



Australian College
of Mental Health Nurses

Submission to the Australian Parliament Senate Community Affairs References Committee

**Inquiry into the assessment and support services for people
with ADHD**

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Our organisation

Australian College of Mental Health Nurses

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of efforts to improve service and care delivery to those affected by mental illness and disorder. The ACMHN also sets standards of practice for the profession and promotes best practice of mental health nursing.

The College is recognised in Federal legislation across all jurisdictions, and represents the interests of mental health nurses (MHN) nationally and internationally with the International Council of Nurses (ICN) and has done so for close to 50 years.

Universities offering MHN postgraduate study seek accreditation from ACMHN to ratify the training standards of MHN.

As a Peak nursing body we sit on the Nursing and Midwifery Strategic Reference Group, we have legal standing on a variety of Board at Director level including with the Mental Health Professional Network (MHPN) and to be finalised as one of the four organisations on the National Nurse and Midwife Health Service Advisory Group.

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Executive Summary

The current strains on health resources for people seeking assessment, treatment and support for ADHD are well documented. This proposal sets out to discuss is the better use of skilled professionals.

The practice of going to a General Practitioners (GPs) for ADHD whilst still normal, this needs to consider that not all GPs are either trained nor are some willing to engage in mental health matters. Not all GPs are currently able to diagnose ADHD. Outside of high prevalence mental health disorders of depression and anxiety, all ADHD mental health presentations are often being referred to psychiatrists. For many cases, and certainly severe and complex cases, this is the correct path.

In primary health triage this is a well-known norm. Whilst we fully support the process of GP and Psychiatrist, we wish to draw the Senates attention to the following:

Greater awareness of current Nurse Practitioner (NP) skills and practice (those with advanced mental health training and qualifications).

Better use and adoption of Credentialed Mental Health Nurses (CMHN) working in concert with NPs, GPs, Psychiatrists.

Whilst both NP and CMHN are recognised through AHPRA and NMBA, there is a general lack of awareness and support for the diagnosis, dispensing, writing of scripts, and treatment planning that is already being undertaken by nurses. We seek senate assistance in reinforcement of this alternative treatment process to both remove misunderstanding and to also support the use of skilled nurses as a national solution for assessment, diagnosis and treatment of ADHD and Autism.

The benefits being, the reduction in booking times and the reduction in the escalation of costs for treatment and ultimately provision of clinical skills and services to help fellow Australian's manage their lives better which is the aim of all in the health services sector.

Secondly, we ask that both NP – MH and CMHN funding and billings are also addressed as part of this fix, as neither have been addressed for over a decade. To assist we have provided the following chart that compares the authorizations and services across the professional groups in our sector.

Figure 1.

Comparison of CMHN & NP-MH authorizations and Mental Health services across professional groups

Nurse Practitioner MH SOP (NP-MH)	Better Access (MHTP) NB: excludes MH Nurses	PHN Step Care MH Services	Chronic Disease Management Plan (CDMP)	Pregnancy Support Counselling (PSC)	General Practitioner providing FPS	General Practitioner Standard Consult	Consultant Psychiatrist	Pediatrician
MBS 82215 40+ mins \$54.60 Average MH consult is 60 – 90 minutes	At least 50+ mins Clinical Psychologist \$136.35 Psychologist \$116.65 Allied Health \$105.55	At least 50 mins \$180.00 unit cost Psychologist CMHN only direct employ models with subcontracted org	At least 20 mins \$58.00 Psychology MH-OT, MH-SW & MHN +	MBS 81000 - 81010 At least 30 mins \$68.10 Psychology MH-OT, MH-SW & MHN	MBS 2717 - MHTP 40+ mins \$146.90 MBS 2725 - FPS 40+ mins \$145.35 Not limited to these items	Level D 40+ min \$117.40 Not limited to this item	MBS items 291 45+ mins \$427.75 MBS 296 45+ mins \$246.00	MBS 135 45+ \$249.40
unlimited	10 sessions	12 sessions	5 sessions	3 sessions	10 sessions	unlimited	unlimited	Unlimited

	Clinical Psychologist	Psychologist MH Social Worker MH Occupational Therapist	Credentialed Mental Health Nurse	Nurse Practitioner – MH SOP	General Practitioner	Adult Psychiatrist	Child Psychiatrist	Paediatrician Developmental and Behavioural
Referral is not required for a client to initiate service = direct booking ie. walk in clinic				✓	✓	Referral from GP or NP	Referral from GP or NP	Referral from GP or NP
Assessment								
Biological systems			✓	✓	✓	✓	✓	✓
Social	✓	✓	✓	✓	✓	✓	✓	✓
Psychopathology	✓	✓*	✓	✓	✓*	✓	✓	✓
Physical health clinical investigations & pathology			Screening & Mx	✓	✓	✓	✓	✓
Outcome measures	✓	✓	✓	✓	✓	✓	✓	✓
Diagnosis ADHD	✓*	Screening	Screening	✓*	Screening	✓*	✓	✓
Treatment								
Advance psychotherapeutic skills	✓*	✓*	✓*	✓*		✓*	✓	
Focused psychological strategies (FPS)	✓*	✓*	✓	✓*	✓*	✓*	✓	
MH Counselling	✓	✓	✓	✓	✓	✓	✓	
Psychometric testing	✓		Administer & Mx	✓	✓	✓	✓	
Prescribe stimulant medication				✓ letter from Med Specialist	✓ Letter from Med Specialist	✓	✓	✓
Referral to medical specialist				✓	✓			
Write sick certificates				✓	✓	✓	✓	✓
Admission rights				✓	✓	✓	✓	✓
Number of sessions	10 BA 12 PHN	5 CDMP 10 BA 12 PHN 3 PSC	5 CDMP	Unlimited	Unlimited (limited FPS 12 sessions)	291 x1 annually 296 unlimited	291 x1 annually 296 unlimited	Unlimited

