Mental Health Nurse Program (MHNP)
GP/ Private Psychiatrist Flow Chart

**Identify**
- Patient meets entrance criteria (listed on the back) and willing to engage with a MHNP Nurse
- Patient is handed a MHNP Patient Information Sheet downloaded from the NBMPHN website: www.nbmphn.com.au

**Refer**
- MHNP Referral Form and Mental Health Treatment Plan are completed
- Both forms are faxed to Wentworth Healthcare Limited (WHL)/NBMPHN
  - FAX: 02 9673 6856
- For WHL MHNP Referral Form visit the MHNP section of the WHL website: http://www.nbmphn.com.au
- For Mental Health Treatment Plan Templates visit the Education Section of http://www.racgp.org.au

**Confirm**
- Eligible and complete referrals are acknowledged by letter from WHL (ineligible or incomplete referrals will be contacted for further information or provided alternate service options.)
- MHNP Nurse contacts patient and conducts an initial assessment/and HoNOS and sends GP Care Plan with HoNOS results (If unable to contact the Patient after 5 working days the MHNP nurse will contact the referrer and notify WHL)

**Monitor**
- MHNP Nurse and patient will meet regularly according to clinical need
- MHNP Nurse sends Care Plan Review (with HoNOS outcome ratings) to referrer every 90 days for a period of up to two years or until discharge
- MHNP Nurse will work collaboratively with Referrer and Patient as clinically required

**Evaluate**
- Patient progress is evaluated at the initial assessment, every 90 days and at discharge through the HoNOS tool and any other clinically relevant tool
- The Referrer and MHNP Nurse work collaboratively with the Patient on clinical issues to assist the patient recovery journey
- Feedback options are available at the WHL Website for Referers and the Patients by visiting the Feedback section at http://www.nbmphn.com.au or by calling 02 4708 8100

**Discharge**
- When the Patient meets the exit criteria (listed on the back) then they are discharged from the MHNP in consultation with the referrer, patient and other relevant organisations
- A discharge summary (with HONOS outcome ratings) is sent by the MHNP nurse to the Referrer and notifies WHL that the patient has been discharged
# Mental Health Nurse Program (MHNP) Nurse Program Guidelines

## Patient Entrance Criteria

General practitioners (GPs) and psychiatrists will determine which patients are eligible for services under the MHNP. To be eligible, all of the following criteria must be met:

- The patient has been **diagnosed with a mental disorder** according to the criteria defined in the: World Health Organisation Diagnostic and Management Guidelines for Mental Health Disorders in Primary Care: ICD 10 Chapter V Primary Care Version, or the Diagnostic and Statistical Manual of Mental Health Disorders - Fourth Edition (DSM-IV)
- The patient’s disorder is **significantly impacting their social, personal and work life**
- The patient has **been to hospital at least once for treatment** of their mental disorder, or they are **at risk** of needing hospitalisation in the future if appropriate treatment and care is not provided
- The patient is expected to **need ongoing treatment and management** of their mental disorder over the **next 2 years**
- The patient has **given permission** to receive treatment from a mental health nurse.

## Function of the Mental Health Nurse

Mental health nurses engaged under the MHNP will work closely with referrers to provide coordinated clinical care and treatment for people with severe and persistent mental disorders.

Mental health nurses must use an outcome tool for each patient:
- As they enter the MHNP
- Every 90 days, and
- As the patient exits the MHNP.

Services will be provided in a range of settings, such as in clinics or at a patient’s home.

Mental health nurse functions will include, but are not limited to, the following:

- Providing clinical nursing services for **patients with severe and persistent mental disorders**:  
  - establishing a therapeutic relationship with the patient  
  - liaising closely with family and carers as appropriate  
  - regularly reviewing the patient’s mental state  
  - administering, monitoring and ensuring compliance by patients with their medication  
  - providing information on physical health care to patients  
- Coordinating clinical services for patients with **severe and persistent mental disorders**:  
  - maintaining links and undertaking case conferencing with GPs, psychiatrists and allied health workers such as psychologists  
  - coordinating services for the patient in relation to GPs, psychiatrists and allied health workers, including arranging access to interventions from other health professionals as required  
  - contributing to the planning and care management of the patient  
  - liaising with psychosocial support services and assisting with accessing the National Disability Insurance Scheme as appropriate and where required

## Patient Exit Criteria

A patient is no longer eligible for services under the MHNP when:

- Their **mental disorder no longer causes significant disablement** to their social, personal and occupational functioning
- They **no longer need the clinical services of a mental health nurse**

For further information on MHNP Guidelines visit the MHNP section on the NBMPHN website: [www.nbmphn.com.au](http://www.nbmphn.com.au)