

Mental Health

SET-UP STEPSFOR NURSE CLINIC

Introduction

Welcome to APNA's Nurse Clinic set-up steps using APNA's 8 building blocks as a framework, with specific content to suit a Mental Health Nurse Clinic.

The set us steps were created in collaboration with Subject Matter Experts (SME) in each specific key health focus area.

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The Australian Primary Health Care Nurses Association acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.



EVALUATION &

IMPROVEMENT





SUPPORTING SYSTEMS & PROCESSES

PATIENT ENGAGEMENT



STAFFING & HR





- Create a governance team and initiate regular team meetings (ensure Mental Health nurse clinic is on regular organisation meeting agenda)
- 2 Embed the **Quintuple Aim** into your clinic idea as a benchmark for high performing patient care.
- Use SMARTER goals to show team how the Mental Health nurse clinic fits into the health needs of the community and to determine aims and goals of the clinic. Target a specific cohort (involve patients and stakeholders in your planning using a co-design model)
 - Specific
- · Time-bound
- Measurable
- · Evaluate
- Achievable
- Review
- Relevant
- Scan the literature for other Mental Health nurse clinic models of care
- Create a business case to present to business managers/owners
 Refer to APNA Nurse clinic website under 'Tools and Resources > A Clear Plan' for a business case template
- Communicate your clear plan to all members of staff and ask for feedback
- Complete data cleansing activities and ensure all clinical staff are aware of correct coding no free text. Use practice software to extract data ask your Practice Manager for help if you are unsure how to do this.

 (Data cleansing training may need to be provided). Contact your software provider for training.
- Provide protected time for staff involved in the clinic to participate in data cleansing, quality improvement, auditing and researching.

Mental Health specific set-up steps

To help create your clear plan the following links have statistics on Mental Health:

- · ABS Mental Health Statistics
- · AIHW Statistics Mental Health
- AIHW Aboriginal and Torres Strait Islander Social and emotional wellbeing
- AIHW Aboriginal and Torres Strait Islander Suicide Prevention



Nurses are well placed to initiate conversation with people around mental health and drug and alcohol. Having conversations and listening to what people have to say is a very powerful tool and you don't have to be qualified in mental health issues for this to be effective and worthwhile.

Use your practice software to extract Mental Health (MH) / Alcohol and other drugs (AOD) specific data to present in meetings.

The data collected could be used to align with PIP QI activities (your local PHN can help with this)

NB: AOD is part of Mental Health and should be included.

Co-design:

Invite stakeholders to a focus group to discuss what
they would want from a Mental Health clinic and
important aspects and components of the clinic.
(Stakeholders may include current patients, people
with a lived experience of mental illness and/or
addiction, those who may care for someone
experiencing a mental illness or addiction, local
organisations, interested staff members)
A practice wide approach to your Mental Health Nurse
Clinic implementation and success is important.
Establish a group of Mental Health champions from
your clinic such as a Project Support Officer and GPs
with a particular interest in this model of care.

Previous Mental Health Nurse Clinic:

- · SKIP into Life Nowra
- · Teen Clinic Bega

Data cleansing:

- Ensure all clinical staff know how to participate in data cleansing and are recording Mental Health /AOD risk factors in appropriate fields in software e.g. smoking and alcohol status, BMI, ethnicity, postcode, diabetes/ MH/AOD diagnosis. medications etc.
- · Examples of data extraction



- Develop a budget on how you will fund your Mental Health nurse clinic
 - · Nurse clinic tools and resources
- 2 Discuss funding options in team meetings
- If using MBS item numbers have a clear and thorough understanding of MBS descriptors and appropriate use of MBS item numbers
- Review the funding section of business case to ensure your ideas align
- Consider and discuss with team how you will use APNA BNC grant funding (ensure you understand funding guidelines)
- 6 Consider and research alternative and innovative funding options to ensure sustainability of nurse clinic

Mental Health specific set-up steps

If using MBS numbers to fund your nurse clinic – potential item numbers for a Mental Health nurse clinic could include:

(Please note – item numbers correct at the time of creating this document. Ensure you have a thorough understanding of claiming descriptors – see **MBS online** for further information).

- · 701 (Health Assessment <30mins)
- · 703 (Health Assessment >30mins <45mins)
- · 705 (Health Assessment >45mins <60mins)
- · 707 (Health Assessment 60mins)
- 715 (Aboriginal and Torres Strait Islander Peoples Health Assessment)
- 10987/93201/93202 (Practice Nurse item numbers f2f, phone and video follow-up following and Aboriginal and Torres Strait Islander Health Assessment)
- 699 (Healthy Heart Check) at least 20mins and patient over 30yrs

From 1st July 2025, GP Chronic Conditions Management Plan (GPCCMP) items are in place.

CDM items implemented prior to 1st July 2025 (721, 723, 732) can continue to be used for 2 years if already in place.

