WorkCover QUEENSLAND

Mental Injury Treatment Guidelines

Version: 3

Effective October 2023

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Background

WorkCover Queensland monitors trends in the treatment and use of item codes through analysis of state-wide data. This helps us to ensure workers receive optimal quality of care and their return-to-work outcomes are maximised, in addition to maintaining a financially viable scheme that balances costs for employers.

These guidelines are designed to be a roadmap for visibility and transparency when treating workers with a work-related mental injury.

Medical interventions relating to mental injuries have been included in the guidelines. WorkCover employees will use these guidelines when considering requests for medical interventions relating to work-related mental injuries. It is important to note that these are **general guidelines** to assist with treatment and management of work-related mental injuries and there may be exceptions or extenuating circumstances relating to treatment requests. Should a provider seek an exception to the guidelines, it is recommended that they contact the Customer Advisor to discuss the request. Further expert medical opinion may be sought by WorkCover to assist with considering the requested intervention.

Conditions detailed in the explanatory notes of the Medicare Benefits Schedule (MBS) also apply to the medical items schedule of fees, with some noted exceptions. The schedule is available at **workcoverqld.com.au.**

Where an intervention is identified for a second opinion, WorkCover employees will seek the assistance of the Medical and Allied Health Panel (MAHP) or an Independent Medical Examiner (IME). WorkCover will share with you the information received from a MAHP or IME for your information, review, and comment.

It is important to note that some therapies currently have emerging evidence supporting their efficacy and the current Association and College position is to research and explore these further. These treatment modalities will be reviewed and monitored regularly. These guidelines will be updated in line with the evidence-based research supporting the relevant treatment modality.

These guidelines will also be used for post payment data analysis to identify ongoing payment trends and issues.

WorkCover acknowledges the expertise and contribution of all stakeholders, particularly members of Royal Australian and New Zealand College of Psychiatrists (RANCZP) and the Australian Psychological Society (APS), that provided comment for the review of the mental injury guidelines.

WorkCover Model

WorkCover is committed to ensuring workers receive optimal quality care delivered in a timely manner, which supports a return-to-work outcome, whilst acknowledging the challenges of the compensation setting.

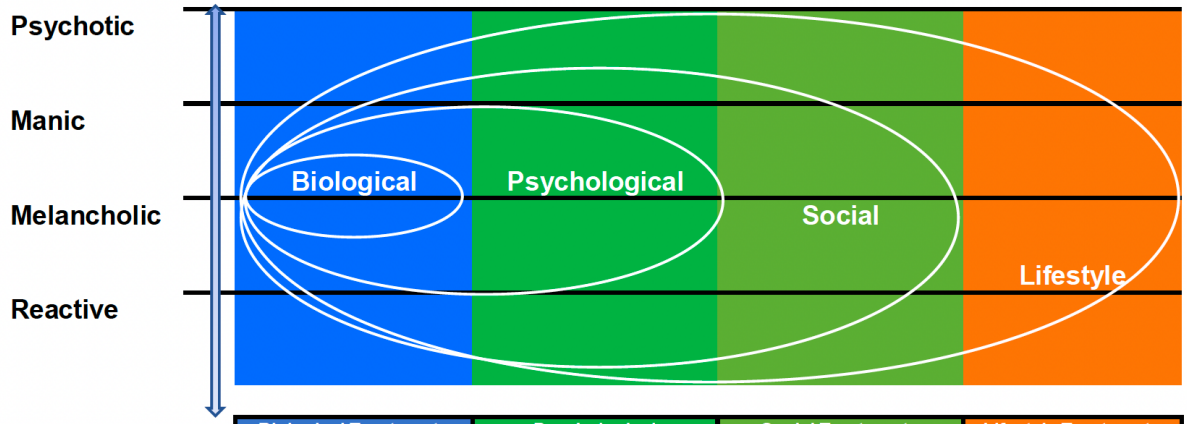
It is important to note that WorkCover can only cover **work-related** mental injuries. These injuries could span Adjustment Disorders, Major Depressive Episodes, Anxiety Disorders and Post Traumatic Stress Disorders (PTSD) arising from work related events. Research indicates that most work-related mental injuries are mainly adjustment disorders, depression and PTSD.

