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| **Patient wellbeing assessment** **and recovery plan** **– Adults** |
| **Notes:** This form is designed for use with the following Medicare Benefits Schedule (MBS) items. Users should be familiar with the most recent item definitions and requirements.**MBS item number:** [ ]  2700 [ ]  2701 [ ]  2715 [ ]  2717 This document is **not** a referral letter. A referral letter must be sent to any additional providers involved in this Mental Health Treatment Plan. *Major headings are* ***bold;*** *prompts to consider lower case. Response fields can be expanded as required.* ***Underlined items of either type are mandatory for compliance with Medicare requirements.*** |
| **Contact and demographic details** |
| **GP name** |  | **GP phone** |  |
| **GP practice name** |  | **GP fax** |  |
| **GP address** |  | **Provider number** |  |
| **Relationship** | **This person has been my patient since** |  |
| *and/or* |
| **This person has been a patient at this practice since** |  |
| **Patient surname** |  | **Date of**  **birth** (dd/mm/yy) |  |
| **Patient first name/s** |  | **Preferred name** |  |
| **Gender** | [ ]  Female [ ]  Male [ ]  Self-identified gender: |
| **Patient address** |  |
| **Patient phone** | Preferred number:Can leave message? [ ]  Yes [ ]  No | Alternative number:Can leave message? [ ]  Yes [ ]  No |
| **Medicare No.** |  | **Healthcare Card/Pension No.** |  |
| **Highest level of education completed** | [ ]  Primary school[ ]  Secondary school[ ]  TAFE[ ]  Tertiary degreeComments: |
| **Is this person a parent of a child aged <18 years?** [ ]  Yes [ ]  No |  |
| **Carer/support person contact details** | **Has patient consented for this healthcare team to contact carer/support persons?** |
| First contact: | Relationship: | Phone number 1:Phone number 2: | [ ]  YesWith the following restrictions: | [ ]  No |
| Second contact: | Relationship: | Phone number 1:Phone number 2: | [ ]  YesWith the following restrictions: | [ ]  No |
| **Emergency contact person details** | **Has patient consented for this healthcare team to contact emergency contacts?** |
| First contact: | Relationship: | Phone number 1:Phone number 2: | [ ]  Yes | [ ]  No |
| Second contact: | Relationship: | Phone number 1:Phone number 2: | [ ]  Yes | [ ]  No |
| **Salient communication and cultural factors** |
| **Language spoken at home** | [ ]  English | [ ]  Other: |
| **Interpreter required** | [ ]  No | [ ]  Yes, Comments: |
| **Country of birth** | [ ]  Australia | [ ]  Other: |
| **Other communication factors** |  |
| **Other relevant cultural factors** |  |

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| **Patient wellbeing and assessment** |
| **Reasons for presenting**Consider asking:* What are the patient’s current mental health issues?
* What requests and hopes does the patient have?
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| **History of current episode**Consider:* Symptom onset, duration, intensity, time course
 |  |
| **Patient history**Consider: |  |
| * Mental health history
 |  |
| * Salient social history
 |  |
| * Salient medical/biological history

Consider asking:♀ – menarche, menstruation, pregnancy, menopause |  |
| * Salient developmental issues
 |  |
| **Family history of mental illness**Consider asking about:* Family history of suicidal behaviour
* Genogram
 |  |
| **Parent and children needs**Record:* Name and date of birth of any children aged ˂18 years.
* Impact of mental health difficulties on their parenting, the parent–child relationship and their children
 |  |
| **Current domestic and social circumstances**Consider asking about:* Living arrangements
* Social relationships
* Occupation
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| **Salient substance use issues**Consider asking about:* Nicotine use
* Alcohol use
* Illicit substances
* Is patient willing to address the issues?
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| **Current medications**Consider asking about:* Dosage, date of commencement, date of change in dosage
* Reason for the prescription
* Are there other practitioners involved in the prescription of medication?
* Are there issues with compliance or misuse
 |  |
| **History of medication and other treatments for mental illness**Consider asking about:* Past referrals
* Effectiveness of previous treatments
* Side effects and complications associated with previous treatments
* Patient’s preference for medications
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| **Allergies** |  |
| **Relevant physical examination and other investigations** |  |
| **Results of relevant previous psychological and developmental testing** |  |
| **Other care plan**e.g. GP Management Plans and Team Care Arrangements; Wellness Recovery Action Plan; Family Care Plan | [ ]  Yes, Specify:  [ ]  No  |
| **Comments on Strengths and Positive Dispositions** |
| Consider asking about:* Abilities, talents and interests
* Competencies and accomplishments
* Previous self-help strategies used and those available in the family support network
* Service system and the community at large
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| **Comments on Current Mental State Examination** |
| Consider asking about:* Appearance, cognition, thought process, thought content, attention, memory, insight, behaviour, speech, mood and affect, perception, judgement, orientation
* Appropriateness of Mini-Mental State Examination (MMSE) for patients aged ˃75 years or if otherwise indicated
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| **Trauma Informed Care and Practice (TICP) assessment**. |
| **Consider possible influence of trauma**Trauma can be defined as:* Exposure to death
* Threatened death
* Actual serious injury
* Threatened serious injury
* Actual sexual violence
* Threatened sexual violence
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| **Consider possible indicators of gender-based violence-related trauma**Possible indicators may include:* Stress, anxiety, depression
* Substance use disorders
* Thoughts, plans or acts of self-harm/suicide
* Injuries that are repeated and unexplained
* Repeated sexually transmitted infections
* Unwanted pregnancies
* Unexplained chronic pain or conditions (pelvic pain, gastrointestinal problems, kidney or bladder infections)
* Other unexplained mental health complaints
 |  |
| **Risk assessment** **If high level of risk indicated, document actions taken in the treatment plan below** Consider asking:* Does the patient have a timeline for acting on a plan?
