FAQs FOR SERVICE PROVIDERS

January 2021

What is HeadtoHelp?

HeadtoHelp is a new, free mental health service which can help you manage patients who are experiencing stress, anxiety and other mental health issues. The $26.9 million mental health service is funded by the Commonwealth Government for Victorians, in response to the COVID-19 pandemic, and delivered by Victorian Primary Health Networks (PHNs).

HeadtoHelp helps people find the right mental health service for their needs and can provide onsite support for those who need it, as well as telehealth services. There are 15 HeadtoHelp hubs in Victoria. In South Eastern Melbourne, the hubs were commissioned by open tender, and are located in Frankston, Officer and Berwick.

The hubs have multidisciplinary teams of mental health workers, which can include psychologists, mental health nurses, social workers, and alcohol and drug workers. They will coordinate with you - the patient’s regular GP – or help patients find a regular GP if they do not have one. Services are free of charge and a Medicare card or ID is not required.

Where are the HeadtoHelp mental health hubs in South Eastern Melbourne?

There are three hubs in South Eastern Melbourne:

Berwick Healthcare

76 Clyde Road, Berwick

Young Street Medical and Dental Centre

89-97 Young Street, Frankston

Officer Medical Centre

4 Cardinia Rd, Officer

The locations and providers for the hubs were chosen based on data and health needs analysis and the capacity of primary care settings to rapidly mobilise and deliver appropriate workforce and governance. You can find the other Victorian hub locations here.
How will HeadtoHelp help general practices?

This is an extra service option to support GPs managing increasing numbers of patients experiencing stress and anxiety as a result of the COVID-19 pandemic.

- HeadtoHelp can help GPs find the most suitable mental health support for their patients.
- HeadtoHelp can support GPs who are unsure of the severity of the problem, by providing a comprehensive patient assessment to identify the appropriate type and intensity of support needed for their patient.
- HeadtoHelp can find support for patients who are not eligible for Medicare, such as international students, refugees or people seeking asylum.

Please note, HeadtoHelp is not a crisis service and patients requiring immediate care or crisis intervention should be managed through the local Mental Health Triage or 000 if there are immediate safety concerns.

Is this a free/low-cost service?

Yes, there is no cost for assessment and advice through HeadtoHelp’s central intake or if receiving services from a HeadtoHelp hub. But not everyone will be suitable for treatment from a hub.

There may be fees for recommended services. The intake team will take into account a person’s financial situation when recommending services or support. The most suitable service option may include fee-based services where it is determined that someone has the capacity to pay a fee (including gap fees for MBS services).

We will find free or low-cost services if that is what a person needs. This may include from a HeadtoHelp hub if the person has moderate to high-intensity mental health needs, as determined by the Initial Assessment and Referral decision support tool and cannot afford to access suitable service elsewhere.

How will HeadtoHelp be different to how I currently work with consumers who may need ongoing mental health support?

The HeadtoHelp hubs’ multidisciplinary teams of mental health workers - which may include psychologists, mental health nurses, social workers, and alcohol and drug workers - will coordinate with the patient’s regular GP, or help them find a regular GP if they do not have one.

The service is free to the consumer. Clients are assessed and referred into the appropriate level of services according to their ‘risk’ profile rating, from 1 (low risk) to 5 (high risk). HeadtoHelp is focused on patients with a rating of 3-4, which is deemed short to medium term care. People with risk ratings 1,2 and 5 will be referred to other services (State, Commonwealth, Private) appropriate to their identified level of risk.

Some of the main ways that HeadtoHelp may be different include:

- Anyone can call/refer
- Support/services are accessible to everyone at no cost
- People can access the service even if they have never had any contact with mental health professionals
- No requirement for a Mental Health Care Plan
- A comprehensive assessment is completed by an intake team member, who are clinicians

All hub providers work in a collaborative care manner and will work with you to determine the level of mental health support appropriate for your patient or consumer.
**Will further HeadtoHelp hub sites be developed?**

At this stage, the only three sites slated in South Eastern Melbourne are the ones that are already operational in Franskton, Berwick and Officer.

**What health care services are available at the HeadtoHelp hubs (e.g. psychologists, mental health nurses)?**

As the hubs are scaled-up, each hub will have a multidisciplinary team from a variety of professional backgrounds delivering a range of service types. Depending on local needs, hubs may have GPs and mental health workers, including psychologists, mental health nurses, social workers and alcohol and drug workers, who can support people onsite at a hub, through telehealth or referral to other services. Different hubs may specialise in different areas or disciplines and offer different intervention types such as 1:1, group and care coordination.

The central intake will use the Initial Assessment and Referral (IAR) decision support tool.

- People with Level 1 and 2 needs will be connected with existing lower intensity services
- Those with Level 3 and 4 needs may receive care at the hubs, either onsite or through telehealth, or other more suitable services
- Level 5 will be connected to specialist or acute mental health services, including into emergency care or into an area mental health triage.