It is important to note that mental health conditions such as ADHD (Attention Deficit Hyperactivity Disorder), bipolar disorder and schizophrenia may be *exacerbated* by a work event or injury, but they cannot be *caused* by a work event or injury.

WorkCover endorse and apply the Biopsychosocial and Lifestyle Model (BPSL)[1] to the management and treatment of psychological and psychiatric injuries arising from work related events.

The BPSL Model provides a useful framework for understanding the factors that contribute to development of mood disorders and for planning clinical management. It encompasses biological, psychological and social perspective alongside lifestyle factors and is referred to as the BPSL Model.

Typically, mood disorders arise from factors from more than one domain. Consequently, a broad range of treatments are usually needed to satisfactorily treat mood disorders, anxiety disorders and PTSD.



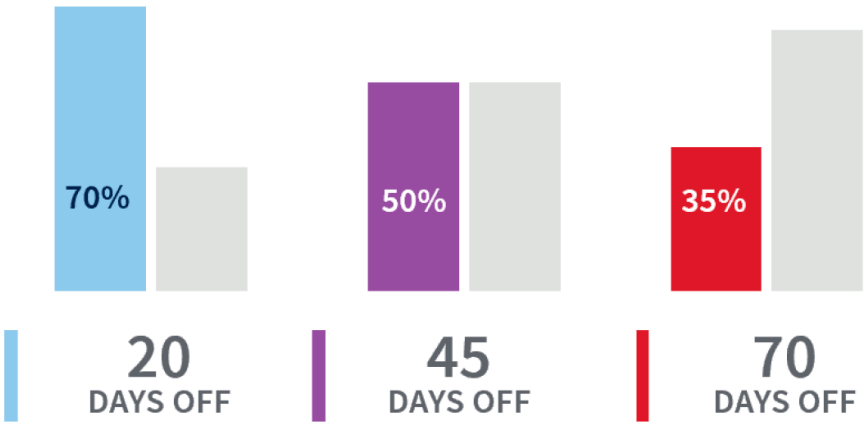
Biological Treatments	Psychological Treatments	Social Treatments	Lifestyle Treatments
• Antidepressants • Antipsychotics • Mood stabilisers • Electroconvulsive therapy • Transcranial magnetic stimulation	• Brief cognitive behavioural therapy • Formal cognitive behavioural therapy • Interpersonal therapy • Mindfulness • Acceptance and commitment therapy • Schema therapy • Exposure therapy	• Family psychoeducation • Family / friends • Formal support groups • Community groups • Caregivers • Employment (inc. graduated return to work) • Housing	• Exercise • Diet • Smoking cessation • Alcohol cessation • Ceasing drugs • Managing substance misuse • Sleep

1 Adapted from Malhi, Gin & Bassett, Darryl & Boyce, Philip & Bryant, Richard & Fitzgerald, Paul & Fritz, Kristina & Hopwood, Malcolm & Lyndon, Bill & Mulder, Roger & Murray, Greg & Porter, Richard & Singh, Ajeet. (2015). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. Australian & New Zealand Journal of Psychiatry. 49. 1087-1206. 10.1177/0004867415617657.

WorkCover – Return to Work Philosophy

The **Royal Australasian College of Physicians (RACP) Position Statement** on realising the health benefits of work highlights that being off work for long period of time can significantly reduce the likelihood of a worker ever returning to work.

In addition to the RACP Position Statement, best practice frameworks from both **SuperFriend**, **SafeWork Australia** and **It Pays to Care** support a biopsychosocial approach to treatment and rehabilitation, and early intervention to improve recover at work/return to work outcomes.
For injured workers, as the time for them off work increases, the chance of return decreases.



Data suggests where a worker has 6 months or more off work, the chance of return may be **less** than 5%.

A worker's social and economic wellbeing, including (wherever possible) recovery at work, or return to work, should be a central outcome of best practice. We all have a responsibility to:

- Understand the health benefits of good work and of early intervention.
- Have a commitment to collaboration; &
- Take an evidence-based approach to ensuring the best outcomes.

If a worker can stay at work after an injury, or get back to work gradually while they recover, they're more likely to recover quickly and be able to get on with their life.

Staying connected to their workplace, even if their work tasks are adjusted, means they can maintain a daily routine and get back some control and independence. This helps with their physical recovery as well as supporting their mental health and general state of mind.

