

**Progress Update No. 1**  
**Referral to Access to Allied Psychological Services (ATAPS)**  
**15 September 2009**

### **Purpose of this Circular**

The purpose of this update is to provide further information for GPs and Case Managers engaged under the Victorian Department of Human Services Bushfire Case Management Services on which people in bushfire affected areas may appropriately be referred to the Australian Government's Access to Allied Psychological Services (ATAPS).

### **What is ATAPS?**

ATAPS is a component of the Better Outcomes in Mental Health Care (BOIMHC) Program. ATAPS provides funding for General Practitioners (GPs) to refer patients, who have been diagnosed as having a mental disorder, to an Allied Health Professional (AHP) to provide focussed psychological strategies. For the purposes of the BOIMHC Program, the definition of allied health includes the professions of psychology, mental health nursing, occupational therapy, social work and Aboriginal and Torres Strait Islander health workers.

Divisions of General Practice act as fundholders for ATAPS and are allocated an annual budget, through Funding Agreements with the Australian Government, to broker allied mental health services for patients referred by GPs who are assessed as having a mental disorder. ATAPS primarily treats high prevalence mental health disorders such as anxiety and depression.

### **Types of therapies**

The focussed psychological strategies available under ATAPS are:

- psycho-education (including motivational interviewing);
- cognitive-behavioural therapeutic strategies;
- relaxation strategies;
- skills training;
- interpersonal therapeutic strategies; and
- narrative therapeutic strategy.

As part of the Australian Government measure for the provision of mental health support to bushfire affected individuals and communities, Divisions of General Practice in bushfire affected areas have received increased ATAPS funding.

### **ATAPS and Bushfires**

In recognition of the specific needs of bushfire affected clients, the Department of Health and Ageing has agreed that referrals to ATAPS in the nine bushfire affected Divisions of General Practice can be made directly by a Case Manager through the Bushfire Case Management Services established by the Victorian Department of Human Services.

Annexure A provides further information on ATAPS and on other components of the Australian Government's package for provision of mental health support to bushfire affected individuals and communities.

### **People appropriate for referral to ATAPS**

Evidence indicates that about 20 per cent of people are likely to have ongoing and persistent psychological symptoms and mental health problems requiring ongoing specialised support and

treatment. Likely reactions to the Victorian bushfires may range from people with few or no symptoms, people who develop symptoms that indicate a mental disorder, through to people with pre-existing psychiatric disorders whose problem is exacerbated by the bushfire experience. Annexure B provides an overview of likely reactions and appropriate responses.

People affected by the Victorian bushfires who may appropriately be referred to eligible ATAPS allied mental health professionals include the following:

- some people with mild/moderate symptoms - that is, those people presenting with sub-clinical reactions to trauma (including grief and loss, which may evolve into a mental disorder).
- people with moderate/severe symptoms - that is, people presenting with a diagnosable mental health disorder. These may develop immediately, but onset can be delayed for months or years;
- people with a pre-existing mental disorder - that is, people presenting with exacerbation of symptoms in an existing mental disorder.

### **People not appropriate for referral to ATAPS**

Evidence indicates that around 80 per cent of people who experience a traumatic event, such as the bushfire tragedy, will recover without requiring ongoing assistance. People affected by the Victorian bushfires who are not appropriate for referral to ATAPS allied mental health professionals include the following:

- people with few/no symptoms; and
- people presenting with sub-clinical reactions to trauma. This group would be more appropriately referred to agencies such as the Red Cross and Salvation Army, Lifeline and Kids Helpline, and Department of Human Services funded counselling services.

### **How to refer**

In recognition of the specific needs of bushfire affected clients, the Department of Health and Ageing has agreed that referrals to ATAPS in the nine bushfire affected Divisions of General Practice can be made directly by a Case Manager through the Bushfire Case Management Services established by the Victorian Department of Human Services. This is on the proviso that a GP Mental Health Care Plan is prepared by a medical practitioner during the time that the patient is being treated by an eligible ATAPS allied mental health professional.

As the arrangements for referral to ATAPS vary across the nine bushfire affected Divisions of General Practice, Case Managers engaged through the Bushfire Case Management Services should contact the Divisions for details on how referrals to ATAPS should be handled and for information on the preparation of a GP Mental Health Care Plan by a medical practitioner. The nine bushfire affected Divisions of General Practice are listed in Annexure A.

### **Further Information**

Information on Divisions of General Practice (including contact details) can be found on the website for the Australian General Practice Network (AGPN) at [www.agpn.com.au](http://www.agpn.com.au)

*Prepared by:  
Community Services Section  
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Mental Health and Chronic Disease Division  
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**Background**

The Australian Government is providing \$7.5 million over two years (2008-09 and 2009-10) for the provision of mental health support to bushfire affected individuals and communities. The package focuses on providing primary mental health care services to people most affected by the tragedy, and support to professionals providing services to them. An initial allocation of \$4.5 million in 2008-2009 is being directed to immediately commencing activities under the package. An additional \$3 million has been allocated in 2009-2010.

The mental health response to the Victorian bushfires aims to support individuals and communities in the bushfire affected areas through the:

- ongoing provision of mental health services to individuals with persisting psychological symptoms as a result of the trauma and loss experienced through the bushfires;
- support for mental health activities that assist communities to recover psychologically and restore support networks, particularly targeting children and youth, through mental health promotion activities;
- funding to existing telephone counselling services to respond to broader levels of distress within the Victorian community; and
- provision of training and support to professionals providing mental health services.

