



Australian Government
Department of Health and Ageing

DRAFT

OPERATIONAL GUIDELINES

FOR

**ACCESS TO ALLIED PSYCHOLOGICAL
SERVICES (ATAPS)**

**TIER 2 ABORIGINAL AND TORRES STRAIT
ISLANDERS MENTAL HEALTH SERVICES**

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**Mental Health Services Branch
Mental Health and Drug Treatment Division**

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ATAPS TIER 2 ABORIGINAL AND TORRES STRAIT ISLANDERS MENTAL HEALTH SERVICES

1. Introduction

The Access to Allied Psychological Services (ATAPS) program funds the provision of short term mental health services for people with mental disorders through fund-holding arrangements administered by Divisions of General Practice and established Medicare Locals. The fund-holding arrangements will transition to all Medicare Locals during 2011-12 as they are established and demonstrate capacity to provide mental health services.

The 2011-12 Budget provided \$205.9 million over five years to expand the ATAPS program, this includes \$36.5 million, over five years, to enhance and expand ATAPS Aboriginal and Torres Strait Islanders mental health and suicide prevention services, as part of the mental health reform package. This funding will support approximately an additional 18,000 Aboriginal and Torres Strait Islanders under ATAPS.

The ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services component will improve the delivery of culturally appropriate mental health and suicide prevention services under ATAPS. This will be done by making culturally appropriate training available to non-Aboriginal and Torres Strait Islander ATAPS providers and administrators, and by making the services available to Aboriginal and Torres Strait Islanders more culturally appropriate. Funding will also be provided to increase the capacity of Divisions of General Practice and Medicare Locals to provide culturally appropriate services, both under Tier 1 and Tier 2 ATAPS.

The Australian Government is committed to Closing the Gap for Aboriginal and Torres Strait Islander health and ensuring that Aboriginal and Torres Strait Islanders receive high quality mental health, social and emotional wellbeing and suicide prevention services delivered in a culturally appropriate manner equitable to those services received by all Australians.

It is anticipated that in 2012, additional ATAPS training and clinical support will be available to assist non-Aboriginal and Torres Strait Islander allied health providers and administrators in delivering ATAPS services to Aboriginal and Torres Strait Islanders to meet more specific cultural service requirements. These program enhancements are expected to improve the quality of ATAPS services delivered to Aboriginal and Torres Strait Islanders and increase the capacity of service providers to deliver culturally appropriate services.

2. Purpose of this Document

This document is designed for use as a guide by organisations which receive funding under ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services to improve the delivery of culturally appropriate mental health

and/or suicide prevention ATAPS services. It provides information specific to the ATAPS Tier 2 Aboriginal and Torres Strait Islanders funding and builds on the information available in the *ATAPS Operational Guidelines*. Organisations should use this information in conjunction with the information in their Funding Agreement and information in the *ATAPS Operational Guidelines* to inform their service planning and delivery.

This document will be revised from time to time and updated versions will be provided to Medicare Locals.

3. Objective of Tier 2 Aboriginal and Torres Strait Islanders Mental Health Services

The objective of Tier 2 Aboriginal and Torres Strait Islanders mental health services is to provide Aboriginal and Torres Strait Islander people with an increased level of access to evidence based short-term focussed psychological strategies services that are culturally appropriate, within a primary care setting. The psychological services and interventions must be relevant to Aboriginal and Torres Strait Islander people with mental disorders, and their families.

As such, where appropriate, the guiding principles which should underpin the design, establishment and delivery of ATAPS services include the following:

- high quality services delivered in a culturally appropriate manner equitable to those received by all Australians;
- services are based on Aboriginal and Torres Strait Islander definitions of health incorporating spirituality, culture, family, connection to the land and wellbeing and grounded in community engagement;
- funded organisations form practical partnerships with Aboriginal and Torres Strait Islander community controlled primary health care services (ACCHS) and these are documented in funding applications and annual plans and budgets;
- two way support mechanisms are put in place to allow both non-Aboriginal and Torres Strait Islander funded organisations and ACCHS to assist each other in the delivery of services;
- Aboriginal and Torres Strait Islander people that are providing services should have the appropriate level of skills and qualifications to deliver services;
- Aboriginal and Torres Strait Islander people are provided with opportunities to develop the appropriate level of skills and qualifications to deliver services; and
- non-Aboriginal and Torres Strait Islander practitioners have undertaken recognised cultural competency training.