*Note: Health Care Professional can provide ADHD service with specialised training. Only Child Psychiatrists and Paediatricians are fully qualified to assess, diagnose and treat without further education and training for ADHD. GP requires post graduate qualifications in MH and further specialised training in ADHD. NP-MH have Master in MHN/NP therefore can do CPD skills training for ADHD ie. 2 day course. In 2010 the MBS items and PBS authorisations were established for NP. Both require integration across all health systems and funding to allow full implementation of NP authorisations outlined in legislation.

1. Definition of CMHN & NP-MH

What is a Credentialed Mental Health Nurse (CMHN)

Mental Health Nurses (MHN) have a base qualification of Bachelor of Health Science Nursing, then complete a 12 month clinical graduate year followed by a post graduate diploma in mental health nursing, all of which is 6 years to complete. The Australian Health Practitioner Regulation Agency (AHPRA) identifies MHN as Registered Nurses (RN) therefore the Australian College of Mental Health Nurses (ACMHN) provide a Credentialing program to differentiate MHN from other Registered Nurses (RN). Credentialed Mental Health Nurses (CMHN) provide services across urban, regional and rural settings, acute and crisis services, primary care and private practice.

CMHN workforce in primary care has declined following the discontinuation of the Medicare Mental Health Nurse Incentive Program (MHNIP) in 2016. MHN are highly qualified and skilled mental health professional workforce of 25000, many who have further qualifications in developmental disorders and specialise in ADHD.

CMHN scope of practice:

- Specialised MH, physical and risk assessment, intervention for suicidality, self-harm, and aggression management.

- Psychotherapy, counselling and focussed psychological interventions
- Physical health assessment, monitoring and linkage with health care services
- Medication monitoring, management, and administration
- Care coordination and multi-disciplinary teamwork.

ACMHN Credentialing is required to access a Medicare Provider number to provide services under GP Chronic Disease Management Plans, maximum of 5 x 20+-minute consultations and Non-Directive Pregnancy Support Counselling, maximum of 3 x 30 minutes, per Calander year. There is a limited number of CMHN directly employed under PHN step care models and working in primary care across Australia due to inadequate funding options. (see Figure 1. Comparison table “PHN and CDMP”)

What is a Nurse Practitioner (NP)

The Legislation for Nurse Practitioners was established in 2000 which was aimed to facilitate advanced practice health practitioners in rural and remote areas and develop models of practice to fill gaps in services. Nurse Practitioners (NP) – Mental Health, like all NPs, are endorsed by AHPRA to provide expanded and extended scope of practice beyond a RN and CMHN. “Nurse Practitioner” is a protected title under legislation which no other nurse is able to use this title. To become Endorsed as a NP you must complete a Bachelor of Health Science and Nursing qualification, a 12 month post graduate program, minimum of 3 years of practice as a clinical RN before moving into an advanced practice position, complete a NP Master’s degree or equivalent (Pathway 2 AHPRA Endorsement - Master of Mental Health Nurse, plus advanced pharmacology, prescribing and clinical investigations subjects), complete 5000 hours in an advanced clinical practice (3 years full time or within 6 years part time) along with fulfilling and providing evidence of the AHPRA NP Standards of Practice ([AHPRA NP Standard of Practice](#)) to apply for Endorsement. To complete this pathway is a minimum of 12 years of commitment to study and demonstrating advanced practice. AHPRA Endorsement authorises a NP to function autonomously and collaboratively in advanced clinical roles. The NP - MH includes the above scope of practice listed for CMHN, plus expanded and extensions to practice under NP authorisations.

AHPRA Endorsed NP authorisations include:

- Advanced mental health and physical health assessment
- Ordering clinical investigations and pathology
- Clarify and confirm diagnosis
- Treatment options including prescribing within specialised scope of practice. This includes prescribing stimulant medications with a Medical Specialist (Paediatrician, Child Psychiatrist or Psychiatrist) letter confirming treatment plan and prescribed medications.
- Referrals to medical specialists, valid for 12 months allowing the patient to receive MBS rebates.
- Issuing sick certificates
- Direct access with unlimited number of consultations under MBS NP items. No referral from a doctor is required for client or family to engage services of a NP-MH.

NP MBS items include 4-time limited services for rebate, short consult, 10+ minutes, 20+ minutes and 40+ minutes. Currently the NP MBS items are the lowest rebate rate out of all health care professionals therefore leading to higher out of pocket costs and disadvantaging the public's choice of a NP health provider. (see Figure 1. Comparison table)

NP–MH are currently an untapped professional group with broad capabilities to respond to growing health needs for assessment and support services for people with ADHD in Australia. They are positioned to resolve shortages in specialist trained mental health professionals and provide services where there are gaps in service to under resourced populations in Australia. NP-MH allow a reduction in the number of health professionals required to screen, assess, provide a range of clinical investigations and pathology to rule out other comorbid pathology, confirm diagnosis, commence non stimulant interventions and prescribing.

