



Mental Health Nurse Incentive Program Program Guidelines

1 Introduction

On 5 April 2006, the Prime Minister announced the Australian Government would provide funding of \$1.9 billion over five years for the *Better Mental Health Services for Australia* package as part of the Council of Australian Governments (COAG) commitment to reforming the mental health system in Australia.

As part of this package, the Australian Government will provide \$191.6 million over five years in new funding for mental health nurses through the *Mental Health Nurse Incentive Program*.

This initiative will fund community based general practices, private psychiatric practices and other appropriate organisations to engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental disorders.

Mental health nurses will work in collaboration with psychiatrists and general practitioners to provide services such as monitoring patients' mental state, medication management and improving patient links to other health professionals and clinical service providers. These services will be provided in a range of settings, such as clinics or patients' homes and are to be provided at little or no cost to the patient.

These guidelines are primarily designed to inform eligible organisations applying for funding under this initiative.

Support provided under this initiative targets patients with severe mental disorders during periods of significant disability. A patient should exit the program when he or she does not require the level of support as outlined below.

2 Entrance criteria

Based on the following criteria, general practitioners and psychiatrists will determine which patients have a severe mental disorder and would benefit from receiving services provided under this initiative:

- The patient has a diagnosis of mental disorder according to the criteria defined in the *World Health Organisation Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD 10 Chapter V Primary Care Version*, or the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV)*;

AND

- The disorder causes significant disablement to the person's social, personal and occupational functioning;

AND

- The person has experienced at least one episode of hospitalisation for treatment of their mental disorder, OR is at risk of requiring hospitalisation in the future if appropriate treatment and care is not provided;

AND

- The person is expected to require continuing treatment and management of their mental disorder over the next two years;

AND

- The general practitioner or psychiatrist is principally responsible for the persons' clinical mental health care;

AND

- The patient provides consent to treatment from a mental health nurse.

3 Exit criteria

The patient will no longer be eligible for services under this initiative when:

- The mental disorder no longer causes significant disablement to the person's social, personal and occupational functioning;

OR

- The patient no longer requires the clinical services of a mental health nurse;

OR

- The general practitioner or psychiatrist is no longer principally responsible for the person's clinical mental health care.

4 Eligible organisations

To be eligible to participate in the *Mental Health Nurse Incentive Program*, organisations must be community based and have the services of a general practitioner with a Medicare Australia provider number or a psychiatrist registered with Medicare Australia. Eligible organisations may include:

- general practices,
- private psychiatry practices, and
- Aboriginal and Torres Strait Islander Primary Health Care Services funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH).

In addition, Divisions of General Practice can contract the services of mental health nurses for use by general practitioners with a Medicare provider number or other medical officers (as approved by the Australian Government Department of Health and Ageing) working within their Division.

See also **Section 9—Requirements for eligible organisations**.

5 Formal protocols for managing patients with severe mental disorders

Eligible organisations must have in place a formal protocol for managing patients' mental health care under this measure.

Mental health plan

In collaboration with the mental health nurse, a GP Mental Health Care Plan must be developed by general practitioners or an equivalent plan must be developed by psychiatrists. These plans must include specific reference to the roles and responsibilities of both the nurse and the treating medical practitioner.

Treatment must be provided according to the plan and the relevant clinical guidelines for the treatment of that disorder. A general practitioner or psychiatrist must regularly review the plan in collaboration with the mental health nurse. The review should include, where appropriate, input from a clinical psychologist, registered psychologist or other allied health professional.

The steps in preparing a GP Mental Health Care Plan are the same as those defined in Item 2710 of the Medicare Benefits Schedule (MBS) for GP Mental Health care items (see **Explanatory Notes A.32.9 and A32.12** of the **MBS**).

Examples of clinical practice guidelines can be found at the Royal Australian and New Zealand College of Psychiatrists website. Go to **www.ranzcp.org** then **Clinical Practice Guidelines**.