To achieve this organisations should ensure business plans, linkages and service mechanisms underpinning Tier 2 Aboriginal and Torres Strait Islanders mental health services contribute to the ATAPS Program objectives, and ensure that:

- appropriate referral pathways and linkages with government and non-government stakeholders at the community level (including those associated with the clinical mental health system such as ACCHS) are established and maintained;
- efficient and effective services are provided, that are managed within the overall capacity of the organisation to meet demand for services; and
- a high quality service is provided, that is clinically appropriate for Aboriginal and Torres Strait Islander people and delivered by qualified and appropriately trained and skilled allied health professionals.

4. Service Establishment and Delivery

4.1 Service Establishment

Divisions of General Practice already provide ATAPS services to Aboriginal and Torres Strait Islanders. Medicare Locals are expected to continue to provide ATAPS services to Aboriginal and Torres Strait Islanders as part of the transition of the ATAPS program from Divisions to Medicare Locals, in accordance with the *ATAPS Operational Guidelines*. Medicare Locals should ensure continuity of services for existing and new clients during the transition period.

The additional Tier 2 funding available for Aboriginal and Torres Strait Islanders mental health services is to enable Medicare Locals to enhance and expand services which more appropriately meet the needs of Aboriginal and Torres Strait Islanders.

This could be achieved through:

- establishment of formal linkages and referral pathways with stakeholders specifically involved with the mental health of Aboriginal and Torres Strait Islanders;
- engagement (where required) and training/upskilling of non-Aboriginal and Torres Strait Islander allied health providers, including the provision of information on the requirements of the ATAPS program;
- development of support structures, clinical supervision and other clinical governance arrangements across the catchment area; and
- promotion of support structures, where appropriate, and referral to other services when necessary.

Where Aboriginal and Torres Strait Islanders mental health services are currently not provided, it may take up to three months to establish Tier 2 Aboriginal and Torres Strait Islanders mental health services.

4.2 Service Delivery

All established Medicare Locals, and those Divisions of General Practice with significant populations of Aboriginal and Torres Strait Islander people, will be funded in 2011-12 under ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services, with all funding moving to Medicare Locals by 2012-13.

Service Enhancement

All Organisations will be expected to enhance their ATAPS mental health and/or suicide prevention services to Aboriginal and Torres Strait Islanders by making their ATAPS services more culturally appropriate. Depending on local needs, some organisations may target particular niche groups, such as Aboriginal and Torres Strait Islander youth or the Stolen Generation, within their catchment including engagement of other providers as appropriate.

All Organisations are expected to establish practical partnerships with ACCHS, and other local organisations, and put the necessary protocols and procedures in place to ensure ATAPS services are delivered in a culturally appropriate manner.

Where there is capacity within the existing ACCHS, the Medicare Local may subcontract the service to engage appropriately qualified allied health providers to expand the multidisciplinary social health team which is providing comprehensive primary care services to also deliver ATAPS services.

All Organisations will also be expected to have an Aboriginal and Torres Strait Islander representative on their ATAPS Project Reference Group (PRG), to assist the PRG to guide the design and delivery of services unless otherwise agreed to by the Department in writing.

Service Expansion

Medicare Locals with a significant population of Aboriginal and Torres Strait Islander people will also be expected to expand and/or establish and deliver mental health and/or suicide prevention services for Aboriginal and Torres Strait Islander people within their catchment area depending on local needs. For example, where ATAPS services are already being provided to Aboriginal and Torres Strait Islander clients extensively under Tier 1, the Medicare Local may choose to use the Tier 2 Aboriginal and Torres Strait Islanders mental health services funding to provide suicide prevention services. This is expected to be documented in the Annual Plan and Budget for the Department's consideration and approval.