We are requesting a change for, only when necessary, a referral to medical specialist can be made to confirm stimulants treatment. A letter from a medical specialist is not necessary where a NP has advance practice qualifications and experience beyond a GP. NPs can apply for other schedule 8 medications without a medical specialist letter ie. opiate replacement therapy. Currently a letter from the medical specialist is required for the NP-MH to apply for a schedule 8 permit to manage and adjust prescribed stimulant medications.

The title *Nurse Practitioner* is very frequently confused with the title of *Practice Nurse*. It is a different scope of practice. While a Practice Nurse often works under the supervision of a doctor, or a nurse practitioner, a Nurse Practitioner is autonomous and works in collaboration with all the patient's health care providers. NP collaborative arrangement is often confused for supervision and for this reason collaborative arrangements are due to be discontinued under the NP legislation in March 2024. NP authorisations determine that NP-MH can provide services autonomously and the public can access direct services without a referral (equivalent access to a GP) minimising the complexity of stewardship or referral from other health care providers. This allows a range of health, welfare and social support organisations and services to recommend NP-MH services for people presenting ADHD symptoms.

How do we work in the community

Nurses work across all clinical and service care settings, caring for people from all cultural backgrounds, across the entire life span. They consider the person's physical, psychological, social, and spiritual needs, within the context of the individual's lived experience and in partnership with their family, significant others, and the broader community. In addition to forming the largest part of the health workforce, they are more geographically dispersed than any other health profession, and as a result, are the most accessible health professionals in Australia.

MHNs are professionals registered with AHPRA through the Nursing and Midwifery Board. MHNs are part of the nursing workforce and are not categorised by AHPRA as a subset of the allied health workforce. Like doctors and allied health clinicians, MHNs work with people across a range of settings, including acute, community, and primary care. Many of the MHNs' patients have a

diagnosed mental illness, however MHNs also work with people with a range of different needs, including dual and multiple disorders, disability, forensic, aboriginal community-controlled health organisations, family, and rehabilitation services.

In primary care, MHNs provide clinical, evidence-based psychological and mental health therapies, health care interventions and support coordination. They may be engaged or employed by an organisation, or self-employed in their own private practice. Many of the MHNs' patients in primary care are people with severe and complex needs who require support from a few different professionals and agencies. It is particularly the severe and complex group where the MHN scope of practice is best demonstrated. When working with people in this cohort, MHNs are able to combine evidence-based individual and family therapy while offering support coordination and collaboration with the client's family, as well as collaboration with other providers and agencies that have a role in supporting the person presenting with ADHD (e.g. home support services, employment services, community housing organisations, forensic/justice system).

Clinical or symptom related outcomes are frequently entwined with social and occupational issues. MHNs take a holistic view of care, meaning that improving mental health is not simply a case of providing traditional psychological therapies, but also working with a person centred and strength-based approaches to improve aspects of their life that may be adversely impacting the management of their ADHD, such as health, wellbeing, financial concerns to family systems, daily functioning, interpersonal skills and social isolation.

Achieving the best possible outcomes for people with complex needs requires some flexibility to assume different roles in response to what aspect of the person's life needs to be prioritised. Past surveys of MHNs in primary care have indicated that to maximise the outcomes from the therapeutic interventions they provide, MHNs frequently coordinate with government agencies such as Centrelink, Department of Housing, Legal Aid, the Guardianship and Administration Tribunal, TAFE, universities, Community Corrections and Child Protection; as well as many non-government organisations such as employment agencies, lifestyle support agencies, and support groups. This is illustrated in the example provided below.

MHNs in primary care of ongoing assessment, interventions, and evaluation example

K is a young person who has struggled with mainstream education and left school early due to lack of concentration, had difficulty focusing on study, difficulty with her organisational skills, emotional fluctuations and often reactive and irritable. She had a fractured family system with limited supports and left home early to try and gain employment. She always found it hard to focus and employers often complained about her work progress. At home in shared housing, she found herself in conflict with house mates as a result of disorganisation, being messy, and often forgot bills. She started to use recreational drugs which gave her temporary relief from stressors which led to regular use of illicit street stimulants. Overuse of drugs led to loss of job, financial stressors and friendships became strained leading to isolation.

A CMHN/NP-MH commenced comprehensive assessment with suspected ADHD symptoms and initial psychological interventions, but K's employment status and isolation was severely hindering her recovery due to the resulting financial stress and loneliness. Centrelink recently informed K that her payments would be ceasing as she had not left the house to attend appointments with employment services. Last week, K received a notice that her landlord is threatening to evict her if she is late paying her rent again.

The CMHN/NP-MH recognises the impact K's social situation is having on her mental state capacity to recover. In addition to providing advanced assessment, therapeutic interventions are commenced with setting some realistic goals and prioritise support focusing on:

- Centrelink resources,
- Provided strategies to assist with building routine and structure with daily activities,
- Set up a utility payment plan and accessed companionate treatment for paying bills,
- Link her with peer support and a group program.
- Commenced advanced assessment included physical health assessment and ADHD screening and gathering of collateral information.

The CMHN works together with NP-MH organising appointments for review, confirmation of diagnosis and formulating a management plan focusing on initial non-stimulant options. K improved with support although continued to struggle in many aspects of her life, unable to find balance and becoming overwhelmed therefore the NP-MH applied for schedule 8 permit to commence a trial of stimulant medication. Within weeks of commencing and titrating stimulant treatment K reported improved concentration and ability to organise her life. Within 6 months of working with MHNs her confidence improves and starts to form new friendships and venture out of her home with her support worker. Within 18 months of therapeutic interventions, she is supported with preparing to find a job and secures a part-time job which helps to regain her independence. She then was able to start making some long-term life plans to commence study the following year.

