

### Referral

- GP or Private Psychiatrist assesses patient for eligibility and provides patient Wentworth Healthcare Limited (WHL) Consumer MHNIP Program Information Sheet
- Referrer (GP/Psychiatrist) completes MHNIP Referral Form and Mental Health Treatment Plan and contacts the MH intake team to obtain a unique referral code
- GP faxes Mental Health Treatment Plan and Referral Form to MH Nurse
- MHNIP Nurse confirms receipt of new MHNIP referral with WHL and contacts patient within 5 business days to book first appointment
- If the MHNIP Nurse is unable to make contact with patient within 5 business days, the Nurse must contact the referrer and notify WHL

### Initial contact

- MHNIP Nurse conducts an initial assessment and administers K10/5 (and other clinically relevant outcome measurement tools)
- A MHNIP Care Plan is created with clear roles and responsibilities of the Nurse and Referrer (For MHNIP Care Plan visit MHNIP section of WHL/NBMPHN website [www.nbmphn.com.au](http://www.nbmphn.com.au))
- MHNIP Nurse sends an Initial Care Plan report to the referrer with outcome tool scores. This will form the basis of an ongoing care plan.
- MHNIP Nurse notifies WHL within 5 business days of the first appointment occurring to confirm that face to face contact has commenced
- MHNIP Nurse sends invoice and initial data sheet to WHL with confirmation of Initial Care Plan having been sent to Referrer (must be sent within ten business days of the following month or preferably sooner)

### Engagement

- MHNIP Nurse continues to engage the patient and meets periodically according to the patient's individual needs
- Referrer and MHNIP Nurse work collaboratively with the Patient on clinical issues and the patient recovery journey through reports and occasional visits. MHNIP Nurse sends Care Plan review and K10/5 (and the outcome of other clinically appropriate outcome tools) to referrer every 90 days until discharge. (K10/5 should also be recorded on the session data sheet to WHL)
- MHNIP Nurse sends monthly invoice and MDS data sheets to WHL within ten business days of the following month or preferably sooner

### Discharge

- Discharge planning should be discussed within the first three months of service to help in managing patient expectations.
- The MHNIP Nurse completes and sends a discharge summary (Final K10/5 and other clinically appropriate outcome scores) to the referrer and notifies WHL that the patient has been discharged
- When patient meets exit criteria (listed on the back) they are discharged from the MHNIP in consultation with the Referrer and Patient

# MHNIP Nurse Program Summary

Patient Entrance Criteria	Functions of the Mental Health Nurse
<p>General practitioners (GPs) and psychiatrists will determine which patients are eligible for services under the MHNIP. To be eligible, all of the following criteria must be met:</p> <ul style="list-style-type: none"> <li>• <b>the patient has been diagnosed with a mental disorder</b> according to the criteria defined in the <i>World Health Organisation Diagnostic and Management Guidelines for Mental Health Disorders in Primary Care: ICD 10 Chapter V Primary Care Version, or the Diagnostic and Statistical Manual of Mental Health Disorders - Fifth Edition (DSM-V)</i></li> <li>• <b>the patient's disorder is significantly impacting their social, personal and work life</b></li> <li>• <b>the patient has been to hospital at least once for treatment of their mental disorder, or they are at risk of needing hospitalisation</b> in the future if appropriate treatment and care is not provided</li> <li>• <b>the patient is expected to need ongoing treatment and management of their mental disorder over the next 2 years</b></li> <li>• The patient has given permission to receive treatment from a mental health nurse.</li> </ul>	<p>Under MHNIP, mental health nurses work with general practitioners and/or psychiatrists to provide coordinated clinical care for people with severe and complex mental illness. This care will be delivered in line with a GP Mental Health Treatment Plan or equivalent, developed by the GP or psychiatrist.</p> <p>Mental health nurses will provide a range of functions including, but not limited to:</p> <ul style="list-style-type: none"> <li>• agreed clinical care within the scope of practice of the mental health nurse in accordance with the agreed collaborative treatment plan</li> <li>• monitoring a person's mental state</li> <li>• liaising closely with family and carers where appropriate</li> <li>• administering and monitoring compliance with medication</li> <li>• providing information on physical health care, as required, and where appropriate assist in addressing the physical health inequities of people with mental health</li> <li>• improving links to other health professionals/clinical service providers</li> <li>• liaising with psychosocial support services and assisting with accessing the National Disability Insurance Scheme as appropriate and where required</li> </ul>
Patient Discharge Criteria	Reporting Requirements
<p>A patient is no longer eligible for services under the MHNIP when:</p> <ul style="list-style-type: none"> <li>• the patient's mental disorder no longer causes significant disablement to their social, personal and occupational functioning</li> <li>• the patient no longer needs the clinical services of a mental health nurse</li> <li>• the referrer is no longer the main person responsible for the patient's clinical mental health care</li> <li>• the patient has been in the program for longer than two years</li> </ul>	<ul style="list-style-type: none"> <li>• WHL is required to participate in the national Primary Mental Health Care (PMHC) evaluation through the Minimum Dataset (MDS). In addition to the demographic and sessional data, the Department of Health mandates the use of an appropriately administered Kessler 10+ Psychological Distress Scale (K10+) or K-5 for Aboriginal and Torres Strait Islander Peoples. The K10+ or K5 should be administered at the start of each referral and at minimum, three monthly thereafter until the consumer is discharged.</li> <li>• Discharge planning should commence within three months of the referral commencing</li> <li>• Mental health nurses must submit invoices and all associated MDS data sheets (including any initial MDS collection forms) by the tenth business day of the month for all sessions provided the month prior.</li> </ul>