HoNOS outcomes measure

Mental health nurses are required to use the Health of the Nation Outcomes Scale (HoNOS) for each patient at entry to the program and subsequently measure changes in patients' symptoms and functioning using these tools every 90 days and at exit from the initiative. These measures include the *Child and Adolescent* (HoNOSCA), *Adult* (HoNOS), and *Older Person* (HoNOS65+) tools.

Eligible organisations must ensure mental health nurses participating in the initiative have undergone training in undertaking HoNOS assessments.

6 Who can be engaged? (Eligibility requirements for mental health nurses)

From 31 December 2008, eligible organisations must engage or retain the services of a mental health nurse credentialed with the Australian College of Mental Health Nurses (ACMHN).

Information on the College's credentialing program can be obtained from the College's website at **www.anzcmhn.org** then go to **Credentialing**, or by contacting the College on **1300 667 079****.

Until 31 December 2008, interim arrangements will apply. Under these interim arrangements, eligible organisations can engage the following individuals:

- Mental health nurses currently credentialed with the ACMHN and/or

- Registered nurses with current registration who have obtained, or are working towards obtaining, specialist qualifications in mental health, such as a Graduate Diploma in Mental Health Nursing or a Masters in Mental Health Nursing, and three years recent experience in mental health nursing.

Eligible organisations are able to engage more than one mental health nurse.

7 Roles and functions of the mental health nurse

Mental health nurses engaged under this initiative will work closely with psychiatrists or general practitioners to facilitate the provision of coordinated clinical care and treatment for people with severe mental disorders.

Services will be provided in a range of settings, such as in clinics or at patients' homes. Mental health nurse functions will include, but not be limited to:

Provision of clinical nursing services for patients with severe mental disorders:

- establishing a therapeutic relationship with the patient
- liaising closely with family and carers as appropriate
- regularly reviewing the patient's mental state
- administering, monitoring and ensuring compliance by patients' with their medication and
- providing information on physical health care to patients.

Coordination of clinical services for patients with severe mental disorders:

- maintaining links and undertaking case conferencing with general practitioners, allied health workers, psychiatrists, psychologists, etc (medical practitioners may be eligible to claim case conferencing items under the MBS)
- coordinating services for the patient in relation to general practitioners, psychiatrists and allied health workers, such as psychologists, including arranging access to interventions from other health professionals as required and
- contributing to the planning and care management of the patient.

- Liaison with mental health personal helpers and mentors, through:
- establishing links with the workers engaged through the *Mental Health Personal Helpers and Mentors Program* as appropriate and where available.

The *Mental Health Personal Helpers and Mentors* program is a complementary initiative managed by the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA), commencing with approximately 140 full-time equivalent personal helpers and mentors from May 2007. This program will facilitate access for people with a severe mental disorder to social/welfare services such as income support, employment and accommodation services.

This program aims to create opportunities for recovery for people with a severe functional limitation resulting from a mental illness by helping them to overcome social isolation and increase their connections with the community.

For further information on the *Mental Health Personal Helpers and Mentors* program, please refer to the FaCSIA website. Go to www.facsia.gov.au then **Individuals > Mental health**

8 Mental health nurse caseloads

For the purposes of this initiative, a session is 3.5 hours.

Eligible organisations can engage mental health nurses from between one and 10 sessions per week/ per nurse, with an **average** nurse caseload of at least two individual patients with a severe mental disorder per session.

As a guide, an eligible organisation engaging the services of a full-time mental health nurse must have a **current** minimum case load of 20 individual patients with a severe mental disorder per week, averaged over three months.

When taking into account patient turnover, the expected **annual** caseload managed by a full-time mental health nurse is 35 patients with a severe mental disorder, most of whom will require ongoing care over the course of the year.