K's illness requires ongoing evidence-based therapy to support her in managing her ADHD so she is able to engage in and maintain employment, skills development and participate socially into the future. However, the effectiveness of this therapy so that K could recover enough to venture out of the house and eventually seek employment was influenced by the MHNs identifying and taking action in relation to social factors that were exacerbating K's mental illness and effectively engaging in assessment and treatment options.

2. Current CMHN and NP-MH services and barriers to access

ADHD Care Pathways

Population group

Children and adults presenting with ADHD symptoms.

Service who can identify risk of ADHD – schools, colleges, universities, community health organisations, Maternal Child Health Nurse, GP & NP and medical specialists (includes Paediatrician or Psychiatrist).

Entry to health service

GP – access to a range of MBS rebate items (refer to Appendix 2.)

NP – access to limited MBS rebate items (refer to Appendix 2.)

GP & NP (General SOP)	And/OR	NP-MH (no referral or MHTP required)
<ul style="list-style-type: none"> – Physical health screen and identify ADHD risk factors – GP can refer to allied health or CMHN for screening and outcome measures and report. – Mental Health Treatment Plan for Psychologist or Allied Health MH-OT or MH- SW – CDMP – for Allied Health or CMHN – Referral for medical specialist assessment 		<ul style="list-style-type: none"> – Physical health, comprehensive MH and ADHD screen – Full physical and MH assessment with ADHD outcome measures can be completed at this point of care pathway. – Commence non-stimulant prescribing ie. Psychotropic medications within NP-MH SOP – If stimulant medication indicated, then medical specialist referral and treatment plan is required

Assessment

CMHN or NP-MH

- Collection of collateral information to confirm history of symptoms ie. school reports, parents' reports, health services history

- Outcome measures screening conducted
- Psychometric testing and ADHD screen.
- Assessment report completed and sent back to GP or NP to refer to Medical Specialist

Diagnosis

NP-MH

- complete physical health and MH & ADHD assessment, formulation, and diagnosis.
- Commence non-stimulant treatments.
- refer to medical specialist if stimulant medication is indicated.
- Medical Specialist – review GP, Allied Health and NP reports, review, formulation, confirm diagnosis and discuss treatments. (refer to Appendix 2. for MBS items)
- Stimulant medication prescription can commence here.
- Treatment plan with stimulant medication confirmed and letter sent to NP & NP-MH or GP for ongoing management and prescribing.

Treatment

CMHN

- medication management and physical health monitoring
- Non-stimulant treatments - psychotherapy, behaviour strategies and psychosocial supports (include: habit coaching for organisation, structure and routine for daily living activities, job support, liaison with government agencies and linkage with resources).
- Psychoeducation – symptom and medication management, sleep hygiene strategies, psychological tools, and resources
- Provide progress report and update to NP or annual re-referral to medical specialist to review and advise for ongoing treatment. Annual review is required for GP & NP to continue to access a schedule 8 permit and provide ongoing PBS stimulant prescribing.

NP-MH

- Ongoing prescribing of stimulant medication, adjustment of medication, and physical health monitoring
- Non-stimulant treatments and psychoeducation as for CMHN
- Annual re-referral to medical specialist to review and advise for ongoing treatment. Annual review is required for NP to continue to access a schedule 8 permit and provide ongoing PBS stimulant prescribing.

Allied Health – non stimulant treatments as per their scope of practice (refer to Appendix 2. for MBS items)

Medical Specialist – ongoing prescribing stimulant medications, psychoeducation. (refer to Appendix 2 for MBS items)

Treatment handover

Medical specialist can hand over ongoing management of prescribing to a NP/NP-MH once patient is stabilised on stimulant medication OR handover to NP-MH with a documented treatment plan to commence prescribing medication, titrate and adjust medication.

- Paediatrician – can provide medical specialist services up to the age of 18 years old.
- Child Psychiatrist – can provide medical specialist services up the age of 18 years old.
- Adult Psychiatrist – requires further specialist training ADHD to provide ADHD service for 18+ years old.

Funding

Cost of services and funding options

CMHN - \$200 for 60-minute consultations recommended fee (GP - referral to CMHN under CDMP bulk bill \$118.50 – full fee \$158 – refer to Appendix 2.)

1. CMHN - 2 assessment sessions for an adult CDMP \$58, 20+ minutes
CMHN - 4 assessment sessions for a child up to 18 years old, includes family session and family psychoeducation.
2. NP/NP-MH consult to write a referral to a Medical specialist consult 40+ minute
 - GP bulk bill \$117.40 – full fee \$150 – rebate \$117.40
 - NP (or NP-MH) bulk bill \$54.60 – full fee \$110 (40 + minutes or higher depending on length of time)
Medical Specialist consultation – MBS #291/132 for review and treatment plan 45+ minutes ranges from \$800 - \$3000
3. Medical Specialist consultation for ongoing medication stabilisation, 30+ minute consult, up to 3 months (3 – 6 consultations) at \$250 - \$300+ with MBS rebate of \$125
4. NP/NP-MH referral back to the medical specialist for review once every 12 months = annual expenses to maintain treatment.