---

**Initial Assessment and Referral (IAR)**

<table>
<thead>
<tr>
<th>Level of Care 1</th>
<th>Level of Care 2</th>
<th>Level of Care 3</th>
<th>Level of Care 4</th>
<th>Level of Care 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Management</td>
<td>Low Intensity</td>
<td>Moderate Intensity</td>
<td>High Intensity</td>
<td>Acute and Specialist</td>
</tr>
<tr>
<td>Typically no risk of harm, experiencing mild symptoms and/or no prior levels of distress which may be in response to recent psycho-social stressors.</td>
<td>Typically minimal, no risk factors, mild symptoms/low levels of distress, and where present, this is likely to be in response to a stressful environment.</td>
<td>Likely mild to moderate symptoms/distress (meeting criteria for a diagnosis).</td>
<td>A person requiring this level of care usually has a diagnosed mental health condition with significant symptoms and/or significant problems with functioning.</td>
<td>A person with a severe presentation is likely to be experiencing moderate or higher problems associated with Risk, Functioning and Co-existing Conditions.</td>
</tr>
<tr>
<td>Symptoms have typically been present for a short period of time.</td>
<td>Symptoms have typically been present for a short period of time but this may vary.</td>
<td>Symptoms have typically been present for 6 months or more (but this may vary). Likely complexity on risk, functioning or co-existing conditions but not at very severe levels. Also suitable for people experiencing severe symptoms with mild or no problems associated with Risk, Functioning and Co-existing Conditions.</td>
<td>A person with a severe presentation is likely to be experiencing moderate or higher problems associated with Risk, Functioning and Co-existing Conditions.</td>
<td>A person requiring this level of care usually has significant symptoms and problems in functioning independently across multiple or most everyday roles and/or is experiencing:</td>
</tr>
<tr>
<td>The individual is generally functioning well and should have high levels of motivation and engagement.</td>
<td>Generally functioning well but may have problems with motivation or engagement. Moderate or better recovery from previous treatment.</td>
<td>Likely mild to moderate symptoms/distress (meeting criteria for a diagnosis). Symptoms have typically been present for 6 months or more (but this may vary). Likely complexity on risk, functioning or co-existing conditions but not at very severe levels.</td>
<td>A person requiring this level of care usually has a diagnosed mental health condition with significant symptoms and/or significant problems with functioning.</td>
<td>Significant risk of suicide; self-harm, self-neglect or vulnerability.</td>
</tr>
<tr>
<td>Evidence based digital interventions and other forms of self-help</td>
<td>Services that can be accessed quickly &amp; easily and include group work, phone &amp; online interventions and involve few or short sessions.</td>
<td>Moderate intensity, structured and reasonably frequent interventions (e.g. psychological interventions)</td>
<td>Periods of intensive intervention, typically inc. multi-disciplinary support, psychological interventions, psychiatric interventions and care coordination.</td>
<td>Specialist assessment and intensive interventions (typically state/territory mental health services) with involvement from a range of mental health professionals.</td>
</tr>
</tbody>
</table>

*Australian Department of Health, National Initial Assessment and Referral for Mental Healthcare Guidance, 2019*
**Do I need to write a referral for my consumers for this service?**

No. A patient or carer may choose to contact HeadtoHelp themselves – anyone can call.

In the first instance, please call HeadtoHelp central intake on 1800 595 212. Our HeadtoHelp intake team may request further information to assist your patient into the most appropriate care. If your patient is going to receive care from a hub, with their permission, you will be contacted for further information and shared care planning.

The HeadtoHelp central intake is staffed by clinicians who use **Initial Assessment Referral Decision Support Tool (IAR-DST)**. People with level 1 and 2 needs will be connected with existing lower intensity services. Those with Level 3 and 4 needs may receive care at the hubs, either onsite or through telehealth, or other more suitable services. Level 5 will be connected to specialist or acute mental health services, including into emergency care or into an area mental health triage. [Learn more here.](#)

Supporting documentation relevant to the history of the consumer can be provided if the consumer consents, but does not have to be done during the referral process – it can be provided later. Relevant documents can be attached to the IAR-DST form.

**What are the expected wait times for service access?**

While it is difficult to anticipate demand during the current surge in demand for mental health support, the services are committed to timely response. The service aims to follow up the majority of referrals within one business day and complete the initial assessment and referral at first point of contact. Any consumers who experience a delay in access are supported through active waitlist management to assess risk and link with other services as needed.

**Will my consumers need a mental health care plan to access HeadtoHelp services?**

No, a mental health care plan is not required to access HeadtoHelp. However, referrals to other appropriate services may require that a mental health care plan is completed. If this is the case, a HeadtoHelp team member will be in contact with you.

**What is the process if my consumer has been directed by HeadtoHelp staff to another mental health care provider? Will this be reported back to me?**

Yes, with a patient’s consent. The outcome of all your referrals will be communicated back to you.

This includes if your patient is recommended to have a lower level of support, or a higher level of support than HeadtoHelp can provide.

Any referrals to external services will be delivered through ‘warm transfer’ (i.e. services will be contacted to introduce the consumer). Consumers will also be followed up after a referral (7-10 days) to ensure that they connected with the service and that it met their need.

**Will support for my consumer be face-to-face or is there an option for telehealth?**

Yes, there are telehealth options. Keeping in mind consumer and clinician preferences, we will help to determine the level of care your patient needs – this may include online, telehealth or face-to-face options as suitable. Our face-to-face services will be held in a COVID-safe environment. Please note that the COVID-safe plan of the provider may influence the format that services are delivered.
What hours are the South Eastern Melbourne Hubs available?

HeadtoHelp hubs and intake are not crisis services, so our intake services operate during business hours 8.30am to 5pm Monday to Friday, except public holidays. The hubs operate these same core hours with localised extended hours which vary from hub to hub.

If the intake team is engaged, callers during business hours will be given the option of leaving a message and receiving a call back. After hours callers will hear a recorded message asking them to call back during opening hours and giving them Beyond Blue’s 1300 number if they want to speak with someone right away.

There is also a “call back” request form on this website. A HeadtoHelp team member will call people back during operating hours.