**Sensitive: Medical**

**Mental Health Practitioner Management Plan**

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| --- |
| This management plan is intended to be a tool for you to review and discuss the progress of your treatment with your patient. This can be completed every 10 treatment sessions, or as requested by the case manager and may be charged for using the relevant management plan code. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient details** | | | | | | | | |
| Name: |  | | | Claim number: |  | | | |
| Working diagnosis/ symptoms: | |  | | EML | | GB | | EnABLE Unit |
| Date of initial treatment: | | |  | No. of treatments to date: | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EVALUATION** | **Evaluation outcome** | | | | | | | | | | |
| **Has an appropriate psychometric measure(s) been used?**  Yes  No  **Please List:** | | | | | | | | | | |
| **Has treatment progress been made (improved function and/or return to work outcome)?**  Yes  No  **Detail:** | | | | | | | | | | |
| **Treatment recommendations:** | | | | | | | | | | |
| **PLANNING** | **SMART goals** | | | | | | | | | | |
| **Functional and work goals** | | | **Intervention strategies** | | | | | **Measure of progress** | **No. of sessions required** | **Estimated date of achievement** |
| 1. | | |  | | | | |  |  |  |
| 2. | | |  | | | | |  |  |  |
| 3. | | |  | | | | |  |  |  |
| **Estimated discharge date:** | | | | | | | | | | |
| **ISSUES** | **Issues/Risks identified that may impact recovery and return to work** | | | | | | | | | | |
| Recommendations: | | | | | | | | | | |
| **YOUR DETAILS** | **Treating Mental Health Practitioner’s details** | | | | | | | | | | |
| Print name: |  | | | Practice name: | | |  | | | |
| Address: |  | | | | | | | | | |
| Phone: |  | | | | | Email: |  | | | |
| Signed: | |  | | | Date: | |  | | | |
| *Clinical Framework for the Delivery of Health Services* (2012) details best practice in achieving optimal outcomes for your patients.  The signing psychologist agrees that the patient has been involved in completing this form and a copy provided to the patient, case manager and doctor.  Plans can be submitted via Provider Online Services at [www.rtwsa.com](http://www.rtwsa.com) and select the ‘Login’ button, or via email to the relevant claims agent:   |  |  |  |  | | --- | --- | --- | --- | |  | **EML** | **Gallagher Bassett** | **EnABLE Unit** | | **Email** | [faxes@eml.rtwsa.com.au](mailto:faxes@eml.rtwsa.com.au) | [AHPlans@gb.rtwsa.com](mailto:AHPlans@gb.rtwsa.com) | [EnABLE@rtwsa.com](mailto:EnABLE@rtwsa.com) | | | | | | | | | | | | |

**Mental health function evaluation**

(Please complete the relevant section(s) below to assist recovery and return to work. *Note:* completing this page is optional)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Following my assessment, please find my evaluation of current mental health function for this patient, which I expect will be able to be further upgraded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mental health function | Not affected | Partially affected | Affected | Comments |
| Attention/concentration |  |  |  |  |
| Memory  (short term and/or long term) |  |  |  |  |
| Judgement  (ability to make decisions) |  |  |  |  |
| Other |  |  |  |  |

□ In my opinion, recovery will be assisted by incorporating work in their current program.

(Please check as appropriate)

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Health Practitioner Management Plan – explanatory guide**

The mental health practitioner management plan can be initiated by the treating practitioner every **10 treatments** where this supports and facilitates treatment review and discussion with the worker and/or treatment team.