NP-MH - \$230 for 60-minute consult recommended fee

1. No GP referral required, and the public can contact directly to make an appointment.
2. NP-MH - 2 assessment sessions for an adult.
NP-MH - 4 assessment sessions for a child up to 18 years old, includes family session and family psychoeducation.
3. Report fee cost of 4 – 6 hours
4. Medical Specialist consultation – MBS #291/132 for review and treatment plan 45+ minutes ranges from \$800 - \$3000 (refer to Appendix 2. for MBS rebates)
5. Ongoing NP-MH treatment and management
 - Non stimulant treatments recommend fortnightly to monthly consultations.
 - Stimulant medication monitoring and prescribing, minimum of 4 – 5 months (3 times per 12 months).
 - Referral to medical specialist once every 12 months.

Barriers

- CMHN have limited access to funding. Medicare offer 5 x 20-minute consultations under a GP CDMP, NDIS do not list unique items for CMHN and current NDIS items (Therapy - Other Professional or Community Nurse) cause confusion within the NDIS service system.
- CMHN are not able to participate in M10 Medicare items for developmental disorders.
- NPs can refer to medical specialist but unable to set up a Mental Health Treatment Plan or Chronic Disease Management Plan to refer to allied health or CMHN.
- NP-MH referring to a Medical Specialist for ADHD treatment plan is not necessary, unless complex and out of the NP-MH scope of practice.
- NP-MH should be able to provide ongoing management without annual medical specialist reviews and ongoing cost to patients.
- NP MBS item rebates are the lowest of all health care professionals disadvantaging the public who choose the NP and NP-MH services. (refer to Appendix No.2)
- Most health care professionals are unaware of CMHN and NP-MH scope of practice. Due to CMHN and NP-MH not listed in the ADHD, AADPA National Guidelines it is assumed they are not able to specialise in the area of ADHD therefore are excluded from assessment, treatment and supports. AADPA only lists nurses being able to refer for specialists' assessments. National Guidelines do not determine AHPRA CMHN or NP-MH authorisations although exclusion from guidelines leads to no access to training and education opportunities, wide range of funding options both federal and state-based services and ultimately reduce access to highly qualified mental health professionals, many of who specialise in developmental disorders and disability.

Solutions

Medicare options

Credentialed Mental Health Nurses

- Include CMHN to participate in both Better Access and PHN Stepped Care Model or equivalent to their professional colleagues including Psychologists, Social Worker (AASW mental health registered) and OT (Mental Health certified).
- Authorise CMHN who specialise in diagnostic areas to participate in Medicare items for M10 developmental disorders.

Nurse Practitioners (NP) – Mental Health / Psychiatry

- Substantially increase the Medicare rebate available to patients for accessing NP services to be equivalent to General Practitioner time limited rebates. Expand NP consultations to 60 min, 90 min and 120 min consultations to allow for mental health comprehensive assessment, crisis, and complex care presentations.

- Allow NP – **MH** to apply for schedule 8 permit for stimulant medications without a medical specialist letter or treatment plan (same as opiate replacement therapy) to improve access to ADHD treatment.
- Add MBS items to allow parent and carer NP consultations.
- Add an after-hours rebate allowance for NP consultations.
- Authorise NPs to set up Mental Health Treatment Plans (MHTP) to refer to allied health providers for ongoing mental health services – Better Access and PHN Stepped Care Models. NP General SOP should have access to participate in the same or equivalent GP training to undertake MHTP and NP-MH should automatically qualify due to specialist qualifications and experience in MH beyond a GP.
- Authorise NPs to set up Chronic Disease Management Plans and make referrals to Allied Health Professionals and Credentialed Mental Health Nurses.
- Authorise NPs to make referrals to allied health practitioners for autism, developmental disorders, when there is a need for early childhood services.
- Include MBS rebates to cover NPs offering “other than consulting room” services (equivalent to psychologist and allied health).

NDIS options

- CMHN to have unique therapy items equivalent to psychologists.
- NP-MH to have specialist therapy and behavioural strategies items.

Appendix 1.

Comparison of NP authorizations and Mental Health services across professional groups

Nurse Practitioner MH (NP-MH)	Better Access (MHTP) NB: excludes MH Nurses	PHN Step Care MH Services	Chronic Disease Management Plan (CDMP)	Pregnancy Support Counselling (PSC)	General Practitioner providing FPS	General Practitioner Standard Consult	Consultant Psychiatrist	Pediatrician
MBS 82215 40+ mins \$54.60 Average MH consult is 60 – 90 minutes	At least 50+ mins Clinical Psychologist \$136.35 Psychologist \$116.65 Allied Health \$105.55	At least 50 mins \$180.00 unit cost Psychologist CMHN only direct employ models with subcontracted org	At least 20 mins \$58.00 Psychology MH-OT, MH-SW & MHN +	MBS 81000 - 81010 At least 30 mins \$68.10 Psychology MH-OT, MH-SW & MHN	MBS 2717 - MHTP 40+ mins \$146.90 MBS 2725 - FPS 40+ mins \$145.35 Not limited to these items	Level D 40+ min \$117.40 Not limited to this item	MBS items 291 45+ mins \$427.75 MBS 296 45+ mins \$246.00	MBS 135 45+ \$249.40
unlimited	10 sessions	12 sessions	5 sessions	3 sessions	10 sessions	unlimited	unlimited	Unlimited

