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**Australian Association
of Social Workers**

A framework for professional development in mental health for GPs

*Feedback to the General Practice Mental Health Standards
Collaboration (GPMHSC)*

4 September 2013

Introduction

The 2011-2013 'A framework for professional development in mental health for GPs' reads as a comprehensive document and it is understood that the standards referred to in the framework apply to both:

- GPs who need to become more skilled at mental health assessment, treatment planning and review, as well as
- GPs who wish to undertake Focused Psychological Strategies (FPS) with patients and be reimbursed under Medicare's 'Better Access' program.

The progression of mental health competencies seems logical and it is pleasing to note the thorough-going inclusion of consumer and carer perspectives in the development and implementation of training and education.

As a general comment, it would be helpful to know what is meant by a 'whole of person approach' by GPs (p6 2011-2013 framework document) as this may influence the scope of GP activity.

What do you consider as the GP's role in mental health?

GP role in mental health from a system's perspective

- GPs are a key part of Australia's primary health care system. In their role as primary health care providers, GPs should be the first port of call for any person seeking diagnosis and treatment for conditions that have a negative impact on their health. This includes also being approached for diagnosis and treatment by people experiencing a mental illness or disorder. GPs can also detect mental illness where this may not be the presenting issue specified by a patient but has an impact on their ability to function.
- GPs should check whether the patient's mental health condition is a consequence of a work injury, being a victim of crime or a veteran, as there are specialist services for these people.
- There is a welcome expectation in the 2011-2013 framework document that GPs are aware of the relevant government funded or private mental health services to refer patients to. These include: private mental health practitioners (who are approved by Medicare to deliver FPS), specialist public mental

health services, private psychiatrist and non government psychiatric disability rehabilitation services to name just some. GPs also have an important role in contributing to plans for a response to the mental health issues of hard-to reach populations through the component programs available in 'Access To Psychological Services'.

- The GP practices or the Medicare Locals could have agreements or protocols with the specialist public mental health service for the following circumstances:
 - Referral of a patient with a serious high or low prevalence mental illness or disorder, who cannot be assisted by medication and/or the time limited FPS, the specialist public mental health service or a private psychiatrist
 - Shared care arrangements where a person with a serious mental illness receives treatment and care for the mental illness from the specialist public mental health service and the GP provides treatment and care for physical health issues
 - Shared care arrangements for patients who no longer need the intensive input of the public mental health system but still require some mental health support and so are transitioned to GP care (this should include re-entry arrangements to public mental health services if needed for the patient)
 - Understanding the aim and function of complementary programs funded by different levels of government so the patients' pathways to the right services are streamlined. For example under some circumstances, a suicidal patient may need response from the public mental health system and at another time, the ATAPS Suicide Prevention Program.
- Agreements or protocols could also be valuable with other services for patients with one or more comorbidities, such as those who also present with misuse of alcohol and/or other drugs.

GP delivering a mental health service for a patient

- From the 'Better Access' guidelines, it is understood that GPs would mainly treat patients with high or low prevalence mental illnesses or disorders of mild to moderate severity.
- It would be important for GPs to know when it is appropriate to offer FPS for low prevalence mental illnesses and disorders.
- When the constraints of offering a mental health service from a GP setting proves difficult, GPs need to be aware when to enter into shared care arrangements or to refer patients to other mental health practitioners. New guidelines about collaboration will soon be available to assist this process.

Are there additional areas of skills/knowledge a GP needs that should be considered in developing mental health education standards for GPs?

The 2011-2013 framework mentions that GPs should understand and manage the transition phases of their patients' lives as they affect mental health issues. Just as crucial is an understanding of the different presentations of mental health problems at different life stages. For example, young people often express great psychological distress, while older patients may mask mental health problems by concentrating on physical ailments. Adult mental health presentations are more recognised. An appreciation of different mental health presentations according to life stage should also influence the use of appropriate diagnostic and outcome measures.

What can the GPMHSC do to assist training providers to develop high quality GPMHSC accredited mental health education and training activities?

- A consistent expectation of GPMHSC training is the inclusion of 'predisposing and reinforcing elements'. This is taken to mean that training participants receive some form of preparation for training as well as materials or support to reinforce what is learned during training. These provisions are, of course, desirable. As far as training is concerned, a rigorous approach would include coaching, audit and feedback, both in the training session and if possible beyond, to ensure fidelity to the FPS.
- On a more general note, it is known that training alone does not always ensure good practice. It needs to be supported by other measures, at a minimum, regular supervision.
- The 2011-2013 framework states that for GP FPS providers to maintain their registration, a FPS Continuing Professional Development (CPD) activity needs to be completed every three years. Further supervision is recommended but not mandated. This seems at odds with other Medicare mental health service providers who must complete annual FPS courses and undergo regular supervision. This is despite their key qualifications, experience and additional training being in mental health as is most of their day to day work. The GPMHSC could look at the current training for GPs and its frequency and assess whether they need to be reviewed based on patient outcomes.
- The value of other training implementation strategies to improve and sustain practice could also be considered, such as the cultivation of practice champions, booster sessions, phone consultations on an 'as needed basis' and practice development groups to maintain and enhance FPS skills.
- There is a relatively new approach being introduced into mental health, that of 'recovery', which has accompanying principles and practice. They complement the consent of FPS and other mental health interventions. 'Recovery' is a concept that has application across the whole spectrum of mental health activity from acute care, case management, counselling and rehabilitation. If the GPMHSC is interested in investigating this more, the following provide links to the newly released 'National Mental Health Recovery framework 2013 - guide for practitioners and providers' from the Australian Health Ministers' Advisory Council (AHMAC) plus four accompanying documents and an example of a state-based recovery framework.

<http://www.ahmac.gov.au/site/home.aspx> (look on RHS of page under 'related links')

<http://docs.health.vic.gov.au/docs/doc/Framework-for-Recovery-oriented-Practice>

Submitted for and on behalf of the Australian Association of Social workers Ltd



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