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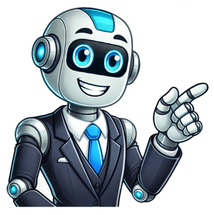

At allcare, your care needs will be documented in a unique goal-oriented Care Plan, based on your individual needs and preferences, ensuring that you are surrounded by the most effective supports and services. Through allcare, you can access a wide range of services and an extended team of professionals, including healthcare professionals, dieticians, builders, personal trainers and clinicians. A care plan is statement of your needs and a written plan on how these needs will be met to support your recovery. As part of the Care Planning Approach (CPA), you will have a named Care Co-ordinator or named nurse. You and your Care Co-ordinator will work together to write your care plan. This is the first step in making sure you have choices and are involved in making decisions about your care. What will my care plan cover? Your care plan will include: the problems you are experiencing and your needs; your goals; and what you will do and what we will do to help you achieve these; the services and treatment you will receive. This can include advance decisions or statements to be taken into account if you became too unwell to make decisions; contact details for support. Your care plan may also include: ways to improve your physical health; such as stopping smoking or taking more exercise and checks of any medication; having more contact with other people; help with benefits or employment. Support in a crisis Every care plan should include: possible early warning signs of a relapse or crisis; what you can do to help yourself; how you would like services to respond to enable you to remain in your home and avoid hospital admission. Getting involved in your care plan Recovery outcomes are most successful when care plans are done in partnership with you and others who are supporting you (if appropriate). Your care plan should: take account of your thoughts and views on how you would like your care delivered; recognise your personal qualities and strengths; record any areas you disagree with;. be clear and easy to read and understand. If you need your care plan in a different format such as large print or Easy Read, please ask your Care Co-ordinator. Carers, family and friends If relatives, family or friends are supporting you, we will encourage them to be involved in your care plan, unless you tell us that you do not want this. If you feel parts of your care plan should be kept private, please talk to your Care Co-ordinator. We will ask you to tell us who to share information with and you will need to sign an Information Sharing Consent Form. This can be reviewed regularly at your request. Who sees my care plan? Your care plan is held securely on your electronic record so that all the professionals involved in your care can refer to it. A copy will also be sent to your GP. Your Care Co-ordinator should give you and your carers (if appropriate) a copy of your care plan. Please ask if this does not happen. Why is your care plan important? Having a care plan helps make sure that: You get the right services at the right time from the right healthcare professionals; You have choices and are involved in making decisions; We look at all your needs, not just your mental health needs; Everyone is clear about your care. Care plan reviews A meeting to review your care plan (sometimes called a ‘CPA’ meeting) will take place every six months (or sooner if needed) with you and the people involved in your care. The purpose is to: talk about how you are getting on discuss any new or additional needs you may have try to resolve any difficulties in meeting your plan and to agree any changes It is your meeting and it is up to you who else you want to invite - friend, relative or carer. You may want to invite some people for parts of the meeting and this can be arranged. You can also invite an independent mental health advocate to support you at the meeting. You should receive an updated copy of your care plan within a week of the meeting. Contact If you, or the people supporting you, have any questions or concerns about your care, please contact your Care Co-ordinator. BSL Video Relay www.awp.nhs.uk/bslcontactus and ask for our number; or for switchboard 01225 731731 to connect you. For information on Trust services visit www.awp.nhs.uk PALS To make a comment, raise a concern or make a complaint, please contact the Trust’s Patient Advice and Liaison Service (PALS). Tel: 01225 362 900 Freephone: 0800 073 1778 Email: awp.pals@nhs.net Other languages and formats If you need this information in another language or format (such as large print, audio, Braille), please ask your Care Co-ordinator. Lead: Lead Nurse Community Leaflet code: 044 AWP Last review: Feb 2021 Next review due Feb 2024 Page last updated: 17 January 2025 What Is A MHCP? How To Get One Do you have persistent feelings of sadness, worry, uneasiness, or hopelessness? You may be suffering from anxiety, depression, or another mental health disorder. The good news is you’re far from alone in this — one in five Australians live with anxiety or depression in 2023, making mental health care one of the biggest challenges we face as a unified community. The most important step to navigating your mental health journey is seeking support and getting a personalised Mental Health Care Plan (MHCP). Getting a Mental Health Care Plan starts with something as simple as going to your trusted GP, and can make a huge difference to your state of mind, overall wellbeing, and day-to-day living — not just in the short term, but for the rest of your life. This article will discuss everything you need to know about Mental Health Care Plans and how to get one from your local GP. We’ll answer the following questions: A mental health care plan (or mental health treatment plan, MH plan, GP MHTP) is a document that your GP writes with you