WorkCover – Health Literacy

Health literacy is about how:

- a worker *accesses* the relevant information about their health and healthcare
- a worker *understands* information about their health and healthcare, and
- they *use* the information to make *informed decisions* about their healthcare.

WorkCover embraces the Australian Commission on Safety and Quality in Health Care position on **Health Literacy** and the **National Safety and Quality Health Service (NSQHS) Standards.**

WorkCover expect all providers who deliver services to Queensland workers to:

- make it easy for the worker to know where to go, what to do and how to find what is needed to improve their health and wellbeing, including information about their diagnosis, prognosis, processes, likely outcomes of possible tests and treatments and how to prevent further injuries or illnesses
- make it easy for the worker to make better decisions about their health, wellbeing, and health care
- make it easy for the worker to manage their own health care, including treatment and medications
- help the worker to contribute to more effective decision-making and action about their own health care
- work in partnership with the worker so the worker can made informed and effective decisions
- help the worker reduce the risk of harm to themselves by providing thorough information that they can understand[2]. This includes providing support for a worker who may make a request for a provider of a specific gender or may possess knowledge of certain cultural backgrounds. The various healthcare association websites (e.g. **Queensland Health**, **RANZCP**, **APA**, **APS**) offer the ability to search and find this information.

Supporting resources in relation to health literacy can be found on **the Australian Commission on Safety and Quality in Health Care website.**

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2 3.4 What are the benefits of health literacy? https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

Approved Treatment Interventions

Applicable fees and item codes are outlined in the **WorkCover Medical Table of Costs**.

WorkCover only support and fund **evidence-based treatment interventions** where a clear DSM5 diagnosis exists. In determining this, WorkCover refers to the relevant practice guidelines of the applicable Associations. Experimental treatments are generally not approved within the WorkCover scheme.

Medical intervention	Descriptor	Delivery Mode	Approval
Cognitive Behavioural Therapy (CBT)	Cognitive Behaviour Therapy (CBT) is a relatively short term, focused approach to the treatment of many types of emotional, behavioural, and psychiatric problems. The application of CBT varies according to the problem being addressed but is essentially a collaborative and individualised program that helps individuals to identify unhelpful thoughts and behaviours and learn or relearn healthier skills and habits. Each session should be accompanied with 'out of session' tasks, to help achieve real changes and consolidate any shifts in thinking. Mindfulness based strategies can be beneficial as a value add to the CBT treatment.	Outpatient.	Approved by WorkCover as per Table of Costs. NOTE: Prior approval of service is required. Average treatment course 8-12 sessions. Sessions commence weekly for the 1st 4 weeks and then fortnightly for the remainder if progress is being made. Usually takes 6-8 weeks (estimated) to see improvement. Additional information or a case conference will be requested after 16 sessions to understand demonstrated progress to date, how will further treatment support symptom recovery. **Maximum treatment approval is 20 sessions.**
Trauma Focussed CBT (TF-CBT)	This treatment is a phased and component-based treatment. The three phases of TF-CBT are: • Stabilisation, • Trauma narration and processing, and • Integration and consolidation. Like EMDR, it is exposing the worker to the event (imaginal). There is also an 'in vivo'	Outpatient. May be delivered inpatient as part of a private psychiatric hospital admission and program.	Approved in WorkCover for trauma related incidents as per Table of Costs. NOTE: Prior approval of service is required. Average treatment course 12-16 sessions, but it is important to note response time is variable.

