INTRODUCTION

The Co-ordinated Primary Options Mental Health Programme acknowledges that General Practice Teams are often the first port of call for people presenting for the first time with mental health difficulties, such as anxiety or depression. There is good evidence to show that intervention at an earlier stage, through the provision of psychological treatment at the mild to moderate stages of a mental illness, can prevent acuity and long term dependence on mental health services in the future. General Practice teams already manage a large number of clients with some form of mental health difficulties. However, the ability of General Practice teams to adequately support their clients is often limited by available resources.

The aim of the Co-ordinated Primary Options Mental Health Programme is to build the capacity and capability within the primary care sector, to adequately support individuals with a mild to moderate mental illness, minimizing the potential for acute hospital admissions. It is envisaged that this programme, will assist in providing greater access to a range of community-based Providers, at a primary care level.

Some benefits for clients:

- Improve the health status of people with mild to moderate mental illness.
- Provide accessible, evidence-based treatment, through focused brief interventions, provided by competent, community based service providers.
- Reduces inequalities and barriers to adequate health care, through the provision of subsidised services, eg counseling
- Minimizes the risk of the development of a severe mental illness, through accessible, acceptable and early intervention in environments that are not mental health specific.
- Acknowledges the diverse needs of Maori, Pacific Island people and other ethnic groups, through specific consultation processes to ensure appropriate interventions, are available.
- Timely responsiveness in sourcing capable and appropriate service providers to reduce delays in accessing treatment.

Some benefits to General Practice teams:

- Based on a multi-disciplinary team approach to address mental health needs in a primary care setting. The team consisting of: GP's, Practice Nurses, Counsellors, Clinical Psychologists, Psychotherapists and CPO Co-ordinator.
- Supports the development of effective and collaborative consultation processes between primary care and specialist mental health service providers.
- Clearly defined pathway for co-ordination of care and entry into and exit from programme.
- Established data base of competent Counsellors, Psychologists and other community-based providers.

DOCUMENTATION REQUIRED BY CPO MENTAL HEALTH CO-ORDINATOR:

- CPO Mental Health Referral form (GP to complete)
- Risk assessment
- Kessler 10+ Questionnaire score.

These can be sent electronically or faxed.

The CPO Co-ordinator will provide support for Practice Nurses to complete Risk Assessments and Kessler 10+ Questionnaires.
AVAILABLE SUPPORT AND ASSISTANCE:

The CPO Mental Health Co-ordinator is available between 8am-5pm, Monday-Friday to assist with any queries about the programme. In the absence of the Co-ordinator, the CPO Administrator is available from 8am-3pm, Monday-Friday to assist with ministerial queries, regarding referrals.

- CPO Mental Health Co-ordinator: Sylvia Donaldson, Ph: 571 7160 or 027 5888 262, email: sylviad@wboppho.org.nz
- CPO Administrator: Michelle Rapana, Ph: 577 3192, email:micheller@wboppho.org.nz

The CPO Mental Health Co-ordinator is available to provide training in the use of the Kessler 10+ Questionnaire and the Risk Assessment tool. There will also be opportunities for consultation with individual practices’ to identify further areas of support, specific to that practice.

An Advisory Group will be established for the CPO Mental Health Programme. The group will consist of a: GP, Clinical Psychologist, Hauora Representative, School Health Care Co-ordinator Representative, Secondary MH service Representatives, Addiction Services Representative, Counsellor and the CPO MH Co-ordinator.

ELIGIBILITY for PROGRAMME:

Clients diagnosed with mild to moderate depression and/or anxiety disorders, are eligible for access to the programme. Clients are required to be enrolled with GP practices’ under the WBoP PHO and not be eligible for subsidized counseling through WINZ, ACC, Family Courts etc.

The Kessler 10 questionnaire must be 20 or over for the client to be referred to the Programme.

The age range for young people and adolescents referred to the programme, is from 12-19 years (must have clear parental / guardian/ significant other consent).