about treating a mental health condition. It identifies what type of health care you will require and details what you and your doctor have agreed you are aiming to achieve. FYI, in case you were wondering, this is what the document looks like. Your GP will fill it out with you during your consultation. A GP mental health treatment plan allows you to claim up to 10 sessions each calendar year with a Medicare registered mental health professional. This means that your GP may refer you to see a psychologist, psychiatrist, social worker or occupational therapist for an initial 6 sessions, with the possibility of 4 further sessions after a review. For example, your GP may refer you for 6 sessions to see a psychologist for your anxiety. After Medicare rebate, you will be out-of-pocket $147.10 per counselling session when seeing a New Vision Psychology psychologist instead of $240 out-of-pocket. After the first six sessions with Medicare rebates with your chosen mental health professional (e.g., clinical psychologist, social worker, group therapy), you can revisit your GP for a mental health review. They will assess your progress and, if required, refer you for 4 further sessions. They are Medicare-subsidised psychological consultations. Mental health covers a broad range of things. Most mental health conditions such as depression, anxiety, coping with substance abuse and suicide prevention, are covered in our mental health services Australia (click here to see the full range of services our psychologists offer). Specifically under the scheme, the Better Access initiative covers receiving professional help for the following mental health issues: Anxiety Depression Grief and loss Panic disorders Phobia Post Traumatic Stress (PTSD) Eating Disorders (such as anorexia, bulimia and binge eating) Sleeping problems Alcoholism Drug addiction Obsessive Compulsive Disorder (OCD) Attention Deficit Disorder (ADD) Sexual disorders Conduct disorder Psychotic disorders Schizophrenia Bipolar disorder Adjustment disorder Co-occurring anxiety and depression Please contact us for more information – our team is available to provide guidance and assistance on your mental health disorder. If you already have a mental health treatment plan, contact us on 1300 001 778 to make an appointment with us. For individuals with a mental health condition, you and your doctor can create a mental health treatment plan to manage it and its symptoms. Your mental health treatment plan will have goals agreed by you and your doctor. It will also detail treatment options and extra support services you may access (e.g., psychiatrists, psychologists, counsellors, social workers). To do this, you will need to: Make an appointment – when making an appointment with your doctor tell the receptionist that the appointment is for a mental health treatment plan. This will allow your doctor to set enough time for your appointment. See a GP – any general practitioner in Australia can write a mental health treatment plan with you. You can specify with the receptionist if you would prefer a male doctor or a female GP. Bring your Medicare card Bring ID – if you are a new patient so that you can be set up in their system. Speak to your GP – discuss your symptoms, how you feel, what has been concerning you, and what you feel has affected your life. Your doctor may ask you to come back for a second consultation before deciding whether a mental health treatment plan is the right thing for you. Once your doctor has given you a mental health care treatment plan or other General Practice referral, it means that you and your doctor agree on the type of care you will need to meet your needs and that you agree to seek support. This might also include a referral to another professional doctor in your local area that your GP recommends. A GP Referral explains to us why you are being referred, what type of treatment plan you are on (Initial, Review or Better Access) and the number of sessions you are eligible for with a psychologist (4, 6 or 10). The referral also includes details of your GP, their provider number and signature. Your MHCP is not valid without these. A Mental Health Care Plan features specific sections for the GP to fill out regarding your medical history and circumstances. It also specifies the Medicare item number, which tells your practitioner whether this is your initial mental health treatment plan or a review. It should be dated and signed by the GP. Most of the time, mental health treatment plans are free to get if a GP or Medical Centre is completely Medicare covered. With Medicare, some costs, like seeing certain specialists or other health professionals, can be rebated, as they will be charged separately. Your doctor will inform you of any costs when you get a Mental Health Care Plan. If you are unsure of what fees you may incur, consult your doctor. A Mental Health Treatment Plan is available to those with a mental health disorder diagnosed by health professionals. This includes children, teenagers and adults alike. The GP may refer you to a psychologist nearby to treat your mental health issue, but you are welcome to conduct your own research. Even if the referral has someone else’s name on it, you can still take that referral to a psychologist that you choose. The Mental Health Care Plan provides you with up to 10 sessions that will be partially covered by Medicare per calendar year. You will not receive all ten sessions at once, after six sessions, you will see your GP to get a mental health care plan review and they can refer you for more sessions if required. This is because a MHCP referral covers up to six mental health sessions at a time. A mental health care plan does not expire and a referral is valid until the referred number of sessions have been used up. From the beginning of the calendar year, your MHCP resets to 10 further rebatable sessions. If you have a valid