* How bad is the pain/distress experienced?
* Is it interminable, inescapable, intolerable
 |  | **Ideation/ thoughts** | **Intent** | **Plan** |
| **Suicide** |  |  |  |
| **Self-harm** |  |  |  |
| **Harm to others** |  |  |  |
| **Comments or details of any identified risks** |
|  |
| **Assessment/outcome tool used** (except where clinically inappropriate) |  |
| **Date of assessment** |  |
| **Results** | [ ]  Copy of completed tool provided to referred practitioner |
| **Provisional diagnosis of mental health disorder**Consider conditions specified in the *International classification of primary care*,2nd edition:* Depression
* Bipolar disorder
* Other mood disorders
* Anxiety disorders
* Panic disorder
* Phobic disorders
* Post-traumatic stress disorder
* Schizophrenia
* Other psychotic disorders
* Adjustment disorder
* Dissociative disorders
* Eating disorders
* Impulse-control disorders
* Sexual disorders
* Sleep disorders
* Somatoform disorders
* Substance-related disorders
* Personality disorders
* Unknown
 |  |
| **Case formulation**Consider asking about:* Predisposing factors
* Precipitating factors
* Perpetuating factors
* Protective factors
 |  |
| **Other relevant information from carer/informants**Consider asking about:* Specific concerns of carer/family
* Impact on carer/family
* Contextual information from members of patient’s community
* Content from individuals other than the patient
 |  |
| **Any other comments** |  |
| **Record of patient consent for personal recovery plan** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[name of patient]*, agree to complete the recovery plan. |
| **Considering the recovery journey – Optional frameworks, stages and tasks to consider** |
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| **Stage of personal recovery** |
| 1. Feeling overwhelmed  | 2. Acknowledging change is needed | 3. Actively struggling with mental health | 4. Living **with** impact of illness or vulnerability  | 5. Living **beyond** illness or vulnerability  |
| Notes informed by stages 1–5 above; consider small, comprehensible and achievable steps |
|  |
| **Recovery task 1 – Understanding my mental health, and what it means for me** |
| Has confusion about what happened and what it means | Is aware that something needs to be understood or sorted out  | Has a beginning explanatory model of causal attributions | Has come to terms with mental health and what it means to them | Is comfortable with own personal understanding of experiences |
| **Notes informed by dimensions of task 1: consider small, comprehensible and achievable steps** |
|  |
| **Recovery task 2 – Taking charge of my mental health** |
| Is not making a deliberate effort to cope | Realises the need to cope or change | Is sometimes trying ways to cope or change | Is generally confident in managing persisting illness or vulnerability | Mental health experiences interfere little with life |
| **Notes informed by dimensions of task 2: consider small, comprehensible and achievable steps** |
|  |
| **Recovery task 3 – Living a life that I value** |
| Feels disconnected from people, social roles and personal growth | Would like to be more connected to people, social roles and personal growth  | Is sometimes trying ways to connect and change | Has found a place in life but still limited by disabilities | Has a ‘contributing life’ |
| **Notes informed by dimensions of task 3: consider small, comprehensible and achievable steps** |
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| **Setting personal recovery goals** |
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| Also consider:* The person themselves prioritising the goal/s to focus on
* The CHIME framework: connectedness, hope, identity, meaning and purpose, and empowerment
* Which strengths are relevant and can be built on to pursue goal/s
* How the person’s values, treatment and support preferences will impact on the action plan
* Breaking goals down into smaller manageable steps and making plans for who will do what and when – informally or using the SMART (specific, meaningful, attainable, realistic, timetabled) approach
* Supporting the person to undertake independent or joint actions rather than accepting passive actions
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| **Personal recovery plan** |
|  |  | **Actions** |
| **Identified issues/problems**Consider:* As presented by patient
* Developed during consultation
* Formulated by GP
 | **Goals**Consider:* Goals made in collaboration with patient
* What does the patient want to see as an outcome from this plan?