It is expected that a full-time mental health nurse engaged for 10 sessions per week would provide an average of 25 hours of clinical contact time per week, with the balance of time spent in related tasks including interagency liaison, case planning and coordination, clinical briefings to relevant general practitioners and/or psychiatrists and travel.

Under this initiative, the typical caseload of a full-time mental health nurse will comprise patients with different levels of care requirements that fall broadly into three groups:

Low care requirement—patients in this group include individuals with severe mental disorders whose clinical symptoms are well controlled but who would be at risk of relapse without ongoing clinical supervision.

Medium care requirement—patients in this group will have active symptoms which can only be well controlled with regular clinical contact (e.g. fortnightly) and need close monitoring to prevent deterioration.

High care requirement—patients will have persistent or fluctuating clinical symptoms, despite active treatment. They are at risk of hospitalisation or being lost to care if not actively managed. Patients in this group, on average, require frequent clinical contact.

9 Requirements for eligible organisations

To be eligible for this program, organisations must be able to substantiate the following when requested:

- Sufficient caseload of eligible patients to engage the services of a mental health nurse for at least one session per week.
- Appropriate insurance coverage, including:
 - workers' compensation in accordance with relevant State or Territory legislation;
 - public liability insurance of not less than \$10 million;
 - professional indemnity insurance of not less than \$10 million for clinical and non-clinical work; and
 - vicarious liability cover of not less than \$1 million where the mental health nurse is an employee of the organisation and carrying out medical procedures or providing medical advice.
- The maintenance of appropriate and sufficient professional indemnity insurance by mental health nurses who are engaged by, but not employees of, eligible organisations (see *Nursing in General Practice* kit available at www.rcna.org.au then go to **Nursing resources > Practice nurses information**).
- Adherence to the *National Practice Standards for the Mental Health Workforce 2002*. Go to www.health.gov.au then **For consumers > Education and prevention > Mental health and wellbeing > Publications > National Practice Standards for Mental Health**

Workforce 2002.

- The presence and use of patient reminder and recall systems.
- The appropriate qualifications and experience of mental health nurses engaged (see **Section 6—Who can be engaged? (Eligibility requirements for mental health nurses)**)
- The consistency of terms and conditions for the engagement of mental health nurses with relevant State or Territory legislation.
- The maintenance of minimum levels of contact with patients with a severe mental disorder that meet their individual clinical requirements. This may include telephone contact.
- The presence of formal protocols for managing patients' mental health care under this initiative, including:
 - A GP Mental Health Care Plan for general practitioners or equivalent plan for psychiatrists, developed in collaboration with the mental health nurse (these plans must include specific reference to the roles and responsibilities of both the nurse and the treating medical practitioner).
 - Mental health nurse assessment of eligible patients at entry, every 90 days and at exit from the initiative using the Health of the Nation Outcomes Scale (HoNOS). These measures include the Child and Adolescent (HoNOSCA), Adult (HoNOS), and Older Person (HoNOS 65+) tools.
- The appropriate training of mental health nurses engaged in using HoNOS.
- Agreement to notify Medicare Australia within 14 calendar days of any changes to organisations' eligibility to participate in the initiative.
- The presence of clear, unambiguous and agreed role descriptions for mental health nurses engaged, which is consistent with the role and functions of a mental health nurse and the legislative framework of the eligible organisation's state or territory.
- The presence of clear lines of clinical accountability (specified in writing), including the responsibilities of the mental health nurse and participating medical practitioner.
- The presence of protocols in relation to the safety of staff in all service provision settings (eg clinic, patient's home, travelling).

- The availability of dedicated working spaces within the clinic or as appropriate for engaged mental health nurses during working hours.
- The availability of clinical care oversight, including regular reviews of care provided by mental health nurses.
- The presence of support systems for mental health nurses, such as access to training and peer mentoring opportunities.
- The maintenance of records relating to mental health nurse engagement.
- The maintenance of case records by engaged mental health nurses that record activities undertaken. **Important:** these activities must be consistent with the roles described under **Section 7—Roles and functions of the mental health nurse.**
- The services provided by mental health nurses will be at little or no cost to the patient.
- Agreement to provide Medicare Australia with reporting data as detailed in **Section 10—Monitoring and reporting.**

If requested, the organisation must provide evidence on the above to Medicare Australia under the Medicare Australia MHN Incentive Audit Program.