MHCP, you will be able to continue with your treatment without a new plan. During your mental health treatment plan, your doctor may review your plan and update it according to your situation. Your doctor may provide you with an updated referral letter and maintain the original plan. Significant changes in your mental health may indicate that you need a new treatment plan. Your care plan should be regularly reviewed to ensure it is meeting your needs for mental health services. How often a new plan is needed depends on the health care professionals involved. Mental health care treatment plans may be prepared every 12 months, and reviewed after three or six months by a doctor. How Can I See How Many Sessions I Have Remaining? To see your remaining sessions, login to your MyGov account and open your Medicare account. Go to “History and statements” and click “Medicare claims history”, and this will show your claims history. You can call any of the following crisis lines 24 hours a day, 7 days a week: A care plan is a written record of the care you have agreed to meet your needs. You should be involved in writing your care plan if you want to be. Your care plan is unique to you and you should feel in control. You can choose what to put in it and can add a summary of your life story if you want your team to know more about you. Your care plan should contain all of your needs, not just your medical needs. It could include equipment that you need in your home or advice about managing your money. It could include help with hearing aids or glasses, support if you feel low, or advice about getting involved in your community and meeting new people. Your care plan should be checked regularly to make sure it still meets your needs. This is called a review. You should have a care plan review at least once a year and whenever your needs change. Any changes should be written into the plan. You are responsible for obtaining a referral should you wish to receive a Medicare rebate for your appointments. Our administration and clinical team can assist you with keeping track of the number of Medicare claims that have been made under your referral at our practice, and will prompt you to obtain a re-referral should you wish to continue to receive further rebates.Upon payment of your appointment, our administration staff will email you a copy of your receipt and the Medicare claim information. Noted on your receipt will be a running count of appointments that have been claimed on your behalf, and the number of rebated appointments that is remaining in this current allotment of session rebates as per referral. We suggest you monitor this number, so that together we can ensure the continuation of rebates if this is important to you. FAQGP Management PlanWhat is a GP Management Plan (GPMP)?Who will benefit from a GPMP?What happens when your doctor organises a GPMP?Team Care ArrangementsWhat is a Team Care Arrangement (TCA)?What is a allied health professional?How many visits can I have with an allied health professional?Will it cost anything to have a GPMP and TCA done by my GP or practice nurse?Will it cost anything to see an allied health professional with a GPMP and TCA?GPMP Review & TCAWhat is a GPMP Review / TCA Review?How long will it take?Who is eligible?How can I make an appointment for the allied health professional?Which allied health professionals can I book at our practice?You have your GPMP, what to do next? What is a GP Management Plan (GPMP)?A GP Management Plan is a written plan of management developed by your GP and practice nurse in consultation with you. The GP Management Plan is a written set of information about what you need in managing your chronic or complex condition.Who will benefit from a GP Management Plan?Any person with a chronic (long term) medical condition such as:DiabetesAsthmaArthritisCancerHeart DiseaseOsteoporosisWhat happens when your doctor organises a Management Plan?Together we:Identify your health prioritiesList the actions you can take to help manage your conditionWhat (if any) other health care and community services you needWhat results you would like from the GPMP to help with your chronic condition What is a Team Care Arrangement (TCA)?If the doctor determines you would benefit from other health care providers or allied health professionals being involved in providing treatment, a team care arrangement will be completed. With your consent, your doctor or practice nurse will ask the relevant allied health professionals to be part of your care plan.What is a allied health professional?Any allied health worker like a physiotherapist, dietitian, podiatrist, audiologist, diabetes nurse, occupational therapist, pharmacist, asthma nurse or exercise physiologist.How many visits can I have with an allied health professional?Persons with a GP Management plan and Team Care Arrangement are eligible for 5 visits per calendar year to see allied health professionals.Will it cost anything to have a GPMP and TCA done by my GP or practice nurse?All GPMP and TCA plans are bulked billed by your GP, so there will be no charge for these services.Will it cost anything to see an allied health professional with a GPMP and TCA?The allied health professionals within our medical centre bulk bill your visit.Other allied health professionals may require you to pay on top of the Medicare rebate. Speak to your allied health professional about any charges. What is a GP Management Plan Review (GPMP Review / TCA Review)?Once a plan is in place, it should be regularly reviewed by your GP. This is an important part of the plan cycle, where you with your GP and practice nurse check that your goals are being met and agree on any changes that you may require.A GP Management Plan Review is usually undertaken every 6 months.All GPMP Reviews are bulk billed by your GP. There will be no charge for these services. How long will it take?The management plan