* Wellbeing, function, occupation, relationships
* Any reference to special outcome measures
* Time frame
 | **Treatments & interventions**Consider:* Suggested psychological interventions
* Medications
* Key actions to be taken by patient
* Support services to achieve patient goals
* Role of GP
* Psycho-education
* Time frame
* Internet-based options
	+ [myCompass](https://www.mycompass.org.au/)
	+ [THIS WAY UP](https://thiswayup.org.au/)
	+ [MindSpot](http://www.mindspot.org.au/)
	+ [e-couch](https://ecouch.anu.edu.au/welcome)
	+ [MoodGYM](https://moodgym.anu.edu.au/welcome)
	+ [Mental Health Online](https://www.mentalhealthonline.org.au/)
	+ [OnTrack](https://www.ontrack.org.au/web/ontrack)
 | **Referrals**Consider:* Practitioner, service or agency – referred to whom, and for what
* Specific referral request
* Opinion, planning, treatment
* Case conferences
* Time frame
* Referral to internet mental health programs for education:
	+ [myCompass](https://www.mycompass.org.au/)
	+ [THIS WAY UP](https://thiswayup.org.au/)
	+ [MindSpot](http://www.mindspot.org.au/)
	+ [e-couch](https://ecouch.anu.edu.au/welcome)
	+ [moodgym](https://moodgym.anu.edu.au/welcome)
	+ [Mental Health Online](https://www.mentalhealthonline.org.au/)
	+ [OnTrack](https://www.ontrack.org.au/web/ontrack)
 | **Any role of carer/support person/s*** Identified role or task/s (eg monitoring, intervention, support)
* Discussed, agreed, and negotiated with carer?
* Any necessary supports for carer
* Time frame
 |
| **Issue 1:** |  |  |  |  |
| **Issue 2:** |  |  |  |  |
| **Issue 3:** |  |  |  |  |
| **Intervention/relapse prevention plan** **(if appropriate at this stage)**Consider asking about:* Warning signs from past experiences
* Arrangements to intervene in case of relapse or crisis
* Support services currently in place
* Any past effective strategies
 | [ ]  Preparation of plan for delegation of patient’s responsibilities (e.g. care for dependants, pets) |
| **Psycho-education provided if not already addressed in “treatments and interventions” above?** | [ ]  Yes[ ]  No |
| **Plan added to the patient’s records?** | [ ]  Yes[ ]  No |

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| **Other healthcare providers and service providers involved in patient’s care (e.g. psychologist, psychiatrist, social worker, occupational therapist, other GPs, other medical specialists, case worker, community mental health services)** |
| **Role** | **Name** | **Address** | **Phone** |
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| **Completing the plan** |
| On completion of the plan, the GP may record (tick boxes below) that they have:[ ]  Discussed the assessment with the patient[ ]  Discussed all aspects of the plan and the agreed date for review[ ]  Offered a copy of the plan to the patient and/or their carer (if agreed by patient) |  **Date plan completed** |
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| **Record of patient consent** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of patient], agree to information about my health being recorded in my medical file and being shared between the GP and other healthcare providers involved in my care, as nominated above, to assist in the management of my healthcare. I understand that I must inform my GP if I wish to change the nominated people involved in my care.I understand that as part of my care under this Mental Health Treatment Plan, I should attend the general practice for a review appointment at least four weeks, but no later than six months, after the plan has been developed.I consent to the release of the following information to the following carer/support and emergency contact persons. |
| **Name** | **Assessment** | **Treatment Plan** |
|  | **Yes** | **No** | **Yes** | **No** |
|  | [ ]  With the following limitations: | [ ]  | [ ]  With the following limitations: | [ ]  |
|  | [ ]  With the following limitations: | [ ]  | [ ]  With the following limitations: | [ ]  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of patient | \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_Date |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have discussed the plan and referral/s with the patient.Full name of GP |
| **Mental Health Treatment Plan Included:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of GP |  [ ]  **No** [ ]  **Yes (if yes, please select below)** **MBS item number:**  [ ]  2700 [ ]  2701 [ ]  2715 [ ]  2717 \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_Date |
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| **Request for services** |

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| Date: To:[Attn][Address][Post code]**Subject:** Letter of request for servicesDear DrI am referring [patient’s name] for I am referring [patient’s name] [date of birth] for [number of sessions] sessions.I have been [patient’s name]’s primary care physician for the past [number of years] years.In summary, the following assessment and treatment planning has been undertaken: [ ]Mental Health Treatment Plan attached: [ ] Yes [ ] NoSpecific treatment requests: [ ]If you have any questions, please feel free to contact me directly. I will be available on phone [T+00000000] and email [email@email.com] in case of any query.Looking forward to your reply.Yours sincerely,[Signature] [Physician’s name and title] [Provider number] |
| **REVIEW** |
| **MBS item number:** [ ]  2712 [ ]  2719 |
| **Planned date for review with GP**(Initial review four weeks to six months after completion of plan) |  |
| **Actual date of review with GP** |  |
| **Assessment/outcome tool results on review****(except where clinically inappropriate)** |  |
| **Comments**Consider:* Progress on goals and actions
* Identified actions have been initiated and followed through (e.g. referrals, appointments, attendance)
* Checking, reinforcing and expanding education
* Communication between the GP and patient
* Where appropriate, communication received from referred practitioners
* Modification of treatment plan if required
 |  |
| **Intervention/relapse prevention plan (if appropriate)**Consider:* Warning signs from past experiences
* Arrangements to intervene in case of relapse or crisis
* Other support services currently in place
* Any past effective strategies
 |  |