- 392 and 965 (Prepare a GP chronic condition management plan face to face)
- 92029 and 92060 (Prepare a GP chronic condition management plan – telehealth)
- 393 and 967 (Review a GP chronic condition management plan – face to face)
- 92030 and 92061 (Review a GP chronic condition management plan – telehealth)
- 10997/93203 (Service provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition)
- · 735 (Multidisciplinary case conference)
- · 900 (Domiciliary Medication Management review)
- · 11707 (ECG)
- · 11607 (24-hour BP)

Consider Nurse Practitioner MBS item numbers that can be utilised to support a nurse-led clinic.

(82200,82205,82210, 82216, 91178, 91179, 91180, 91189, 91190, 91191, 91192, 91193, 91206

(All timed sessions from less than 6mins to 60mins in duration)



- Discuss where you will hold your nurse clinic
 considering safety, privacy, access and parking
- 2 Consider and discuss when you will hold your Mental Health nurse clinic to meet the needs of your target cohort (e.g. after hours and weekends to engage working people to attend the clinic)
- Document an inventory of equipment and resources you will need to run your clinic
- Engage with stakeholders such as Mental Health pharmaceutical representatives and peak bodies to provide relevant resources / brochures e.g. healthy eating, food mood info, physical activity, quit smoking, Hep C, Hep B, BBV's,

Mental Health specific set-up steps

Initial Assessment and Referral Decision Support Tool (IAR-DST)

A helpful first line tool developed to be used by nonmental health specialist clinicians and mental health services is the IAR Decision Support Tool (IAR-DST)



Mental Health Risk Assessment – Risk is dynamic, not static. Risks may change and require ongoing assessment and management rather than being viewed as fixed or stable.



- Conduct regular meetings to ensure all staff are aware of their roles and responsibilities within the Mental Health nurse clinic (clinical and non-clinical staff)
- 2 Create and distribute position descriptions to all staff involved in the nurse clinic
- Ensure all clinical staff work within their individual scope of practice and are authorised, educated, competent and confident to perform tasks relating to nurse clinics
- Provide protected time and professional development opportunities to allow nursing team to increase their knowledge and work to their full scope of practice
- Organise Mental Health specific training to increase and enhance scope of practice to provide best-practice care
- Governance team to maximise effective team engagement and to ensure a high standard of patient care, always working within up-to-date best practice clinical guidelines
- T Engage with potential stakeholders

Resources:

- NMBA Professional Codes and Guidelines
- ACSQHC Clinical Care Standards

Mental Health specific set-up steps

Mental Health Nurse Clinic scope of practice will vary depending on the experience and education of each individual nurse.

- Research and plan MH/AOD professional development for staff involved in the clinic.
- Research reputable MH/AOD courses through peak bodies and PHNs to upskill staff involved in the nurse clinic to help improve care.

Examples:

- ACMHN (Primary care and mental health, Chronic disease and mental health) Free education program.
- · APNA
- · APNA Mental Health Education
- APNA Online Learning Products Drug and Alcohol education free for members
- Mental Health Identification, communication & management course
- APNA Nursing Australia Podcasts

Potential Stakeholders could include:

- local mental health services including Medicare Mental Health Hubs
- GPs
- Psychiatrists
- Psychologists
- · Nurse Practitioners
- Social Workers
- · Occupational Therapists
- · Mental Health nurses
- Dieticians
- Exercise Physiologists
- · Pharmacists
- · Community run exercise groups
- · Rehab programs



- Research up-to-date best practice clinical guidelines and ensure they are readily available to all clinical staff involved in the clinic
- 2 Develop relationships with your local PHN and ask them to run Mental Health related education sessions
- Ensure all resources are from a reputable source and are up to date
- 4 Create policies and procedures and distribute to staff
- Conduct regular audits of the clinic to ensure best practice guidelines are being followed
- 6 Utilise your local health pathways
- Tensure appropriate infection control and prevention standards for practice in your state or territory are followed and imbedded in protocols e.g.
 - RACGP infection prevention and control guidelines
 - ACSQH guidelines for the prevention and control of infection in healthcare
- Utilise and recommend immunisations to patients as per your state or territory which aligns with best practice care.
 - · National Immunisation schedule
 - Australian Immunisation Handbook
- 9 Create your own database of local team care providers and lifestyle change resources.
- Set-up website bookmarks and ensure resources are ready and easy to access when seeing patients.

Mental Health specific set-up steps

Research reputable Mental Health courses through peak bodies and PHNs to upskill staff

Clinical Guidelines:

- NHMRC Australian Dietary Guidelines
- RACGP SNAP guidelines
- Australian Physical Activity and exercise guidelines
- · Australian Alcohol guidelines

Clinical Resources:

- Aus CVD Risk
 (ensure clinical software is updated to reflect current
 CVD risk assessment tool)
- Australian Chronic Disease Prevention Alliance ACDPA
- Nutritional Psychiatry
- K10 + Black Dog (in the practice software) chromeextension://efaidnbmnnnibpcajpcglclefindmkaj/
- Generalised Anxiety Disorder-7 (GAD-7)
- Eating Disorder Examination Questionnaire (EDE-Q)
 Inside Out
- SCOFF questionnaire (easy screening tool for eating disorders)
- Alcohol Screen (AUDIT) DACAS
- ASSIST and ASSIST LITE screening tools are designed to assist primary care practitioners to detect risk of harm from substance use disorders.