Medical intervention	Descriptor	Delivery Mode	Approval
	(biological) component to this treatment. WorkCover will consider on a case-by-case basis (with the appropriate specific justification) support for the worker with an 'out of office' session(s).		
Interpersonal Psychotherapy (IPT)	Psychotherapy is a modality of treatment in which the therapist and patient(s) work together to relieve psychopathological conditions and functional impairment through focus on: • the therapeutic relationship • the patient's attitudes, thoughts, affect, and behaviour and • the social context and development. Useful for assisting with interpersonal difficulties at work or home, which is impacting on the worker's capacity to return to normal functioning.	Outpatient	Approved by WorkCover as per Table of Costs. NOTE: Prior approval of service is required. Treatment should be given as per a structured plan. Delivery is usually more frequent at the start of course and becomes less frequent (e.g., monthly) as the course progresses. **Maximum of 12 sessions.**
Acceptance and Commitment Therapy (ACT)	ACT is a form of psychological therapy. It uses acceptance and mindfulness strategies mixed in different ways with commitment and behaviour-change strategies, to increase psychological flexibility. Recommended as an alternative form of CBT to enhance return to work for the following: • chronic pain • tinnitus • mental illness • work-related strain.	Outpatient	Approved by WorkCover as per Table of Costs. NOTE: Prior approval of service is required. Average treatment course 8-12 sessions. Sessions commence weekly for the 1st 4 weeks and then fortnightly for the remainder if progress is being made. Usually takes 6-8 weeks (estimated) to see improvement. Additional information or a case conference will be requested after 12 sessions to understand demonstrated progress to date, how will further treatment support symptom recovery.

Medical intervention	Descriptor	Delivery Mode	Approval
	Generally, not recommended as a primary treatment for anxiety and depression.		**Maximum treatment approval is 14 sessions.**
Progressive Muscle Relaxation (PMR)	This is used not for relaxation purpose per se. It is used more on a clinical level to ensure that clients have an awareness of the first signs of a stress response and can utilise their arousal reduction strategies early rather than allowing the elevation increasing to a level where it is difficult to control.	Outpatient	Approved by WorkCover as part of the CBT treatment regime (outlined above). NOTE: Prior approval of service is required. Will not be approved as a **distinct** course of treatment.
Eye Movement Desensitization and Reprocessing (EMDR)	Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment originally designed to alleviate the distress associated with traumatic memories. During EMDR therapy, the worker attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. Eye movements are used during one part of the session. After the clinician has determined which memory to target first, they ask the worker to hold different aspects of that event or thought in mind and to use their eyes to track the clinician's hand as it moves back and forth across the client's field of vision. EMDR therapy is an eight-phase treatment. WorkCover will consider on a case-by-case basis (with the appropriate specific justification) support for the worker with an 'out of office' session(s) delivered by video link.	Outpatient. May be delivered inpatient as part of a private psychiatric hospital admission and program.	Approved in WorkCover for trauma related incidents as per Table of Costs. NOTE: Prior approval of service is required. Not approved for the treatment of specific phobias, panic disorder and agoraphobia. Average 6-12 sessions, but it is important to note response time is variable. **Maximum treatment approval is 12 sessions.**

Medical intervention	Descriptor	Delivery Mode	Approval
Repetitive Transcranial Magnetic Stimulation (rTMS)	rTMS is an effective and evidence-based treatment for severe, treatment resistant depression. There is limited clinical study data to confirm the efficacy of rTMS in the treatment of PTSD conditions. It is not endorsed for the treatment of PTSD under the RANZCP guidelines. rTMS involves the focal application of a localised, pulsed magnetic field to the cerebral cortex, inducing small electrical currents which stimulate nerve cells in the region of the brain involved in mood regulation and depression. Magnetic fields are passed through the skull to the brain using a coil placed on the patient's head. The treatment is non-invasive and does not involve seizure induction or loss of consciousness. The patient is completely alert during the procedure and an anaesthetic is not required.	Outpatient.	Approved by WorkCover for depressive conditions only as per Table of Costs. NOTE: Prior approval of service is required. Not approved for PTSD treatment. Average treatment course 20-30 sessions (4-6 weeks, delivered daily Monday-Friday). Likely to be single course of treatment only, unless in exceptional cases. Additional information will be required to justify the repeat treatment request.
Electroconvulsive Treatment (ECT)	Electroconvulsive therapy (ECT) is a therapeutic medical procedure for ***severe*** and ***treatment resistant*** psychiatric disorders. This means the disorder has failed to respond to a range of more conventional and safer treatments. The conditions which ECT is **typically** used to treat are not likely to be work related conditions. ECT is used only for the most profound cases of Melancholic Depression and often only where the depression is associated with significant neuro-vegetative disturbance, catatonia, or other psychotic features. It is not a long-term treatment and is provided as a single course of treatment (average of 8-12 sessions).	Inpatient as part of a private psychiatric hospital admission and program. Final treatments only may be completed as outpatient.	Approved by WorkCover as per Table of Costs. NOTE: Prior approval of service is required. Average treatment course 8-12 sessions. ECT treatments given 3 times per week. Likely to be single course of treatment only, unless in exceptional cases. Additional information will be required from the treating practitioner to justify the repeat treatment request.