	Clinical Psychologist	Psychologist MH Social Worker MH Occupational Therapist	Credentialed Mental Health Nurse	Nurse Practitioner – MH Scope of Practice	General Practitioner	Adult Psychiatrist	Child Psychiatrist	Paediatrician Developmental and Behavioural
Referral is not required for a client to initiate service = direct booking ie. walk in clinic				✓	✓	Referral from GP or NP	Referral from GP or NP	Referral from GP or NP
Assessment								
Biological systems			✓	✓	✓	✓	✓	✓
Social	✓	✓	✓	✓	✓	✓	✓	✓
Psychopathology	✓	✓*	✓	✓	✓*	✓	✓	
Physical health clinical investigations & pathology			Screening & Mx	✓	✓	✓	✓	✓
Outcome measures	✓	✓	✓	✓	✓	✓	✓	✓
Psychometric testing	✓	✓	✓	✓	✓	✓	✓	
Diagnosis ADHD	✓*	Screening	✓*	✓*	Screening	✓*	✓	✓
Treatment								
Advance psychotherapeutic skills	✓*	✓*	✓*	✓*		✓*	✓*	
Focused psychological strategies (FPS)	✓	✓	✓	✓	✓*	✓*	✓*	
MH Counselling & psychoeducation	✓	✓	✓	✓	✓	✓	✓	✓
Prescribe stimulant medication				✓ letter from Med Specialist	✓ Letter from Med Specialist	✓	✓	✓
Referral to medical specialist				✓	✓			
Write sick certificates				✓	✓	✓	✓	✓
Admission rights				✓	✓	✓	✓	✓
Number of sessions/consultations available pa.	10 BA 12 PHN	10 BA, 5 CDMP, 12 PHN - SCM	5 CDMP	Unlimited	Unlimited (limited FPS 12 sessions)	291 x1 annually 296 unlimited	291 x1 annually 296 unlimited	Unlimited

*Note: Health Care Professional can provide ADHD service with specialised training. Only Child Psychiatrists and Paediatricians are fully qualified to assess, diagnose and treat ADHD without further education and training for ADHD. GP requires post graduate qualifications in MH and further specialised training in ADHD. NP-MH have Master in MHN/NP therefore can do CPD skills training for ADHD ie. 2 day course. In 2010 the MBS items and PBS authorisations were established for NP. Both require integration across all health systems and funding to allow full implementation of NP authorisations outlined in legislation.

Appendix 2.

Please see comparison example of rebates below (group consults not listed). Medicare September 2023

MBS rebates per discipline	MBS item Number	Time/minutes	Benefit paid	\$/min
Consultant Psychiatrist	291 & treatment/management plan	45+	\$427.75	\$9.50
	293	30+	\$267.45	\$8.92
	296, 297	45+	\$246.00	\$5.47
Paediatrician	132 Initial assessment	45+	\$220.05	\$4.89
	133	20+	\$110.20	\$5.51
	135 complex neurodevelopmental disorders	45+	\$220.05	\$4.89
General Practitioner **Mental health treatment plan (MHTP) – completed 20 hours of MH skills training	44, D consult (equivalent to NP 40+ 82215)	40+	\$117.40	\$2.94
	2700, 2713	20+	\$78.55	\$3.93
	2715 **	20+	\$99.70	\$4.99
	2710	40+	\$115.60	\$2.89
	2717 **	40+	\$146.90	\$3.67
Focused Psychological Strategies (FPS) CPD – completed 20 hours of MH skills training	2721 FPS	30+	\$101.60	\$3.39
	2725 FPS	40+	\$145.35	\$3.63
Clinical Psychologist	80002/80005 outside of rooms	30+	\$92.90/\$116.10	\$3.10/\$3.87
	80012/80015 outside of rooms	50+	\$136.35/\$159.55	\$2.73/\$3.19
General Psychologist	80100/80105 outside of rooms	20+	\$65.85/\$89.55	\$3.29/\$4.48
	80110/80115 outside of rooms	50+	\$116.65	\$2.33
Occupational Therapist (OT) & Social Worker (SW) Bachelor's degree & Mental health certified	OT80125, SW 80150	20+	\$58.00	\$2.9
	OT80130/ SW80155 outside of rooms	20+	\$81.65	\$4.08
	OT80135/ SW80160	50+	\$81.90	\$1.64
	OT80140/ SW 80165 outside of rooms	50+	\$105.55	\$2.11

MBS Items that include Mental Health Nurses (includes CMHN & NP-MH)

	MBS item	Time/minutes	Benefit paid	\$/min
Chronic Disease Management Plan Allied Health x 5 AH consults includes Credentialed MHN - Graduate Diploma in MHN	10956	20+	\$58.00 5 consults	\$2.9 Higher rate than NP
Nondirective pregnancy support Eligible provider – Psychology, OT, SW, MHN are the highest providers of this item	81000 – 81010	30+	\$68.10 3 consults	\$2.27 Higher rate than NP
Nurse Practitioner MBS items They are time limited items only. NP require a minimum of Masters in NP or equivalent & 5000 hours at Advanced Practice Nurse in specialist scope of practice	82200/91192/91193 82205/91178/91189 82210/91179/91190 82215/91180/91191	<10 mins <20 mins 20 + 40+	\$8.95 \$19.55 \$37.00 \$54.60 Lowest rate of all HCP	 \$1.85 \$1.37