EXCLUSION CRITERIA:

Clients who have an existing diagnosis of a major mental illness and/or who are currently case-managed by secondary mental health services, are not eligible for the programme.

Clients with psychosis, eating disorders, borderline personality disorder, ADHD, ASD, head injuries, intellectual disabilities and primary alcohol and drug issues.

Clients already involved with other agencies eg: Corrections, Family Courts, ACC, CYFS, secondary mental health & addiction services or already receiving counselling from another funded provider (not a PHO provider).

FUNDING ALLOCATED - STEPPED CARE MODEL:

The programme is based on a stepped care model which offers interventions at different levels of intensity and funding, to suit the needs of the client. Currently, the programme offers funded interventions as follows:

Extended GP/Nurse consultations: Extended consults will be funded according to specific criteria on the CPO MH referral form. A maximum of two extended consults per client per year will be funded.
**Group Programmes:** The group programmes offer six to eight funded group therapy/psycho-education sessions which will cover depression, anxiety, stress and postnatal distress (depression/anxiety/adjustment disorders). There is also a specific youth programme which will address mood and anxiety disorders. **Clients will need to be clearly informed by the GP that they are being referred for group, rather than individual counselling.**

**Brief interventions:** Three sessions of funded individual counselling therapy. Clients referred for brief interventions will be in the mild range (Kessler 10 between 20 and 25) and present with uncomplicated mood or anxiety disorders, or be clients who have already been referred previously and have received PHO funded individual counselling therapy. **Clients will need to be clearly informed by the GP that they are being referred for three, rather than six sessions.**

**Individual counselling therapy:** Six sessions of funded individual counselling therapy. Clients referred for six sessions will be in the moderate range of mood or anxiety disorders (Kessler over 25) and may have more complex presenting issues. **Clients who have already received six sessions of PHO funded counselling are NOT eligible for six sessions, only three (see Brief interventions above).**

The costs for the initial GP consultation will be the responsibility of the client. General Practices can invoice the WBoP PHO for every Risk Assessment and Kessler 10+ Questionnaire completed. Costs for these are $30.00 + GST for both assessments.

**WHAT THE PROGRAMME PROVIDES:**
- Extended GP/Nurse consultations
- Group Programmes
- Brief Interventions (individual counselling)
- Individual Counselling therapy
- Accessible locations
- Funded GP review while accessing counselling therapy
- Assistance with travel to appointments (where appropriate)
- Assistance with childcare

**WHAT THE PROGRAMME DOES NOT PROVIDE:**
- Funding for client’s initial visit to GP prior to referral to programme
- ‘Urgent Counselling’
- Telephone triaging
- ‘Fill in’ for other agencies

**RESPONSE TIME:**

Every effort is made to contact clients within 48 hrs of the referral being received. A letter is sent to the client if attempted phone contact has been unsuccessful, with copy to GP. Appointments with a Provider are made within in a two week time frame unless the client or GP requests a Provider ("PHO Preferred Provider") who is unable to give an appointment in that time frame. Where this is the case, the client will be informed and an appointment time with another Provider will be offered. There may also be a wait time with group programmes as these are offered once each term.

**The process is illustrated in the “Referral and Co-ordinated Care Pathway”**. The client is informed of the initial appointment with a counsellor in a letter, with copies sent to the GP and the identified counselor.
**STEPS CARE PROGRAMME DURATION:**

There is a three month time frame for completion of the Programme. The time frame can be extended, in consultation with the client, Provider and Co-ordinator.

Clients who dis-engage prior to completing six sessions without notifying the Provider and who are re-referred, will not automatically be accepted back onto the Programme. The referral will be considered and a decision made by the Co-ordinator.

Referrals for clients accessing the CPO MH Programme can only occur once within a 12 month period. Clients who are re-referred after having previously completed six sessions of individual counselling therapy will be eligible for a brief intervention or group programme only.