- Edinburgh Postnatal Depression Scale (EPDS) COPE
- DASS 21 & Comorbidity Guidelines Screening for depression/anxiety and stress
- Clinical Opiate Withdrawal Scale (COWS) (NB: gender differences and work to be done to assess how women experience withdrawal differently to men)
- Initial Assessment and Referral Decision Support Tool
- · Language and Stigma

Patient Resources:

- Mental Health and Wellbeing telephone and online services
- Black Dog Institute
- · Headspace Youth Specific



- Establish patient care pathways you could develop flow charts
- 2 Establish pathways in and out of clinic and referral processes which includes clinical handovers and referral templates
- Ensure the whole clinical team follows best practice guidelines for patient assessments that meet the consumer, service, reporting and service needs
- Ensure all clinical staff are aware of care planning and coordination processes which involves patient-centred assessment and goal planning
- **5** Ensure all staff are aware of confidentiality and consent laws
- 6 Have meetings with clinical staff to discuss health literacy considerations and the use of simple and engaging materials which are culturally safe and in different languages. You may have to engage interpreter services for your clinic
- Decide how you will promote your clinic use of social media, organisations web page, on-hold phone messages ensure all staff clinical and non-clinical are aware of promoting your nurse clinic based on your clear plan
- Ensure your service delivery is patient-centred, empowers patients and encourages selfmanagement support and behaviour change
- Consider the use of digital technologies and apps which support your nurse clinic

Mental Health specific set-up steps

Review your local HealthPathways for Mental Health care pathways and referral options.

Primary Health Networks in your area can assist with this

Health Assessment resources for Mental Health nurse clinic (see 'Funding')

Care planning resources

 Prepare a GPCCMP or Mental Health Case Conference (MHCC)

Patient Resources:

- · QUIT
- · Heart Health Checks
- Beyond Blue
- · Black Dog Institute
- · SANE
- Butterfly Foundation
- · Alcohol and Drug Foundation
- Carer Supports
- Digital mental health services



- Ensure bookings and billings system are set up and that all staff aware how to use these training may be required
- 2 Have a written documented policy and process for recalls and reminders and results of clinical significance
- When establishing or reviewing your recall and reminder system, it is imperative that everyone (including administration staff) is aware of and understands at a minimum, the difference between recalls and reminders, and for nurses and practitioners, what constitutes clinical significance.
- Educate medical staff on the importance of updating reminders
- 5 Educate reception staff on the importance of ensuring patient contact details are up to date
- 6 Understand and educate others on data management

Standards for Practice

- Aged Care Quality Standards
- · RACGP 5th ed Standards for GP
- Standards for health services in Australian Prisons

Mental Health specific set-up steps

Review data cleansing and extraction processes in relation to your Mental Health nurse clinic (see 'A Clear Plan')

Consider what Mental Health specific reminders your clinical team will put in place according to standards and best practice clinical guidelines e.g. Non-attendance at appts with GP or Nurse Clinic

Review what symptoms/results are of clinical significance in relation to Mental Health – screening, prevention and management and ensure a best practice up to date clinical policy and procedure is in place around this which includes red flags, high-risk and any abnormal results.

e.g. Non-attendance at appts with GP or Nurse Clinic for psychotropic injections



Non-attendance at a MH nurse clinic or GP appointment of someone who lives with a complex mental illness could be a sign of worsening mental health and may lead to relapse of symptoms with significant consequences. Consider how you can help people from falling through gaps by identifying early and gaining support.

Have a system in place to check with Provider Digital Access (PRODA) or My Health Record to assess if your patient has previously had health assessments etc. billed in according to MBS criteria.



- Ensure you define criteria for success of your clinic in your clear plan to evaluate along the way
- **2** Review the 10 PIP QI measures and consider integrating specific Mental Health measures into your evaluation
- Review the national Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care and consider implementing in to your data measures where appropriate
- Perform audits on the clinic to ensure agreed standards are being met and that patients are receiving best practice care
- Collect data and submit monthly to APNA
- 6 Use Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measure (PROMs) to evaluate clinic
- Report evaluation findings to the team, review building blocks changes as necessary

Resources on PREMs and PROMs:

· The Agency for Clinical Innovation

Mental Health specific set-up steps

Potential Mental Health specific successful criteria could include:

- Proportion of patients with a screener
 e.g. DASS 21 in the last 12 months (QIP 8)
- Proportion of patients with an AOD screening in the last 12 months (QIP 7)
- Proportion of patients referred for a MHTP and followed up by a MH Professional
- Consider how to identify carers of someone with a mental illness

Outcome measures

- Proportion of patients with identified risk factors on DASS 21 who were followed up for review/treatment or referral
- Proportion of patients with an identified risk on the AUDIT screener who were re-evaluated.
- Metabolic screening and follow up of results for all patients prescribed antipsychotic medication. This would include physical assessment – BP, waist circumference, weight, height, bloods) social assessment would include diet and exercise



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