NDIS rates for Nurse and Therapy services <i>Weekday daytime rates quoted for comparison pm 60-minute consultation</i> NDIS full fee and providers are not able to charge an out of pocket fee.	Rate per 60 min consult	\$/min
Enrolled Nurse – Community Nurse	\$93.06	\$1.55
RN Gr1– Community Nurse	\$127.10	\$2.12
RN Gr2, 3 & 4 - Clinical Nurse – Community Nurse	\$133.27	\$2.22
RN Gr5 - Clinical Nurse Consultant – Community Nurse	\$157.61	\$2.63
RN Gr6 - Nurse Practitioner – Community Nurse	\$164.78	\$2.74
Assessment Recommendation Therapy or Training Supports – Counsellor (with ACA registration for therapist 1&2) NDIS item 15_043_0128_1_3	\$156.16	\$2.60
Assessment Recommendation Therapy or Training Supports – “Other Professional” (with ACA registration level 3&4 therapist) NDIS item 15_056_0128_1_3 Many barriers to MHN to participating due to lack of knowledge of CMHN & NP-MH scope of practice, CMHN - AHPRA registered MH Professional with minimum of 6 years qualifications, training and experience to achieve NP-MH 12 years to achieve NP endorsement with specialist scope of practice Unique NDIS CMHN & NP-MH items number required to work with Psychosocial and developmental disabilities.	\$193.33	\$3.23
Assessment Recommendation Therapy or Training Supports – Psychologist (general) NDIS item 15_056_0128_1_3	\$214.41	\$3.57

Appendix 3 – Flow charts

Self Determination & life balance with support

Phases of Assessment and management

Pathway 1 – basic ADHD training

Pathway 2 – Solution ADHD Expert

Self determination & life balance with support for ADHD & comorbidities



Maintain life balance & self determination - recovery and collaborative focused approach

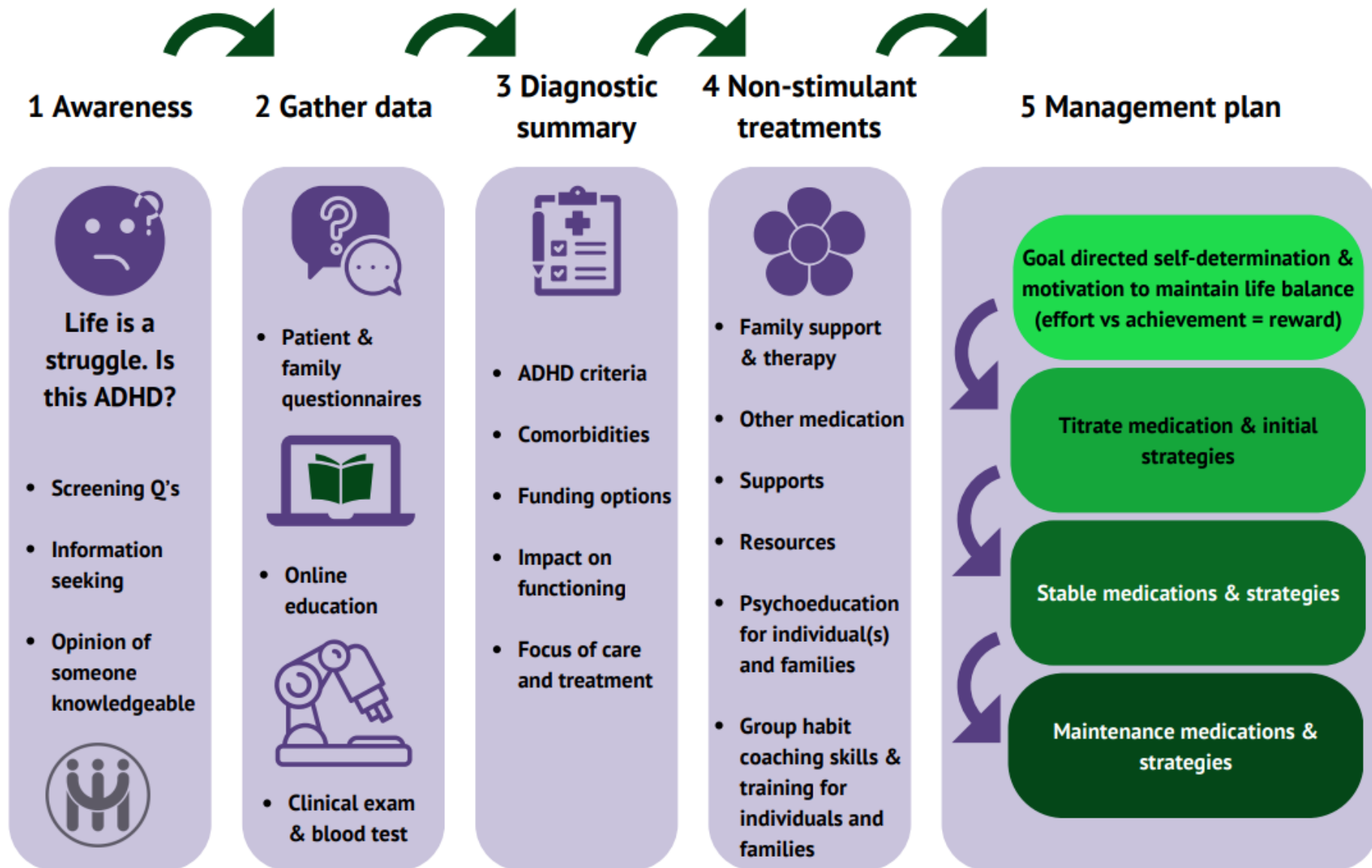
- ADHD + Childhood developmental disorders
- ADHD + SUD
- ADHD + Eating disorder
- ADHD + BPAD
- ADHD + Trauma/cPTSD
- ADHD + Psychosis
- ADHD + Career, work, study
- ADHD + Parenting