Organisations that choose to deliver Aboriginal and Torres Strait Islander suicide prevention services as part of, or all of, their Tier 2 Aboriginal and Torres Strait Islanders mental health services allocation should refer to the *Operational Guidelines for the ATAPS Aboriginal and Torres Strait Islanders Suicide Prevention Services*.

5. Eligibility for Aboriginal and Torres Strait Islanders ATAPS services

ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services are designed for Aboriginal and Torres Strait Islander people who have, or are at risk of developing, a mild to moderate mental disorder, and who could benefit from short term focussed psychological strategies services. The short

term, goal oriented focussed psychological strategies services that ATAPS provides are of most therapeutic value to individuals with common disorders, such as anxiety and depression, of mild to moderate severity.

The services are not intended to provide long-term intensive treatment and support, and organisations should ensure clients and other stakeholders are aware of the intention of the services. However, individuals with more severe illness whose conditions may benefit from short-term focused psychological strategies services may also be provided with ATAPS services (refer *ATAPS Operational Guidelines - Definition of Mental Illness for the Better Outcomes in Mental Health Care Program – Attachment B*).

Aboriginal and Torres Strait Islander people who have a severe and persistent mental illness should be referred to the relevant state/territory government acute mental health service. Consistent with the ATAPS objectives, Tier 2 Aboriginal and Torres Strait Islanders mental health services are not designed for individuals who are already being managed by state/territory government mental health services.

Aboriginal and Torres Strait Islander people who are at risk of suicide or self harm should be considered under ATAPS Aboriginal and Torres Strait Islanders Suicide Prevention Services if one is available (refer *Operational Guidelines for the ATAPS Aboriginal and Torres Strait Islanders Suicide Prevention Services*). Where there are no Aboriginal and Torres Strait Islanders Suicide Prevention Services available in the area, clients who are at risk of suicide or self harm should be referred to the mainstream ATAPS Suicide Prevention Service or to a state/territory mental health service.

6. Referral Requirements

6.1 Referring Practitioners

Aboriginal and Torres Strait Islander people can be referred to ATAPS by their GP or psychiatrist, as outlined in the *ATAPS Operational Guidelines*.

Referrals may be made face-to-face, by telephone, electronically or in writing. It is suggested Medicare Locals use a referral proforma based on the format suggested by the Royal Australian College of General Practitioners (RACGP). For the parameters for a referral letter see Attachment E of the *ATAPS Operational Guidelines*.

6.2 Provisional Referral

In some instances a referral from a GP or psychiatrist may not be possible. A 'provisional referral' from an ACCHS can be made to enable service delivery to commence while arrangements are made to see a GP or psychiatrist and have a GP Mental Health Treatment Plan (MHTP) developed (refer section on MHTP).

6.3 Mental Health Treatment Plan (MHTP)

Clients must have an assessment conducted and a MHTP developed to be eligible for ATAPS. Provisional referrals do not require a MHTP to be provided at the time of referral to the Service. There may also be difficulties in meeting the MHTP requirement in very remote areas without ready access to GPs. Organisations encountering difficulties in meeting the requirement of a MHTP should contact the Department to discuss this.

Where provisional referrals are made patients must have a MHTP prepared in consultation with a GP or psychiatrist as soon as possible, preferably within two weeks of the first session, or four weeks in a rural and remote area, or as soon as practical where access to GPs is not readily available.

The Department encourages a high standard of communication between referring and treating providers, particularly where ATAPS services are not provided within a multidisciplinary ACCHS. A team based approach to care involving a private GP, non-Indigenous ATAPS allied health provider, or ACCHS, is crucial to effective whole-of-person coordinated care. It is recognised that in some communities, or for some individuals, a GP may not be the primary provider responsible for the overall clinical care of the person. Where an individual is receiving primary care from an ACCHS that does not employ a GP, this alternate primary health care provider should be involved in their care coordination in order to ensure other health care needs are being managed.

