

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710)

PATIENT PLAN

PATIENT NEEDS / MAIN ISSUES	GOALS Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take	TREATMENTS Treatments, actions and support services to achieve patient goals	REFERRALS Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.
<p><i>Tired all the time, not sleeping well</i></p> <p><i>Stressed – flying off the handle and teary</i></p> <p><i>Feeling lonely</i></p>	<ul style="list-style-type: none"> - <i>Get to sleep more easily and reduce time awake during night</i> - <i>Not to feel so tired during the day</i> - <i>Keep things under control more easily.</i> - <i>Feel as if I'm coping better</i> - <i>Join a club</i> - <i>Do some activities</i> - <i>Try and find work</i> 	<p><i>Introduce some daily activity scheduling:</i></p> <ul style="list-style-type: none"> - <i>Daily 30 minute walk preferably with someone, (Tom suggests) wife, neighbour, eldest son</i> - <i>Reduce daily alcohol intake especially in evenings, aim for at least 2 alcohol free days a week</i> - <i>Information provided regarding symptoms and management of depression.</i> - <i>Work with local psychologist about management of stress and depression</i> - <i>Prescribe anti- depressants</i> - <i>Information provided regarding healthy eating, and how to improve sleep</i> - <i>Join local squash club</i> 	<p><i>Refer to Better Access psychologist for counselling. Name and contact details supplied</i></p>
CRISIS / RELAPSE If required, note the arrangements for crisis intervention and/or relapse prevention		<p><i>Agreed names of people to contact and talk to if feeling awful or unwell</i> <i>Jeff Smith (friend), Jane (wife), Mike Forman (GP ph: 98 7654 3210) Lifeline telephone counselling (available 24hrs a day) (13 11 14)</i></p>	
APPROPRIATE PSYCHO-EDUCATION PROVIDED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PLAN ADDED TO THE PATIENT'S RECORDS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT REQ'D <input type="checkbox"/>	
COMPLETING THE PLAN On completion of the plan, the GP is to record that s/he has discussed with the patient: <ul style="list-style-type: none"> - the assessment; - all aspects of the plan and the agreed date for review; and - offered a copy of the plan to the patient and/or their carer (if agreed by patient) 		<p><i>Assessment and plan discussed with patient</i> <i>Review date agreed</i></p>	
DATE PLAN COMPLETED 21 / 11 / 06		REVIEW DATE 17 / 04 / 07 (initial review 4 weeks to 6 months after completion of plan)	
REVIEW COMMENTS (Progress on actions and tasks) Note: If required, a separate form may be used for the Review. 17 04 2007 <i>Significant improvement in symptoms and outlook; Experiencing some anxiety about finding work and identifies needs further strategies regarding improving self esteem and anger management – For a further 6 sessions with psychologist</i> <i>Maintain walking and exercise program.</i> <i>Continue with anti-depressants for minimum 6 – 12 months – monitor progress with GP monthly initially</i> <i>Maintain contact with new friends associated with squash club</i> <i>Enrol in identified re-training program at local Employment agency.</i> <i>Seek financial counselling support through Salvation Army.</i> <i>Maintain minimum of 2 alcohol free days a week (goal is 4 to 5 days) and keep alcohol intake to within safe drinking guidelines</i>		OUTCOME TOOL RESULTS ON REVIEW K 10 – score 20	