

FAQs FOR GENERAL PRACTITIONERS

Q. How will HeadtoHelp help general practices?

This is an additional service option to help you to manage the number of patients who are experiencing stress and anxiety at this time. For example:

- ✓ 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.

Q. What is the difference between HeadtoHelp intake and the HeadtoHelp mental health hubs?

HeadtoHelp comprises an intake service and 15 physical mental health hubs across Victoria. The HeadtoHelp intake service can be accessed by calling 1800 595 212 or visiting a hub in person.

The 1800 intake is completed by trained mental health professionals, who if appropriate may refer someone to one of the 15 new mental health hubs, three of which are in our region: Wyndham Vale, Broadmeadows and Brunswick East. If someone goes direct to a hub, intake will be completed by the team there. Initially while the hubs are getting their teams up to full strength, we are encouraging people to call the 1800 number for intake.

HeadtoHelp intake phone number

- ✓ If you have a patient who needs support to get back on track call the HeadtoHelp intake, advice and referral line on **1800 595 212**.
- ✓ Trained mental health professionals will then assess their current needs and connect them with the most appropriate local services, including the 15 new mental health hubs as well as existing services.
- ✓ The intake teams have access and knowledge of a wide range of low to high intensity service options from across the mental health care system: state, federal and private. These services may be online, face to face or by telehealth.

HeadtoHelp mental health hubs - new mental health services in 15 locations around Victoria.

- ✓ The hubs will support people with moderate and complex mental health issues
- ✓ Hubs will provide care coordination and service navigation to patients, including people who access the hubs directly.
- ✓ As HeadtoHelp hubs are scaled up they will include multidisciplinary teams of mental health workers, including psychologists, mental health nurses, social workers, and alcohol and drug workers, who will coordinate with the patient's regular GP – or help them find a regular GP if they do not have one. Note hubs can refer people to a psychiatrist but most hubs will not have a psychiatrist on staff.

Q. Is HeadtoHelp only for patients experiencing COVID-19 distress?

No, HeadtoHelp will provide a welcoming place for everyone who needs mental health and wellbeing support, whether their mental health issues are pre-existing or have emerged during the pandemic.

The surge in people seeking support due to COVID-19 has been the stimulus behind setting up HeadtoHelp hubs. The hubs are funded for 12 months at this stage. We hope these hubs are a success and will have funding extended. As part of an integrated primary care response, and to support continuity of care, people will be directed to their regular GP, or will be helped to find a regular GP if they don't have one.

Q. How does this service help me manage my existing patients with mental health needs?

GPs do not need to use the HeadtoHelp for existing patients, however it may help you to access additional services and supports to keep them on track.

- ✓ The HeadtoHelp intake will direct your patients to existing services as appropriate, including PHN commissioned services such as CAREinMIND™, and will only refer moderate and high intensity care (IAR Level 3 and 4) to a physical hub if that is the most appropriate service response for them.
- ✓ The hubs' multidisciplinary teams will be working in a collaborative way and will support you to determine the level or intensity of mental health support appropriate for your patient. Also, as hubs scale-up they will be able to provide care-coordination and support psychosocial needs which is distinct from one to one psychological therapies offered elsewhere.

Q. How does HeadtoHelp fit in with CAREinMIND™ services?

- ✓ You can still refer eligible patients to CAREinMIND. And you don't have to change how you refer your patients to CAREinMIND. The CAREinMIND service is an important part of the PHN's stepped care model.
- ✓ The HeadtoHelp intake may also refer eligible patients to CAREinMIND services. HeadtoHelp intake will create a referral for CAREinMIND services in a similar way a GP would.

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

- ✓ Yes. However, the HeadtoHealth 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.

Q. Is this a free/no-cost service

- ✓ Yes, there is no cost for advice through 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 and may recommend fee paying services if appropriate.

Q. What is the pathway?

1. The person (or referrer) calls the HeadtoHelp central intake number.
2. HeadtoHelp phone intake does an initial assessment to inform the level or intensity of care most suited to the person's situation (IAR assessment level 1-5). If a person presents at a hub, intake is done by a team member there using the same IAR tool.
3. The person is referred to appropriate service(s) for their level of care. This might include a CAREinMIND service, or service at a hub, or other low/no-cost service, or a service that they consent to pay for.
4. The HeadtoHelp intake team provides follow up to the person, and informs the GP (referrer), with consent, of the initial assessment outcome and referral decision.

