

HeadtoHelp supports Victorians of all ages take the first steps towards finding the mental health and wellbeing support that's best for them.



HeadtoHelp

FAQs FOR GENERAL PRACTITIONERS

How will the HeadtoHelp mental health hubs work with general practice?

This is an additional service option to help you manage the number of patients who are experiencing mental health issues at this time.

- ✓ It can save time by providing a comprehensive patient assessment
- ✓ It will support GPs who are unsure of the level of severity or the service most appropriate for their patients.
- ✓ It provides navigation to support patients to be connected to the services that best suits their current context and needs. The service can complement and supplement GPs where a patient that has never received mental health care shows COVID-19 related stress or anxiety, with or without a mental health treatment plan.
- ✓ HeadtoHelp is not a crisis service and patients requiring immediate care or crisis intervention should be managed through the local Mental Health Triage or 000 if there are immediate safety concerns.

Even if you have great networks and well used referral pathways, HeadtoHelp gives you an additional option during COVID-19, to find the most suitable mental health support for your patients, or if you are perhaps not sure what mental health service will suit a patient best.

EMPHNs existing mental health referral and access service is still available via phone 9800 1071.

How will HeadtoHelp be different to how I currently work with patients who may need ongoing mental health support?

HeadtoHelp can recommend low to high intensity service options depending on the patient's needs from all parts of the mental health care system - state, Commonwealth and private services if they can afford it.

Sitting along side the 1800 phone line, which helps with service navigation, are the hubs. These hubs are designed to support people with more complex needs, who would benefit from a multidisciplinary approach, and who cannot access, or afford a similar service.

The hub service providers work in a collaborative care manner with the person's GP to determine the level of

mental health and whole-of-person supports appropriate – or help them find a regular GP if they do not have one.

What health care services will be available at the HeadtoHelp hubs?

The central intake will use the Initial Assessment and Referral decision support tool (see over page) to help determine what services to provide to the patient.

- Level 1 and 2: connected with existing lower intensity services e.g. headspace, Beyond Blue.
- Level 3 and 4: may receive care at the hubs, either onsite or through telehealth, or other more suitable services.
- Level 5: connected to specialist or acute mental health services, including into emergency care or into an area of mental health triage.

If my patient is suitable for services from a HeadtoHelp hub, what hub services are on offer?

As the hubs are scaled-up, each hub will have a multidisciplinary team from a variety of professional backgrounds delivering a range of service types including GPs, care navigators and mental health workers such as psychologists, mental health nurses, social workers and alcohol and drug workers, who can support people onsite at a hub, through telehealth or referral to other services.

Do my patients need a referral to this service?

No. Patients can self-refer without the requirement for a referral from their GP or healthcare provider. The HeadtoHelp mental health team may request further information to assist the patient into the most appropriate care. If your patient is going to receive intervention in the hub, you will be contacted for further information and shared care planning.

Will my patients need a mental health care plan to access HeadtoHelp services?

No, not in the first instance. However, as the treating GP you can decide with the patient if a Mental Health Care Plan (MHCP) would be beneficial.

If my patient has been directed by HeadtoHelp staff to another mental health care provider will this be reported back to me?

Yes, with patient consent. The outcome of all your referrals will be communicated back to you. There is also the potential that your patient may be advised to

seek a consultation with you if a service has been recommended that requires the completion of a MHCP, or a referral from their GP.

Will support for my patient be face-to-face or is there an option for telehealth?

We will help to determine the level of care your patient needs – this may include online, telehealth or face-to-face options as suitable. Our face-to-face services are held in COVID-safe environments.

Will I receive feedback on my patient’s care from other providers?

Yes. We encourage the use of shared care plans through a consumer’s mental health journey.

Do patients need a Medicare card?

No. This service is available to people without a Medicare card such as refugees, asylum seekers and international students.

Is this a free service?

Yes, there is no cost for advice though HeadtoHelp intake or if receiving services at a HeadtoHelp hub. If we believe a person will benefit from support from another provider, where possible we will ensure this is also a free or low-cost service. HeadtoHelp will take into account a person’s financial concerns when

recommending other support outside of HeadtoHelp may recommend fee paying services if appropriate.

Where are the hubs located?

There are 15 hubs around the state including three hubs in EMPHN’s catchment in Hawthorn, West Heidelberg and Yarra Junction with ‘spokes’ to open shortly.

If my patient already has a private psychologist, can they access HeadtoHelp services?

Yes. However, the HeadtoHelp service is not intended to duplicate services and supports already available or being used by a patient. We will ask the patient if they are already seeing a psychologist, or another relevant mental health professional, so we can identify the best package of services to meet their support needs.

For further information, please contact EMPHN via email practicesupport@emphn.org.au

HeadtoHelp

1800 595 212 (Mon-Fri, 8.30am to 5pm)

headtohelp.org.au

HeadtoHelp is not a crisis service. For urgent support, call Lifeline 13 11 14

Initial Assessment and Referral (IAR)

LEVELS OF CARE

Level of Care 1 Self Management	Level of Care 2 Low Intensity	Level of Care 3 Moderate Intensity	Level of Care 4 High Intensity	Level of Care 5 Acute and Specialist
<p>Typically no risk of harm, experiencing mild symptoms and/or no /low levels of distress- which may be in response to recent psycho-social stressors.</p> <p>Symptoms have typically been present for a short period of time.</p> <p>The individual is generally functioning well and should have high levels of motivation and engagement.</p>	<p>Typically minimal or no risk factors, mild symptoms/low levels of distress, and where present, this is likely to be in response to a stressful environment.</p> <p>Symptoms have typically been present for a short period of time (less than 6 months but this may vary).</p> <p>Generally functioning well but may have problems with motivation or engagement. Moderate or better recovery from previous treatment</p>	<p>Likely mild to moderate symptoms/distress (meeting criteria for a diagnosis).</p> <p>Symptoms have typically been present for 6 months or more (but this may vary). Likely complexity on risk, functioning or co-existing conditions but not at very severe levels.</p> <p>Also suitable for people experiencing severe symptoms with mild or no problems associated with Risk, Functioning and Co-existing Conditions</p>	<p>A person requiring this level of care usually has a diagnosed mental health condition with significant symptoms and/or significant problems with functioning.</p> <p>A person with a severe presentation is likely to be experiencing moderate or higher problems associated with Risk, Functioning and Co-existing Conditions.</p>	<p>A person requiring this level of care usually has significant symptoms and problems in functioning independently across multiple or most everyday roles and/or is experiencing:</p> <ul style="list-style-type: none"> • Significant risk of suicide; self-harm, self-neglect or vulnerability. • Significant risk of harm to others. • A high level of distress with potential for debilitating consequence.
Evidence based digital interventions and other forms of self-help	Services that can be accessed quickly & easily and include group work, phone & online interventions and involve few or short sessions	Moderate intensity, structured and reasonably frequent interventions (e.g., psychological interventions)	Periods of intensive intervention, typically inc. multi-disciplinary support, psychological interventions, psychiatric interventions and care coordination	Specialist assessment and intensive interventions (typically state/territory mental health services) with involvement from a range of mental health professionals

Australian Department of Health, National Initial Assessment and Referral for Mental Healthcare Guidance, 2019

HeadtoHelp acknowledges Aboriginal and Torres Strait Islander peoples as the traditional owners of country throughout Victoria, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present. We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

HeadtoHelp is a collaborative initiative of Victoria’s Primary Health Networks and funded by the Australian Government.