standards. This involves us reviewing and evaluating the course content and delivery.

The quality assurance program also provides an opportunity for you to openly discuss your mental health courses and receive feedback on your performance.

The GPMHSC reserves the right to ask training providers and participants for information about any issues related to the training they deliver or receive, and to participate in evaluation of those courses.

### Additional information

Overview of the GPMHSC Quality Assurance Program. Available at: <https://gpmhsc.org.au/info/detail/d6b32ff2-1362-45c5-a965-7140ed6dd806/gpmhsc-quality-assurance-program>

## 5.6 Delivering a course accredited with another training provider

Some training providers, such as PHNs and regional training providers, may allow others to use their courses and materials. If you want to adopt or use an existing GPMHSC-accredited course, contact the GPMHSC Secretariat before you deliver the course to find out if there are any anticipated changes or variations to the course.

## 5.7 Post-delivery requirements

### After delivering an MHST course

After delivering an accredited MHST course, you must:

- ensure participants have successfully completed the relevant reinforcing component
- provide a certificate of completion to participants who successfully completed the course, including the reinforcing component
- advise participants:
  - to contact the GPMHSC by phone or email to ensure their provider number is on record (this speeds up their eligibility to claim the item numbers)
  - that they must wait until they have received written confirmation from Medicare before claiming the relevant MBS item numbers
  - that it might take up to six weeks after they complete the reinforcing component for them to receive this confirmation.
- update each GP's training records with the RACGP and/or ACRRM, so that the GPMHSC can accurately report this information to Medicare.

#### Useful resources

GPMHSC Becoming an accredited MHST provider - a step-by-step process.

Available at: <https://gpmhsc.org.au/info-for-gps/mhst-accreditation-process>

### After delivering an FPS ST course

After delivering an accredited FPS ST course, you must:

- ensure participants have completed the relevant reinforcing component
- provide a certificate of completion to participants who successfully completed all requirements
- advise participants that to become a registered provider of FPS with Medicare they will need to:
  - complete the application form on the GPMHSC website at <https://gpmhsc.org.au/info-for-gps/registration-gp-provider-fps>

- forward the completed application form and a copy of their certificate of completion to [gpmhsc@racgp.org.au](mailto:gpmhsc@racgp.org.au)
- wait until they have received written confirmation from Medicare before claiming the relevant MBS item numbers, and that this process might take up to six weeks after they complete the reinforcing component.

## **After delivering an MH CPD or FPS CPD course**

After delivering an accredited CPD course, you must:

- ensure participants complete any relevant reinforcing component
- provide a certificate of completion to participants who successfully completed all requirements
- inform the relevant college/s (RACGP and/or ACRRM) of the GPs who completed this course.

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