GPs can access Medicare Benefit Scheme (MBS) items to develop the treatment plan or another MBS item where appropriate.

7. Number of Sessions

As outlined in the *ATAPS Operational Guidelines*, eligible individuals can access up to twelve individual allied mental health services in a calendar year. In addition, the referring practitioner may consider that in exceptional circumstances the patient may require an additional six individual focussed psychological strategies services above those already provided (up to a maximum total of 18 individual services per client per calendar year). In addition to individual sessions, up to 12 separate services within a calendar year are also available for group therapy services.

8. Interventions

8.1 Interventions

Organisations will provide services to Aboriginal and Torres Strait Islander people as part of ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services. This could be achieved by engaging allied health providers to deliver services, or subcontracting allied health providers or subcontracting ACCHS, where appropriate, to deliver services. The allied psychological

services to be provided through this service shall be broadly consistent with those provided across the ATAPS program (refer to the *Purchasing Guidance for the ATAPS Projects* at Attachment D of the *ATAPS Operational Guidelines*). Tier 2 Aboriginal and Torres Strait Islanders mental health services should be tailored to meet the needs of Aboriginal and Torres Strait Islander people who are experiencing a mental disorder. The services should reflect cultural requirements including therapies which involve the whole family where necessary.

8.2 Managing High Risk Patients

The allied health provider is expected to have well developed communication links with the ATAPS Suicide Prevention Service, the ATAPS Aboriginal and Torres Strait Islanders Suicide Prevention Services (if one is available) and the local state/territory government acute mental health team to enable appropriate referrals of people who may be at high risk of suicide or self harm. Treatment and referral in an emergency must be supported by the local protocols developed by the Medicare Local or Division of General Practice to ensure appropriate crisis referral arrangements are in place.

(refer also to the *ATAPS Suicide Prevention Service Operational Guidelines – Attachment F* to the *ATAPS Operational Guidelines* and/or the *Operational Guidelines for the ATAPS Aboriginal and Torres Strait Islanders Suicide Prevention Services*).

9. Qualifications and Providers

9.1 Qualifications and Standards

The *Purchasing Guidance for the ATAPS Projects* at Attachment D of the *ATAPS Operational Guidelines* outlines the qualifications and standards required for allied health professionals to provide services under the ATAPS program. Training provided through the ATAPS program will be enhanced from mid 2012 to ensure that all non-Indigenous providers and Medicare Local administrators working under ATAPS have an understanding of how to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people.

9.2 Aboriginal and Torres Strait Islander Health Practitioners

The *ATAPS Operational Guidelines* have certain requirements to be fulfilled before an Aboriginal Health Worker can be employed, they are:

Divisions of General Practice planning to use Aboriginal and Torres Strait Islander health workers to provide services to Aboriginal and Torres Strait Islander people should liaise with Aboriginal and Torres Strait Islander primary mental health care services to ensure that the proposed workers are appropriately skilled. Divisions should also ensure that, where relevant, the Aboriginal and Torres Strait Islander

primary mental health care service has agreed to the participation of these workers.

Given the often complex needs of Aboriginal and Torres Strait Islanders, where Medicare Locals engage Aboriginal and Torres Strait Islander Health Workers to provide mental health services they should be working with appropriately qualified allied health professionals in the delivery of services to clients¹.

It should be noted that the Australian Health Practitioner Regulation Agency (AHPRA) is planning to incorporate Aboriginal and Torres Strait Islander Health Practitioners (ATSI Health Practitioner) as one of its registered practitioners, with requirements to be phased in from 1 July 2012. There are also requirements in the national Aboriginal Health Worker Competency Standards for specific post registration training in mental health in order to create a sub speciality of Aboriginal and Torres Strait Islander Mental Health Worker. Such a specialised worker is envisaged to be of an acceptable standard to provide ATAPS services to Aboriginal and Torres Strait Islander people.

Once the ATSI Health Practitioner requirements are finalised, amendments may be made to the *ATAPS Operational Guidelines* and these guidelines in relation to the qualifications and requirements of Aboriginal and Torres Strait Islander health workers delivering services under the ATAPS program to be consistent with the AHPRA requirements.