**EXIT FROM SERVICE:**

The service provider will provide the CPO MH Co-ordinator with a final summary, at the completion of the treatment. The CPO MH Co-ordinator will then advise the GP and the client will be discharged from the CPO MH Programme.

If a client does not attend (DNA) more than one session, they will automatically be discharged from the CPO MH Programme. The CPO MH Co-ordinator or service Provider will contact the client to ascertain reason for DNA and where possible, provide support for the client to attend further sessions.

Clients who dis-engage prior to completing six sessions without notifying the Provider and who are re-referred, will not automatically be accepted back onto the Programme. The referral will be considered and a decision made by the Co-ordinator.

The CPO MH Co-ordinator will send written notification to the GP, advising of client’s discharge from the programme, either at end of treatment or due to DNA’s. See “Referral and Co-ordinated Care Pathway”.

**PAYMENT:**

The client is responsible for meeting the costs of the initial GP consultation. The Programme will fund the intervention that the client has been referred to the programme for.

The GP practice can invoice the CPO MH Programme for any screening assessments they complete. Review visits are included in the package of care. The GP practice can invoice the CPO MH Programme for the cost of the review (i.e. a standard appointment).

**CLINICAL RESPONSIBILITY:**

The referring General Practice team maintains clinical responsibility for their client whilst they are accessing counselling through the programme. Specific details regarding this matter are noted on in the Co-ordinated Primary Options Services (CPOS) form that is signed by each GP accessing this service.

**Privacy Policy**

Western Bay of Plenty PHO, will ensure that client confidentiality is maintained at all times. The WBoP PHO will adhere to its responsibilities under the Health Information Privacy Code (1994). All referrals will be processed by either the CPO MH Programme Co-ordinator or the CPO Administrator. All information pertaining to clients, will only be accessible to the Co-ordinated Primary Options team. Only relevant information (identified on Referral form) will be disclosed to Providers.
**Client Consent**

It is noted that the General Practice team acknowledges that their referred clients are enrolled Western Bay of Plenty PHO clients and have signed the required ‘Client information form’ and they have met the consent requirements acknowledging that health information may be passed onto other relevant health providers involved in facilitating client care.

The CPO MH CO-Ordinator acknowledges:
Chris Tipa (CEO) Kaipara Care Inc. PHO (Northland) and Colleen Pattison (MH Initiative Co-ordinator) Hawkes Bay PHO, for sharing their knowledge and experiences, which has assisted in the development of this Information Manual.

**Updated June 2014 Sylvia Donaldson – CPO MH Co-ordinator**
Referral and Co-ordinated Care Pathway

Patient visits GP
(1st visit paid for by Client)

Diagnosis by GP:
- Depression
- Anxiety

Screening by GP/Practice Nurse:
Assists Pt to complete Kessler 10 (Baseline)
Risk Assessment

Low-Mod Risk
Community-based intervention
- Meds commenced (if indicated)
- Brief Intervention/s

High Risk
Referral to Specialist MHS
- Suicidal ideation with plan & clear intent
- Past history of self harm/suicide attempts
- Past history of harm to others
- Protective factors
- Co-existing disorders (incl sub-misuse)
- High Kessler 10+ score (consider context)

Referral to CPO MH
Referral forms completed and signed by GP then faxed to PHO.
Forms include: Patient details, Risk assessment and Kessler 10 questionnaire

Referral to appropriate “Preferred Provider” (within 24-48hrs)
Liaise & share relevant info re: client needs for counselling

Client informed of appointment with Provider by CPO Co-ord. or Admin.
Letter advising of appointment-copy to GP & Counsellor

Intervention commences
Initial assessment summary from Provider to CPO Co-ord

Intervention completed
- Final summary from Provider to CPO Co-ord
- Kessler 10 questionnaire repeated (comparative)
  (provider to do at completion of last session)

D/C from CPO back to GP
- Brief summary to GP re: intervention outcome from CPO Co-ord
- Review with GP if on medication (funded by CPO)
This document represents a Contract between Western Bay of Plenty Primary Health Organisation Ltd (WBOPPHO) and WBOPPHO doctors (GP’s). CPOS is managed by WBOPPHO under contract to the Bay of Plenty District Health Board (the DHB).