Non-approved Treatment Interventions

Experimental treatments are **not approved** within the WorkCover scheme. As stated previously, WorkCover only support and fund **evidence-based treatment interventions**. In determining this, WorkCover refers to the relevant practice guidelines of the applicable Associations and the appropriate testing levels as determined by the NHMRC (National Health and Medical Research Council).

Treatments that are **not approved** by WorkCover are outlined in the table below. WorkCover do not approve these interventions as the current scientific evidence base supporting its efficacy and outcomes is limited.

Intervention	Descriptor
Deep Brain Stimulation (DBS)	DBS is used only as a treatment of last resort in extremely debilitating conditions. It has an uncertain evidence base for both efficacy and side effects. It is regarded as an experimental treatment.
Mild Brain Stimulation (MBS)	See Deep Brain Stimulation (DBS) above
Dialectical Behaviour Therapy (DBT)	Dialectical Behaviour Therapy (DBT) is a modified version of cognitive-behavioural therapy (DBT) designed to primarily treat borderline personality disorder (BPD). BPD is a disorder which arises due to genetic predisposition and often in combination with early childhood traumatic experiences. DBT is rarely, if ever, used for the treatment of other conditions. Borderline Personality Disorder cannot arise because of a workplace issue.
Ketamine / Esketamine / Spravato (intranasal Esketamine)	Ketamine has an uncertain evidence base for both efficacy and side effects. It is regarded as an experimental treatment; however, it is important to note that **RANZCP** recommends further ongoing research into the use of Ketamine in the treatment of treatment-resistant depression.
Transcranial Direct Current Stimulation (tDCS)	tDCS has an uncertain evidence base for both efficacy and side effects. It is regarded as an experimental treatment; however, it is important to note that RANZCP recommends further ongoing research into the use of tDCS in the treatment of psychiatric disorders.
Schema therapy	Schema therapy is a newer type of therapy which combines elements of CBT, psychoanalysis, attachment theory and emotion-focussed therapy.
Psychodynamic therapy	Psychodynamic therapy is the psychological interpretation of mental and emotional processes.

Intervention	Descriptor
Equine Therapy (Eagala)	Equine-assisted psychotherapy incorporates horses into the therapeutic process. Workers engage in activities such as grooming, feeding and leading a horse while being supervised by a mental health professional.
Animal Therapy	Animal psychotherapy incorporates animals into the therapeutic process. Workers engage in activities such as grooming, feeding and caring for animals, as part of the rehabilitation process.
Psychiatric assistance dogs (inc. training)	Psychiatric assistance dogs are trained to perform specific tasks such as detecting signs of distress and performing specific tasks to help alleviate those symptoms.
Magnetic seizure therapy (MST)	Magnetic seizure therapy involves using high-powered transcranial magnetic stimulation, which penetrates the superficial layers of the cortex.
Focal electrically administered seizure therapy (FEAST)	FEAST is a method of inducting a focal seizure using high-intensity direct current.
Acupuncture	It has an uncertain evidence base for efficacy in the treatment of mental health issues.
Medicinal Cannabis (e.g., CBD oil)	Most medicinal cannabis products are currently unregistered medicines and access to these products is through the Commonwealth Special Access or Authorised Prescriber Scheme.
MDMA	MDMA has an uncertain evidence base for both efficacy and side effects. It is currently regarded as an experimental treatment by **RANZCP.**
Psilocybin (Magic Mushrooms)	Psilocybin (Magic Mushrooms) has an uncertain evidence base for both efficacy and side effects. It is currently regarded as an experimental treatment by **RANZCP.**
Vagal nerve stimulation	It has an uncertain evidence base for efficacy in the treatment of mental health issues.
Stellate Ganglion Block (SGB) for PTSD	It has an uncertain evidence base for efficacy in the treatment of mental health issues.