It is important that the patient is actively involved in the development of the management plan and copies are provided to the patient, treating doctor, and case manager. The management plan should be invoiced using the relevant management plan item number from the Fee Schedule.

|  |  |
| --- | --- |
| **Patient details** | * Your working diagnosis may differ from the certifying doctor’s injury description on the Work Capacity Certificate. This information will assist the claims management process by highlighting the need to obtain clarity around the diagnosis. * If your working diagnosis differs from that of the certifying doctor, it may be appropriate to have a verbal conversation in which the diagnosis or appropriate management can be clarified for consistency. * If treatment has been provided prior to this management plan, confirm the date of initial consultation and the total number of treatments provided to date. |
| **Evaluation** | * The evaluation process is an important part of the Clinical Framework for the Delivery of Health Services. * Measurement and review of treatment effectiveness helps to inform the treating team, patient and case manager on the direction and rate of change and to provide useful information to target treatment and enhance outcomes. * If the mental health treatment has not achieved an improvement in function, it is anticipated that the mental health practitioner will reassess the treatment approach and consider other strategies, which may include referral for second opinion or ceasing treatment. * Treatment recommendations, following your review of treatment effectiveness, should consistent with the Clinical Framework for the Delivery of Health Services.   **Outcome measures** (Principle 1 of Clinical framework)   * The outcome measure(s) used should be reliable, valid and sensitive to change. * They should relate to the patient’s injury, the functional goals of treatment and the functional demands of the pre-injury duties. * Baseline measurement of the patient’s functional capacity should be performed at the commencement of treatment and then serially re-measured to assess and demonstrate the benefit of treatment in improving functional capacity. |
| **Planning** | **SMART Goals** (Principle 4 of the Clinical framework)   * Mental health treatment goals should relate to function and return to work. * Early and collaborative goal setting ensures that the patient and mental health practitioner are focused on similar objectives to achieve recovery and return to work. * It is expected that the mental health practitioner will gain an understanding of the patient’s pre-injury role to ensure that the delivery of mental health treatment is focused on early return to work and restoration to usual functional activities. * Goals should be specific, measurable, appropriate, relevant and timed (SMART). * The measure of progress can be self-report or can be a validated psychosocial screening tool e.g. BDI, BAI etc. * In the intervention strategy, explain the strategy that will be undertaken to achieve the goal. Your treatment should be based on the best available evidence (Principle 5 of the Clinical Framework). * Example of a SMART mental health goal: |
| **Estimated discharge date** | * This date is your estimation of when the patient will be ready for discharge and confident in their self-management, according to your current assessment and clinical reasoning. * It is understood that this date is not absolute and may move earlier or later depending on unforeseen circumstances. |
| **Issues/Risks identified**  that may impact recovery and return to work | * If the patient has not made the expected progress, briefly outline why this might be the situation and recommended actions to address issues and overcome barriers. * Poor or delayed recovery can sometimes be explained by biological factors such as serious injuries or conditions, however psychosocial (non-injury) factors often contribute to poor recovery and return to work outcomes for patients. * Identification of risk factors early in the assessment phase should inform and guide the mental health practitioner’s treatment. * The patient should be actively involved in a discussion of any factors that may increase the risk of non-recovery. The patient should be encouraged to raise any issues with the relevant parties to overcome any challenges to recovery and return to work. * If the mental health practitioner’s professional opinion is that the patient may not be able to return to their pre-injury duties, please indicate in this section and detail the factors that lead to this opinion. The mental health practitioner’s early identification and communication of such matters is very important to ensure that the end goal of rehabilitation is appropriate for the patient. |
| **Mental health evaluation**  (page 2)  Completion of this page is optional. | * The mental health function evaluation forms part of the Work Capacity Certificate completed by the treating doctor. Your clinical expertise and input to this section can provide important recommendations to the treating team. Your opinion of the patient’s current abilities will facilitate the identification of appropriate duties. * Optional recommendations regarding the patient’s capacity and how work can be incorporated into the current program can be detailed on the bottom line of the table. * Should you need to discuss any aspect of your patient’s recovery and return to work with the treating doctor, case manager or worker’s employer, telephone calls relating to worker’s claim can be charged using the relevant telephone call item code. * If, in your professional opinion, a case conference could assist your patient’s recovery and return to work, a request can be made to the patient’s case manager. Attendance at a case conference, approved by the case manager, should be invoiced using the relevant case conference item code and travel time can also be invoiced using the relevant travel code. |



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