Objective of CPOS:
- To extend general practices’ ability to provide safe, quality care in the community as an alternative option to hospital referral or assessment, where this is clinically appropriate.
- To minimise the potential for increased acuity by providing greater access to a range of community based providers, at a primary care level.

Intended Outcome:
To build the capacity and capability within the primary care sector to adequately support individuals by funding a short episode of care in the community.

Definition of the CPOS:
The CPOS and its procedures are defined in the CPO manual and may be modified from time to time by WBOPPHO.

Qualifying Patients:
Any enrolled patient of a WBOPPHO GP where the patient is normally resident in Tauranga and who agrees to use the services offered through CPOS, where the GP is considering referring such patient to Tauranga Hospital but who the GP considers could be safely managed in the community with the extra support/services offered through CPOS.

Qualifying Doctors:
The CPOS is provided to GPs who agree to these Terms and Conditions by signing the referral form overleaf.

When a doctor who is not the patient’s usual GP wishes to refer a patient to CPOS (the Referring Doctor), he/she agrees to take responsibility for the patient’s episode of care before initiating the referral to CPOS. The Referring Doctor carries clinical responsibility for managing the patient’s illness and must comply with these Terms and Conditions as if such Referring Doctor was the patient’s usual GP until the responsibility has been handed over to the patient’s usual GP.

Clinical Responsibility/Indemnity:
When using the CPOS, the GP agrees to take full clinical responsibility for managing the treatment and ongoing care of their patient in the community. The GP agrees to ensure that all relevant information related to the episode of illness for which the patient is utilising the CPOS is communicated to those contributing to the patient’s care, including those involved in after hours care.

The GP must advise WBOPPHO promptly, (a) of any circumstances which may materially affect the GP’s ability to provide the services, (b) if the GP materially fails to comply with anything set out in these Terms and Conditions, (c) of any serious complaint or dispute which relates to the provision of the services, and (d) of any issues concerning the services that might have high media or public interest.

The GP indemnifies WBOPPHO against any claim, penalty, loss, damage or cost incurred by WBOPPHO as a result of the provision of services by the GP to a patient including but not limited to, claims for medical misadventure. The GP will hold membership to the Medical Protection Society, or equivalent Indemnity Insurance that ensures liability coverage for any misadventure. The GP will hold membership to the Medical Protection Society, or equivalent Indemnity Insurance that ensures liability coverage for any misadventure. The GP will hold membership to the Medical Protection Society, or equivalent Indemnity Insurance that ensures liability coverage for any misadventure.

Confidentiality:
The GP acknowledges the strict confidential and proprietary nature of all confidential information regarding the business interests, methodology or affairs of WBOPPHO or the DHB and that no right entitlement or interest in such confidential information is extended or conveyed to the GP other than for the strict purpose of treating patients through CPOS. The GP may not disclose, divulge, communicate, take advantage of or make available in any way any such confidential information.

Compliance with Legislation:
The GP will comply with the provisions of the Commerce Act, the Fair Trading Act, the Privacy Act, the Consumer Guarantees Act, the Health and Disability Commissioner Act, the Health and Safety in Employment Act and any other relevant legislation in treating patients through CPOS.

Sending of the Referral Form:
In sending the referral form, the GP acknowledges that he/she has read, understood and agrees to be bound by the above terms and conditions when referring each patient to CPOS. WBOPPHO reserves the right to terminate this agreement should there be a serious breach of these terms and conditions. WBOPPHO reserves the right to modify or limit availability to the service without further notice.