Divisions of General Practice—requirements for eligibility

Divisions of General Practice are required to ensure organisations using the services of a mental health nurse engaged by Divisions meet the program's eligibility requirements as detailed above.

10 Monitoring and reporting

Eligible organisations will be required to provide the following data to Medicare Australia within 14 days of the end of a quarter:

Organisational information

- MHN Incentive program registration number
- Name of organisation
- Reporting period
- Number of nurses engaged.

Sessional information

- Provider number
- Provider name
- Mental health nurse name
- Locality of service outlet/s
- Postcode of service outlet/s
- Number of sessions provided per nurse.

Patient information

- Medicare card number
- Sex
- Date of birth
- Postcode of patient locality
- Number of face-to-face consultations per patient.

11 Payments to eligible organisations

Payments under this initiative will be made quarterly through Medicare Australia. For the purposes of this program, the following calendar quarters will be used:

- 1 July to 30 September
- 1 October to 31 December
- 1 January to 31 March
- 1 April to 30 June.

To ensure payment for the preceding quarter, organisations must submit a claim form to Medicare Australia within 14 calendar days of the end of each quarter. Medicare Australia will make payments to organisations within 28 calendar days of the end of each quarter. Payments will reflect the number of sessions detailed in the claim form.

Eligible organisations will not be able to claim for sessions that occurred before Medicare Australia's receipt of the organisations' application form for the initiative.

Organisations can submit claim forms up to 90 calendar days after the end of a quarter. Payments for a previous quarter will be made within 28 calendar days of the end of next quarter.

The rate of \$240 (GST inclusive) per session will be applied to all claims. This figure is inclusive of all mental health nurse salary and on-costs, including personal and recreation leave.

For services in rural and remote areas of Australia, a 25% loading (GST inclusive) will be applied to the sessional payment. Rural and remote services are those located in 'very remote', 'remote' and 'outer regional' areas as defined by the Australian Standard Geographic Classification (ASGC) Remoteness Classification.

The loading will apply in respect to the locality of nurses' 'service outlet' for that day (ie: the physical location of the office or clinic from which the nurse is based). **Important:** Services provided to homes are considered to be services provided from the nurse's service outlet for that day.

12 Questions and answers

How does an organisation apply for this payment?

This Program commences on 1 July 2007. Organisations meeting the eligibility criteria detailed in **Sections 4 and 9** can apply for the Program at any time.

The application form is available at **www.medicareaustralia.gov.au** then go to **Health Care Providers>Incentives & Allowances**. The completed form must be signed by the authorised contact person for the organisation and returned to Medicare Australia.

Who is an authorised contact person?

The authorised contact person is an individual authorised by the owner of the organisation to advise Medicare Australia of changes to the service and is the person to whom all correspondence is addressed.

How will the payment be made?

Eligible organisations are required to lodge their completed application form with Medicare Australia. If the application is successful, a letter of acceptance and a claim form will be issued to the eligible organisation. Payments will occur quarterly upon receipt of the completed claims form as detailed in **Section 11—Payments to eligible organisations**. Medicare Australia will make the quarterly payments via electronic funds transfer to a designated financial institution account.

13 More information

If you would like more information on the Mental Health Nurse Incentive Program, please contact Medicare Australia on free call **1800 222 032****

or visit the following websites

www.medicareaustralia.gov.au then go to **Health Care Providers>Incentives & Allowances**.

www.health.gov.au then go to **Media Centre Council of Australian Governments (COAG) > COAG Mental health**

****Call charges may apply when using mobile or pay phones.**