will take about 45-60 minutes of your time. Your doctor and practice nurse will spend this time consulting with you to prepare your care plan.Who is eligible?Your GP will decide if you fulfill the eligibility requirements set by Medicare, prior to preparing a plan.Medicare has guidelines on who can and can’t have a GP Management Plan prepared. Your GP will help in making this decision.How can I make an appointment for the allied health professional?Speak to our receptionist to make an appointment for any of the allied health professionals that work at this practice.If you are visiting an allied health professional at another location, please contact their number to make an appointment. Which allied health professionals can I book at our practice?The following allied health professionals consult out of our rooms:PhysiotherapistDietitianPodiatristAudiologistMental Health ClinicianDiabetes NurseLifestyle AdvisorIf you have any questions, ask your doctor or practice nurse You have your GP Management Plan, what to do next?1. Get a copy of your GP Management Plan (GPMP) / Team Care Arrangement (TCA).2. Speak to our receptionists to book your appointments with your allied health team.3. After 4-6 months, book a GPMP Review / TCA Review with your GP and practice nurse.4. Book any further appointments with your allied health professional. If you have a TCA, you get upto 5 visits with an allied health professional in a calendar year.5. Continue with the recommendations made in your GP Management Plan.6. After 4-6 months, book another GPMP Review / TCA Review with your GP and practice nurse to discuss the ongoing treatment. A care plan refers to a General Practitioner Management Plan (GPMP) or a Team Care Arrangement (TCA). Both types of care plans are used by GPs to help people living with chronic diseases, complex medical needs and/or terminal illnesses. People who have at least one chronic medical condition, or complex medical care needs, are eligible for a care plan. A chronic medical condition is defined as an illness or disability that is present for at least six months.Examples of common conditions that may require care plans include:Heart diseaseHistory of fallsAsthmaChronic obstructive pulmonary diseaseDiabetesCancerStrokeArthritisParkinson’s diseaseKidney diseaseMental ill-healthPeople who are either an in-patient in a public hospital or are already on a care package due to living in a residential aged care facility are not eligible. • Organised, structured and planned approach to your healthcare• Active participation of patients in their own healthcare• Ease of coordination between your GP, your specialists, and any allied health providers• Building rapport between patients and their GP A care plan will be created by your usual doctor (GP). This is the doctor who you have seen most often within the past 12 months, and who will be the doctor you are going to see most in the following 12 months, to manage your health. For the majority of patients, this is their GP. A General Practitioner Management Plan (GPMP) sets out a plan of action to manage your medical condition. The plan is agreed upon by you and your GP, giving you an active role in your healthcare. A GPMP will include: • Your diagnosed medical condition(s), and any other relevant health information, such as prescribed medications • The goals of your management plan, as agreed upon by you and your GP • A list of services and treatment you will need, who will be providing the services, and arrangements for each service • A list of actions that you can take to actively help manage your condition(s) • Clear arrangements for reviewing the plan A Team Care Arrangement (TCA) is generally used for patients with complex medical needs that requires multidisciplinary management. For example, a patient who is recovering from a stroke can require a GP, rehabilitation physician, speech pathologist, physiotherapist, and occupational therapist if their needs are very complex! Due to this, a TCA is more complex than a GPMP to set up for a patient as it requires: • The patient’s usual medical practitioner (most often their GP) • At least two other health practitioners that are involved in the patient’s care • Each practitioner must be providing a different service • Discussion between the multidisciplinary team members regarding: • Goals of the treatment and services provided to the patient • Actions the patient can take to help manage their condition(s) • Arrangements for review dates • Clear understanding amongst team members about their role in the patient’s care Family members and/or informal carers are not regarded as health practitioners. Once a Care Plan has been made by your GP, it should be regularly reviewed and changes made accordingly. Regular reviews, generally every six months, allows you and your medical team to assess whether your goals of treatment are being met. Your Care Plan may be changed if the goals of treatment change, which can be due to various reason such as an improvement or deterioration of your condition and/or overall health. All aspects of a Care Plan are funded by Medicare through specific “item numbers” that are listed in the Medicare Benefits Scheme (MBS). This means that you are able to claim for all of the following: • Preparation of a GPMP • Coordinating the development of a TCA • Reviewing a GPMP and/or TCA • Contributing to a multidisciplinary team care plan provided by different provider • Contributing to a multidisciplinary team care plan provided by residential aged-care facility In summary, Medicare offers up to five rebated services annually per patient. Additional services are not allowed. If providers accept the Medicare benefit as full payment, there’s no out-of-pocket cost; otherwise, patients pay the difference. Referrals to allied health providers must come from GPs, who require reports from them. Choice and ControlOur friendly staff are