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

Primary Health Networks are taking a staged approach to ramping up local multidisciplinary teams within hubs over the coming months. As the hubs are scaled-up, each hub will have a multidisciplinary team from a variety of professional backgrounds delivering a range of services that include groups, individual intervention, care coordination and linkages to medication review.

Hubs will have mental health practitioners and workers, including GPs, psychologists, mental health nurses, and social workers, who can support people onsite at a hub, through telehealth or referral to other services.

Note: Most hubs will not have a psychiatrist onsite due to the funding model but can liaise with GPs to refer people to a psychiatrist if needed.

Q. What type of assessment and referral will be used by HeadtoHelp?

The HeadtoHelp will use the Initial Assessment and Referral (IAR) decision support tool.

- People with **Level 1 and 2** needs will be connected with existing lower intensity services, usually phone or online support
- Those with **Level 3 and 4** needs may receive care at the hubs, either onsite or through telehealth, or other more suitable services.
- **Level 5** will be connected to specialist or acute mental health services, including into emergency care or into an area mental health triage.

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

Other questions

Q. Do I need to write a referral for my patients for this service?

No. In the first instance, please contact the HeadtoHelp hub via phone on 1800 595 212. Our HeadtoHelp intake team may request further information to assist your patient into the most appropriate care. If your patient is going to receive care in the hub, you will be contacted for further information and shared care planning.

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

No, not in the first instance. However, should your patient need a mental health treatment plan to access other mental health services, a HeadtoHelp team member will be in contact with you.

Q. Will a patient who is not eligible for Medicare be able to be seen for low/no cost?

✓ Yes, the hub may be used by all people currently living in Victoria including refugees, people who are seeking asylum and international students. All services at a hub are free.

Q. If my patient is directed by HeadtoHelp to another mental health care provider? Will this be reported back to me?

✓ Yes, with consumer consent. The outcome of all your referrals will be communicated back to you.

Q. 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. This is a new service and we aim to provide feedback wherever possible.

Q. 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 will be held in a COVID-safe environment.

Location and hours

Q. Where will the hubs be located?

People in the north, west and centre of Melbourne will be able to access HeadtoHelp mental health services at hubs in **Wyndham Vale (IPC Health)**, **Broadmeadows (DPV Health)** and **Brunswick East (Clarity Health Care)**. The three hubs are part of a network of 15 hubs in Victoria. Details of each location are on the [HeadtoHelp.org.au](https://www.headtohelp.org.au) website.

The locations and providers were chosen based on data and health needs analysis and the capacity of primary care settings to rapidly mobilise and deliver appropriate workforce and governance by 14 September when the hubs open.

Q. Are patients zoned to the closest hub?

Access to hubs will not be restricted by the location of the person. If a person seeks help directly, rather than calling the 1800 595 212 intake line, going to the nearest hub is the best place to start. However, the 1800 595 212 intake may advise the person that another hub will be more appropriate, for example they might have a clinician who works with a particular cohort or has a more appropriate type of service.

Q. What hours are the hubs available?

HeadtoHelp hubs and Intake are not crisis services, so initially our services will operate during business hours 8.30am to 5pm Monday to Friday.

If the intake team is engaged, callers during business hours will be given the option of leaving a message and receiving a call back. After hours callers will hear a recorded message asking them to call back during opening hours and giving them Beyond Blue's 1300 number if they want to speak with someone right away.

For further information please contact HeadtoHelpIntake@nwmpnh.org.au

We acknowledge the traditional owners of the land on which we work and live.

We pay our respects to their Elders past, present and emerging, and extend that respect to all Aboriginal and Torres Strait Islander people.

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



Finding services in the North Western Melbourne PHN area

A comprehensive list of mental health service and wellbeing support services are available on [HealthPathways Melbourne](#). Or you can refer to our [system of care](#) for a range of mental health, AOD and suicide prevention services commissioned by North Western Melbourne PHN in our region.