**Increased funding under Access to Allied Psychological Services (ATAPS)**

The first component (ongoing provision of mental health services to individuals with persisting psychological symptoms) will provide increased funding in 2008-2009 and 2009-2010 under the ATAPS component of the Better Outcomes in Mental Health Care (BOIMHC) Program. This is in recognition of the evidence that about 20 per cent of individuals directly impacted by the disaster are likely to have ongoing and persistent psychological symptoms and mental health problems and will require ongoing specialised psychological support.

The nine bushfire affected Divisions of General Practice receiving this increased funding are as follows:

North East Valley Division of General Practice	Alison Elliot	(03) 9496-4333
Eastern Ranges GP Association	Mark Caldwell	(03) 9739-6751
Central Highlands General Practice Network	Christine Borg	(03) 5428-4848
Northern Division of General Practice	Zoi Servinis	(03) 9416-7689
North East Victorian Division of General Practice	Natalie Orgias	(03) 5762-2444
Central Victoria GP Network	Sue Ellen Radford	(03) 5441-7806
West Vic Division of General Practice	Karen Ryles	(03) 5461-3330
GP Alliance South Gippsland	Judy Tiziani	(03) 5674-3105
Central West Gippsland Division of General Practice	Julie Rogalsky	(03) 5126-2899

## Psychological Response to Disaster: Overview of Likely Reactions to the Victorian Bushfires

*Prepared by the Australian Centre for Posttraumatic Mental Health and Professor Harvey Whiteford on behalf of the Australian Government, Department of Health and Ageing.*

	<b>Few or No Symptoms</b>	<b>Mild / Moderate Symptoms</b>	<b>Moderate / Severe Symptoms</b>	<b>Pre-Existing Mental Disorder</b>
<b>Presentation</b> (Largely dependent on the resilience / vulnerability of the individual and level of exposure to trauma)	No specialised mental health response	Sub-clinical reactions to trauma (including grief and loss)	Development of a diagnosable mental health disorder. These may develop immediately, but onset can be delayed for months or years	Exacerbation of symptoms in a person with an existing mental disorder
<b>Estimated incidence</b>	30 – 40%	30 – 40%	10 – 20%	Less than 10%
<b>Symptoms</b>	Some distress may be apparent, but little or no clinically significant symptoms	Mild symptoms of: <ul style="list-style-type: none"> <li>• emotionally numbing or overt distress, fear for safety of self or loved ones, guilt, frustration, anger</li> <li>• physical symptoms such as stomach upsets, aches and pains</li> <li>• vivid memories, insomnia, crying</li> <li>• social withdrawal</li> <li>• increased substance use</li> </ul>	Formal mental health diagnoses such as: <ul style="list-style-type: none"> <li>• PTSD (intrusive memories of the trauma, nightmares, intense distress and panic; avoidance of reminders, loss of interest, withdrawal; anger, edgy)</li> <li>• Depression, possible suicidal thoughts</li> <li>• Other anxiety disorders (excessive worry, fear of specific situations, panic)</li> <li>• Substance abuse,</li> </ul>	Worsening of existing symptoms (e.g. depression, anxiety, psychosis)

			especially alcohol	
<b>Impact on functioning</b>	Nil / minimal	Generally mild and temporary impact on social relationships and role functioning	Significant impact on role functioning and social relationships; may be unable (temporarily) to continue working in prior role	Likely to be significant, but often relatively short lived
<b>Prognosis</b>	Good; all things being equal, no further problems expected	Variable. Most will recover (even without intervention) but some will not. Look for risk factors such as: a) prior psychiatric history, prior trauma history; b) strong short term reactions of high arousal or dissociation; c) poor social supports, other major life stressors	Generally poor without intervention. Some problems (especially Post Traumatic Stress Disorder) can become very chronic and long term	Disaster-related fluctuations tend to settle fairly quickly, with return to pre-disaster functioning expected
<b>Recommended interventions</b>	<ul style="list-style-type: none"> <li>• No formal interventions required</li> <li>• It is assumed that these people will use their naturally occurring support networks and pre-existing coping skills</li> </ul>	<ul style="list-style-type: none"> <li>• Practical assistance with basic needs (including safety)</li> <li>• Information and advice on simple coping strategies</li> <li>• Encouragement and support to resume normal routines and social interactions</li> <li>• Allow person to express emotions; do not ask person to discuss the trauma, but</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological assessment</li> <li>• Monitoring of symptoms to detect escalation</li> <li>• Psychological treatment (e.g. Cognitive Behaviour Therapy)</li> <li>• Medication if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Review by treating clinician</li> <li>• Psychological and/or pharmacological treatment as necessary</li> <li>• Hospitalisation if indicated</li> </ul>

		support them if they wish to do so		
<b>Providers with appropriate skills to deliver recommended interventions</b>	None required	<p>For simpler presentations:</p> <ul style="list-style-type: none"> <li>• Red Cross, Salvation Army, etc</li> <li>• Lifeline, Kids Helpline, etc</li> <li>• DHS disaster relief counsellors</li> </ul> <p>For more complex presentations:</p> <ul style="list-style-type: none"> <li>• Primary Care providers</li> <li>• MH providers (e.g., ATAPS)</li> </ul>	<ul style="list-style-type: none"> <li>• GP</li> <li>• Mental health providers (e.g. ATAPS providers)</li> <li>• Private psychiatrists and psychologists (MBS subsidised)</li> </ul>	<ul style="list-style-type: none"> <li>• GP</li> <li>• Allied mental health (e.g. ATAPS providers)</li> <li>• Private mental health providers (MBS subsidised)</li> <li>• Public sector mental health services</li> </ul>