available 24 hours a day for 7 days a week to adjust your services and help you get the most our of your funding. At allcare, the care you receive is all about you. Aged Care Quality & Safety CommissionGPO Box 9819Sydney NSW 20001800 951 822www.agedcarequality.gov.au Care and support plans are for anyone who needs care or cares for someone else.A care and support plan says:the type of support you needhow this support will be givenhow much money your council will spend on your careThis means you can:stay as independent as possiblehave as much control over your life as possibledo the things you enjoyknow what type of care is right for youunderstand your health condition and care needs betterIt also helps your family and friends understand how they can help you.How to get a care and support planFirst, you'll need to contact social services at your local council.They'll speak to you about the problems you're having. This is called an assessment.Afterwards, the support you need is written up as a care and support plan. You should get a copy of this within a few weeks.There are 2 types of assessment. One is for people who need care and the other is for people who care for someone else.Read about how to:What care and support plans includeCare and support plans include:what's important to youwhat you can do yourselfwhat equipment or care you needwhat your friends and family thinkwho to contact if you have questions about your careyour personal budget and direct payments (this is the weekly amount the council will spend on your care)what care you can get from your local councilhow and when care will happenIf you're a carer, it will also include:respite care options so you can take a breakdetails of local support groupstraining, such as how to lift safelyReviewing your care and support planYour care and support plan will be reviewed regularly to see what's working and not working, and if it's still the best support for you.This usually happens within the first few months of support starting and then once every year. If at any time you're unhappy with your care, call adult social services at your local council and ask for a review. How to complain about an assessment or care planIf you're not happy with how your assessment or care plan was done, you have a right to complain.First complain to your local council. It should have a formal complaints procedure on its website.If you're not happy with the way the council handles your complaint, contact the local government and social care ombudsman. This is an independent person who looks into complaints about organisations. We are committed to delivering genuine consumer-directed care, and that’s why we need the highest quality staff. We’re always looking for people who are dependable, respectful, innovative, and have a passion for providing person-centred care for our clients. Video transcript and visual description ‘Sometimes people worry about their health changing at some point in the future.’ Illustration of older person with white hair looking worried. ‘This could be because of long term health conditions or disabilities, or a serious illness. Or because they are getting older and a bit more frail. People who are caring for someone might worry about what will happen if they are unwell.’ Illustration of diverse group of people including adults of various ages, a small child, a wheelchair user and a dog. ‘If you’re worried that your health might change or you’ll need more help soon, the people looking after you want to hear what’s important to you and talk about what can help. In the NHS and social care services in Scotland, we call this Future Care Planning.’ Illustration of older person with white hair talking to a doctor, a nurse and a care worker. ‘You can ask to talk with your doctor or your nurse or speak to another care worker that you know. Or, one of them might suggest having a conversation with you about planning ahead. You can ask any questions, discuss things that are on your mind, and get a better idea of what treatments, care and support might be available to you. It can help to include family or close friends in these discussions.’ Illustration of older person and nurse with speech and though bubbles containing pictures of 1. medications, 2. a care worker outside a house, 3. a hospital and 4. a dog. Family members then appear in picture. ‘This lets you tell people about what matters to you. Your doctor, nurse or carer can put what you tell them into the care plan in your health record.’ Illustration of 1. medications, 2. a care worker outside a house, 3. a hospital and 4. a dog being added to a document called ‘care plan’. ‘Your care plan can be shared safely with other professionals and services like NHS 24, the ambulance service, and hospitals. That helps staff see important information about you and your health, treatments and care. Your care plan can be changed if you want, or if things change for you.’ Illustration of document called ‘care plan’ with arrows pointing to a sign for 1. NHS 24, 2. an ambulance, 3. a sign for Out of Hours GP and 4. sign for Emergency Department. ‘Changes in your health can affect other parts of your life too. Some people choose to get advice about things like making a will, managing money or setting up a Power of Attorney.’ Illustration of older person with white hair thinking, followed by appearance of a drawing of a will, notes and coins and a Power of Attorney document. ‘On the NHS inform website there is information about Future Care Planning to help you find out more about what you can do to plan ahead.’ Illustration of NHS inform logo and a QR code linking to nhsinform.scot Please call us, or if you prefer to email, one of our friendly allcare team will be in touch with you shortly. The magazine is packed with interesting updates, informative articles, some great photos of our allcare community and some fun activities to keep everyone busy!