- Medical rebate
- Primary Health Network
- Psychosocial supports
- NDIS packages



Brown's Executive Function model
Adapted from Brown, T.E. (2005) Attention deficit disorder: The unfocused mind in children and adults. Yale University Press

Phases of assessment and management of ADHD & comorbidities



Pathway 1: NP with basic ADHD training refers to medical specialist

*NB: NP & GP are both primary care providers with the same clinical authorisations plus NP-Mental Health (MH) scope of practice has advanced MH qualifications beyond a GP

1 Awareness



Peer support



Counsellor



Credentialed
Mental Health Nurse



ADHD coach



Basic ADHD
Trained NP

1. Identify ADHD
2. Refer to medical specialist or Nurse Practitioner - Mental Health to confirm diagnosis
3. Provide clinical assessment

2 Gather data



- Health history
- School reports
- Family history



- Outcome measures



- Physical health screen

NP or CMHN

3 Diagnostic summary

CMHN



- Mental health screen
- ADHD screen



Reviews & assessment reports

- Physical health
- Mental health
- Reports & collateral information
- Formulation

Medical specialist

4 Management plan

Letter providing treatment plan



Medical specialist to NP-MH/NP

Goal directed self-determination & motivation to maintain life balance (effort vs achievement = reward)

NP/MP-MH apply for S8 permit prescribe stimulant trial medication

Titrate medication & initial strategies

Stable medications & strategies

Maintenance medications & strategies - CMHN & NP-MH

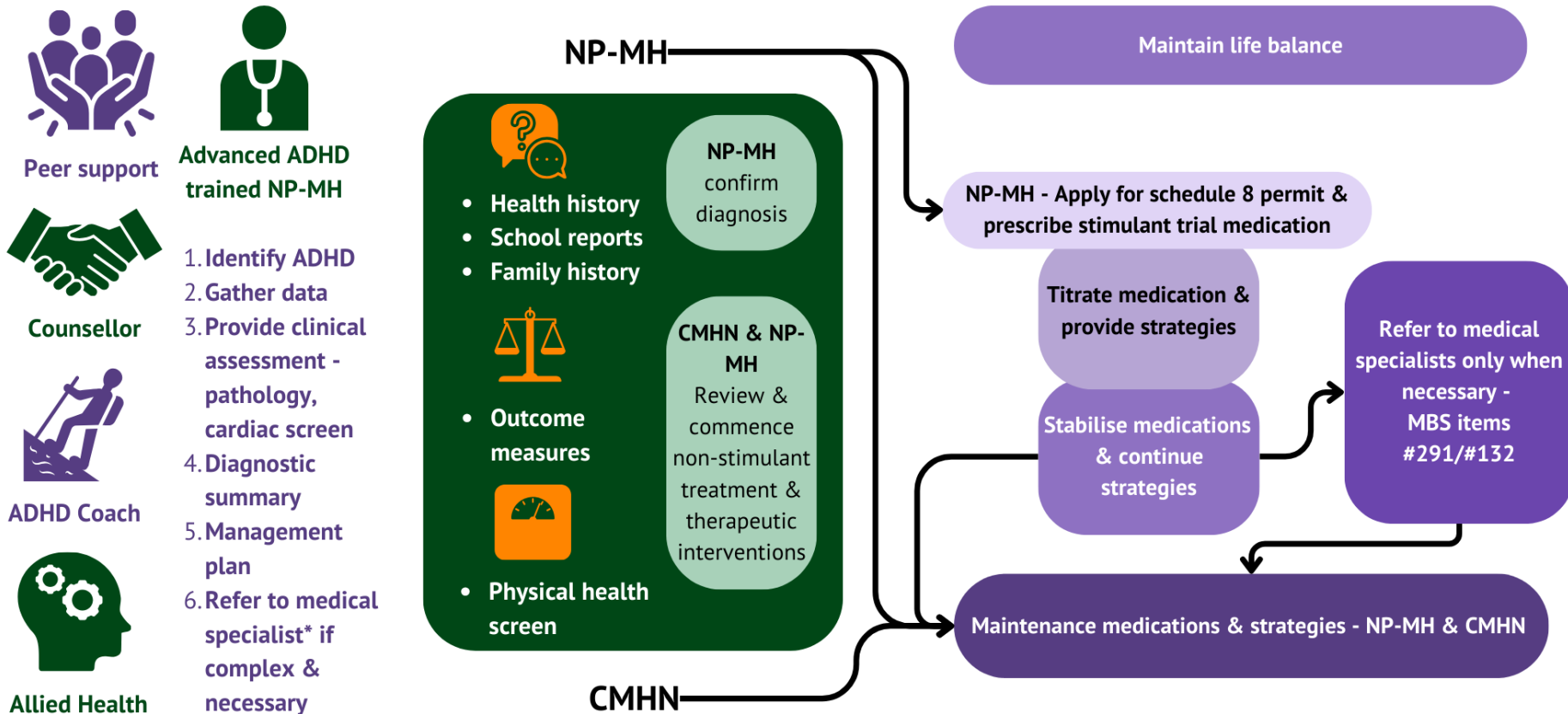
Pathway 2 (Solution): ADHD Expert NP-MH & CMHN access

Awareness

Gather data & diagnostic summary

Management plan

Patients can approach Nurse Practitioners directly - no referral required



*Medical specialist refers to: pediatrician, child/adult psychiatrist