

Fact Sheet for General Practice: Myth-Busting the risks of having a Mental Health Treatment Plan (MHTP) in medical records

A Mental Health Treatment Plan is considered best practice for managing a mental illness within General Practice. It engages the patient (and carer) in the management and recovery and promotes an annual cycle of care. The MHTP also provides access to additional services through the MBS or funded by Primary Health Networks.

However GPs often report concerns that prevent them from accessing the benefits of the MHTP for their patients. These are regarding future discrimination resulting from having a MHTP listed in medical records. Below is a summary of information that may assist in discussing these concerns with patients/carers as part of the process of planning individual treatment.

Entry to the Australian Defence Force (ADF)

The ADF has comprehensive information available on their website:

<https://www.defencejobs.gov.au/joining/how-to-join/recruitment-process>

RHealth staff were advised over the phone (27/2/18) that the existence of a Mental Health Treatment Plan in medical records does not automatically disqualify a person from recruitment. People are treated individually on a case-by-case basis that includes comprehensive physical, aptitude and psychological testing to assess suitability for working in the ADF. The process outlined on the website confirms this information. Also, it should be noted that the ADF recognises that rates of mental illness within the forces match those in the general public; and has a proactive approach that mirrors current National health policy including a stepped care approach, outlined in the *Defence Mental Health Wellbeing Strategy 2018-2023*.

Entry to the Police Force (Queensland Police Service)

The Queensland Police Service (QPS) has comprehensive information available on their website:

<http://www.policerecruit.qld.gov.au/generalInfo/faq/Health-FAQS.htm>

Due to the psychological demands of police work the mental health standards for joining the QPS are quite stringent. People with a history of psychiatric and/or psychological problems must be able to demonstrate they are able to perform operational policing duties without a clear risk of exacerbating any previous conditions. QPS will conduct a psychological assessment; and will also require a personal Medicare waiver and a report from the treating doctor or mental health professional as part of assessing an individual's suitability.

Obtaining a Weapons Licence (Queensland)

The Queensland Police Service (QPS) provides comprehensive information on their website:

<https://www.police.qld.gov.au/programs/weaponsLicensing/licenceApplication/applicant/healthandweapons.htm>

RHealth staff were advised (27/2/18) that the main issue for the QPS is to know that any potential risk is being managed. A history of treatment for a mental health condition is not an automatic disqualification, with applications being treated on a case-by-case basis. People with a history of treatment for mental illness will require a medical clearance from a GP, psychologist or psychiatrist. A person who has previously been deemed not 'fit and proper' can reapply and be approved for a licence once they can demonstrate that they meet the 'fit and proper' criteria.

Travel Insurance Income Protection and Life Insurance Policies

This is an area where discrimination for the existence of a MHTP in medical records (regardless of the nature or duration of the illness) seems to be a valid concern. Beyond Blue has been involved with advocacy on this issue noting that: *“Evidence suggests that people with a history of a mental health condition can experience difficulties obtaining insurance. Discriminatory practices include either refusal of insurance or denial of claims on the grounds of non-disclosure of a previous mental health condition.”* beyondblue.org.au/about-us/about-our-work/discrimination-in-insurance

Income protection may be a requirement for some self-employed or contract workers. The existence of a MHTP may result being faced with higher premiums, policy exclusions, and needing spend more time shopping around to find an insurer willing to take a case-by-case approach.

This issue should begin to improve. A *Parliamentary Joint Committee on Corporations and Financial Services* has recently conducted an inquiry into the Life Insurance Industry. Their report (March 2018) noted concern that patients are reluctant to seek appropriate treatment for mental illness due to the insurance practice of denying coverage or claims; and made recommendations to ensure that applications for insurance that reveal a mental health condition are not automatically declined, and that the applicant is given the opportunity to provide further information before the decision is made to decline or offer different terms of insurance.

The Bottom Line

A current or chronic mental illness is always going to be relevant when assessing suitability for high-stress workplaces such as the Australian Defence Force and Queensland Police Service, and suitability for holding a weapons licence. However, individuals will not be automatically disqualified for having a MHTP at some point in their medical history. Organisations such as the Australian Defence Force and Queensland Police have extensive policies and procedures in place to prevent discrimination due to a history of mental illness. These procedures provide opportunity to assess the nature of the mental illness, recovery and management, and future risks on a case-by-case basis in determining suitability for recruitment.

The Insurance Industry has more work to do in removing discriminatory practices around denying insurance policies and claims. Reforms have been recommended with changes to the Insurance Industry Code of Practice. For now, patients should be aware of the situation and that achieving insurance coverage in the future for certain conditions may be complicated.

Important

This information is current as of when collated and published July 2018, and is a **DISCUSSION TOOL ONLY** for use by health professionals as part of providing personalised and individual care in the General Practice clinical setting. The information contained in this document does not constitute personal advice or general advice in any form

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