Intervention	Descriptor
Bio feedback/Neuro feedback	It has an uncertain evidence base for efficacy in the treatment of mental health issues.
Sports/Dance/Art/Recreational Therapies	These have an uncertain evidence base for efficacy in the treatment of mental health issues.
Yoga (including laughter yoga and goat yoga)	These have an uncertain evidence base for efficacy in the treatment of mental health issues.
Flotation tanks	These have an uncertain evidence base for efficacy in the treatment of mental health issues.
Wilderness therapy/Forest bathing	These have an uncertain evidence base for efficacy in the treatment of mental health issues.
Aromatherapy	It has an uncertain evidence base for efficacy in the treatment of mental health issues.
Crystal and energy healing	These have an uncertain evidence base for efficacy in the treatment of mental health issues.
Sex-related services or devices	These have an uncertain evidence base for efficacy in the treatment of mental health issues.

Medications and Management

WorkCover approve the relevant pharmacotherapy for the treatment and management of work-related mental injuries, where an **evidence-based practice** supports its use and efficacy.

It is noted there is a wide variety of psychotropic medications which are often used in combination, prescribed by treating practitioners. WorkCover expects that psychotropic medications are prescribed in accordance with conventional practices, particularly regarding maximum doses and combinations of medications.

Common treatment practices involve starting with SSRI (Selective Serotonin Reuptake Inhibitors) or SNRI (Serotonin and Norepinephrine Reuptake Inhibitors) medications, gradually titrating up doses, before either switching to an alternative agent or using agents in combination.

Stimulant medications such as dextroamphetamine (often used to treat ADHD and narcolepsy) will not be approved. Low dose anti-psychotic medications are appropriate as an augmentation for mood disorders. High dose anti-psychotics or medications such as clozapine (used to treat schizophrenia) will not be approved.

WorkCover encourages practitioners to refer to the **2020 Royal Australian and New Zealand College of Psychiatrist clinical practice guidelines for mood disorders** for guidance on the appropriate medications and management of interventions relevant to the workers' diagnosis.

It is recognised that benzodiazepines can become medications of dependence and they should be prescribed carefully, for short periods of time. The risk of dependency should be openly discussed with the patient. This is in line with the recommendation from the **Australasian Chapter of Addiction Medicine**.

Practitioners seeking further information or guidance are recommended to reference **Professor Stahl's Essential Psychopharmacology Prescriber's Guide (7th edition)**.

Private Hospital Admissions

WorkCover will not fund the following private hospital admission requests unless there is compelling evidence outlining and supporting the need for admission:

- the initiation of psychiatric medications; or
- to switch psychiatric medications; or
- weaning down psychiatric medications.

Further, all private hospital admissions require prior approval from WorkCover **before** the admission.

Treatment

It is critical for the optimal management of work-related mental injuries that the Treating Psychiatrist / Psychologist provide WorkCover a clear and detailed description of the treatment programs including timeframes, patient centric goals and expected outcomes.

Nurse Practitioner Services

Category 8 – Miscellaneous Services outlines the circumstances in which a Nurse Practitioner can bill for services.

WorkCover will fund mental injury treatment services delivered by Nurse Practitioners where the following criteria is met:

1. The service is being delivered to provide support to the worker for an accepted work-related mental injury.
2. The worker is not concurrently under the care of a psychologist or psychiatrist.
3. The Nurse Practitioner must:
    - take an appropriate history from the worker
    - undertake a clinical examination
    - arrange any necessary investigations
    - implement a management plan,
    - provide appropriate preventative health care, and
    - ensure the appropriate documentation is completed.
4. The Nurse Practitioner is committed to the Health Literacy and RTW (Return to Work) philosophy of WorkCover.

Complementary / Alternative Therapies

WorkCover only supports and funds **evidence-based treatment interventions** and therefore do not approve the use of complementary or alternative therapies.

Refer to section 4 Non-Approved Treatment Interventions for further information.

General

WorkCover will only approve medical interventions that are undertaken to treat changes caused by the **work-related injury or event (WRI)**.

Where a claim has been accepted as an aggravation of a pre-existing medical condition, WorkCover must consider whether the proposed medical intervention is to treat changes caused by a work-related injury or event or pre-existing problems. If the medical intervention is to treat pre-existing problems WorkCover will not be able to cover the intervention.

Early diagnosis and timely requests for appropriate psychological/psychiatric interventions are critical.