10. Training and Support

10.1 Training Requirements

Allied health providers engaged to provide services under the ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services must at a minimum, meet the requirements to be an ATAPS provider (refer to the *ATAPS Operational Guidelines*).

Non-Indigenous allied health providers and administrators associated with the delivery of services to Aboriginal and Torres Strait Islanders, under the ATAPS program must also complete recognised cultural competency training.

10.2 Proposed New Training

Based on feedback provided by stakeholders, the current training provided through the ATAPS program will be enhanced to incorporate mental health cultural competency training and Aboriginal and Torres Strait Islander suicide prevention training in 2012. Once the training is available, any non-Indigenous providers and administrators who are associated with the delivery of services under Tier 2 Aboriginal and Torres Strait Islanders mental health

¹ This arrangement will also be reflected in the *ATAPS Operational Guidelines* next time they are revised.

services who have not already done so will be required to complete the training.

Organisations will be formally advised when the training becomes available for the ATAPS workforce, and how to access it. Organisations are responsible for maintaining a register of allied health providers and Medicare Local administrators associated with delivering services to Aboriginal and Torres Strait Islander people and ensuring that all non-Indigenous allied health providers and administrators have completed the training.

11. Budget

Organisations may use up to 25% of total funding provided in the first year of funding for the ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services for the establishment of an Aboriginal and Torres Strait Islander service. This additional administration capacity allows for Organisations to build on previous linkages and protocols with state/territory mental health services, referring practitioners and professionals, and ACCHS.

Following the establishment of the service and where services already exist, Organisations will be required to allocate and spend funds consistent with the *ATAPS Operational Guidelines*. For detailed information on what is considered Administration Costs and what is considered to be Service Delivery Costs refer to the *ATAPS Operational Guidelines*.

All funding received under ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services, should be budgeted and acquitted under ATAPS Tier 2 Aboriginal and Torres Strait Islanders mental health services, and outlined in the annual plan and budget, this includes funds to enhance Tier 1 or Tier 2 service delivery to Aboriginal and Torres Strait Islanders

In providing services to this special needs group, it is recognised that the Divisions and Medicare Locals may need to use ATAPS funding for outreach and liaison, including establishing referral pathways for this hard to reach group. This might include, for instance, forming linkages or entering into subcontracting arrangements (or fee for service) with an ACCHS, or other skilled provider, to offer services.

12. Service Demand Management

Clearly with a capped program allocation, it would not be possible for ATAPS to meet the needs of all Aboriginal and Torres Strait Islander people with a diagnosed mental illness, nor should there be a need to do so, given the availability of the *Better Access initiative*.

Medicare Locals and Divisions need to manage demand for services within the available funding as outlined in the *ATAPS Operational Guidelines*.

Once a client has been referred and accepted for services under ATAPS, they should be provided with the number of services they clinically require,

consistent with the *January 2012 ATAPS Operational Guidelines*, and consistent with short term psychological interventions.

An ATAPS triage officer may be one possible appropriate point for management of demand and referral on for Aboriginal and Torres Strait Islander people who are not eligible or suitable for ATAPS services or who could not be accepted onto the program at that point in time. At all times the health and safety of the client should be the primary priority, this is particularly important with Aboriginal and Torres Strait Islanders, and even more so if they are at risk of suicide or self harm. The Service Delivery budget for Medicare Locals allows triage costs to be expended to support the delivery of services.

13. Further Information

Further information in relation to the requirements under the ATAPS CMHS component can be obtained by contacting:

ATAPS Program Primary Care Programs Operations Section Mental Health Services Branch ATAPS@health.gov.au	Lana Racic Director Primary Care Service Development Section Mental Health Services Branch (02) 6289 8545 Lana.racic@health.gov.au	Ransome McLean Assistant Director Primary Care Service Development Section Mental Health Services Branch (02) 6289 1493 Ranse.mclean@health.gov.au
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