During the decision-making process for requests of psychological/psychiatric interventions, WorkCover will:

- consider available medical information from treating practitioners.
- review the Mental Injury Guidelines
- consider the worker's past medical history and determine if further information is required.
- if further information is required, request clarification from treating practitioner regarding the rationale for proposed intervention and relationship of request to accepted WRI.
- if a second opinion is warranted, seek independent medical opinion.
- if contrary independent opinion is obtained, discuss further with treating practitioner.
- consider the weight of all medical information and evidence provided to make decision.
- ensure decision is communicated to treating practitioner and the worker

Definitions

- **Aggravation:** a factor which may or may not be work-related that has caused a permanent worsening of a pre-existing problem.
- **Exacerbation:** a factor which may or may not be work-related that has caused a temporary worsening of a pre-existing medical condition.
- **Recurrence:** a recurrence requires no identifiable incident as trigger to resumption of symptoms or signs related to the pre-existing medical condition.
- **New Injury:** an identifiable new incident must be shown to have caused the injury.
- **Disability:** a decrease in, or the loss or absence of, the capacity of an individual to meet personal, social or occupational demand

References

It is important to note that the Reference List below is not an exhaustive list of resources reviewed, but is a demonstration of the breadth of evidence-based research utilised in the development of these guidelines:

1. https://www.aacbt.org.au/resources/what-is-cbt/
2. https://contextualscience.org/ACT_Randomized_Controlled_Trials
3. https://www.monash.edu/medicine/spahc/general-practice/engagement/clinical-guidelines
4. https://www.nhmrc.gov.au/guidelinesforguidelines/develop/identifying-evidence
5. https://www.odgbymcg.com/treatment/psychodynamic _psychotherapy
6. https://www.odgbymcg.com/treatment/tDCS
7. https://www.odgbymcg.com/treatment/schema_therapy
8. https://www.odgbymcg.com/treatment/mindfulness_therapy
9. https://www.odgbymcg.com/treatment/EMDR
10. https://www.odgbymcg.com/treatment/DBT
11. https://www.odgbymcg.com/treatment/CBT
12. https://www.odgbymcg.com/treatment/ACT
13. https://www.phoenixaustralia.org/resources/our-research-publications/
14. https://www.ranzcp.org/files/resources/college_statements/clinician/cpg/ranzcp-anxiety-clinical-practice-guidelines.aspx
15. https://www.ranzcp.org/publications/guidelines-and-resources-for-practice/ptsd-practice-guidelines
16. https://www.ranzcp.org/files/resources/college_statements/clinician/cpg/mood-disorders-cpg.aspx
17. https://www.ranzcp.org/news-policy/policy-submissions-reports/document-library/electroconvulsive-therapy-(ect)
18. https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/repetitive-transcranial-magnetic-stimulation
19. https://www.ranzcp.org/files/resources/college_statements/clinical_memoranda/cm-transcranial-direct-current-stimulation-(tdcs).aspx
20. https://www.ranzcp.org/files/resources/college_statements/clinical_memoranda/cm-deep-brain-stimulation-v1-0-march-2018.aspx
21. https://www.ranzcp.org/files/resources/college_statements/clinician/cpg/ranzcp-anxiety-clinical-practice-guidelines.aspx
22. https://www.ranzcp.org/news-policy/policy-submissions-reports/document-library/psychotherapy-conducted-by-psychiatrists
23. https://www.ranzcp.org/files/resources/college_statements/clinical_memoranda/cm-use-of-ketamine-for-treatment-resistant-depress.aspx
24. https://www.ranzcp.org/files/resources/college_statements/clinician/cpg/mood-disorders-cpg-2020.aspx

25. https://www.sane.org/mental-health-and-illness/facts-and-guides/dialectical-behaviour-therapy-dbt
26. https://www.sciencedirect.com/science/article/pii/S2212144720301940
27. https://www.who.int/classifications/icf/whodasii/en/
28. https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20626
29. https://stahlonline.cambridge.org/prescribers_guide.jsf
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31. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8103295/
32. https://www.ncbi.nlm.nih.gov/books/NBK442253/
33. https://www.ranzcp.org/getmedia/75baa529-2b71-419f-993a-2ff64ede50fe/cm-use-of-ketamine-in-psychiatric-practice.pdf