



Mental health

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**The Royal Australian College of General Practitioners
Curriculum for Australian General Practice 2011**

Published by:
The Royal Australian College of General Practitioners

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Definition

General practice mental health in Australia covers the assessment, management and ongoing care of the full range of mental health disorders seen in the community. General practice is also increasingly involved in the early intervention and prevention of mental disorders and the optimisation of mental health.^{1,2}

While general practitioners commonly see high prevalence disorders such as depression, anxiety, substance abuse and personality disorders, most will also encounter a range of less common mental health problems including psychosis.

In addition to obvious mental illness, GPs also see and manage lesser degrees of mental health conditions and distress as part of the full spectrum of mental health seen in the community.

A mental disorder is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.³

Mental disorders differ in type and severity and some major mental disorders are significant public health issues. These include depression, anxiety, substance use disorders, psychosis and dementia.

Mental disorders are diagnosed by standardised criteria such as those contained in the Diagnostic and Statistical Manual of Mental Disorders⁴ and the International Statistical Classification of Diseases and Related Health Problems (10th revision).⁵ The term mental illness is synonymous with mental disorder.

A mental health problem also interferes with a person's cognitive, emotional or social abilities, although usually to a lesser extent than a mental disorder. Mental health problems are more common mental complaints and include mental ill health temporarily experienced as a reaction to life stressors. Mental health problems are less severe and of shorter duration than mental disorders, but may develop into a mental disorder. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration.

Comorbid mental health conditions are defined as mental health problems that present in people with another condition. Patients may present with other complaints. For example, they may present with chronic medical conditions such as diabetes, a disability or a substance use disorder for which their mental health problem is a comorbidity. People with mental illness have all of the conditions that people without mental health problems have, and so comorbidity is a common general practice presentation. For these patients, the mental health disorder can complicate the management of their other conditions, which needs to be understood and dealt with by the GP.

Available evidence demonstrates that people with mental illness still struggle on a daily basis to access appropriate healthcare, or be treated with respect or dignity when they do enter our healthcare systems.⁶ Patients whose primary problem is a mental health disorder also deserve the full range of care, including preventive services, offered in general practice.

Curriculum in practice

The following case illustrates how the mental health curriculum applies to general practice:

- Lachlan, 33 years of age, left school early to work as an apprentice in the hospitality sector. He slowly worked toward opening his own restaurant, and by the age of 28 years he achieved this. A talented chef, he had a number of signature dishes featured in the local media and appeared on track to become the region's most popular chef. Lachlan's private life was less rosy. His occupation meant he was working the opposite hours to most of his peers and he slipped into a pattern of sleeping until lunchtime. He commenced work then did not finish until around 2.00 am. Lachlan rarely cooked for himself and tended to eat leftovers or takeaway food. He had been in a relationship with a married patron of the restaurant, but it had ended 6 months before his visit to you. Lachlan's social life was reduced to drinking with his employees after the daily clean-up. Recently he had been arrested for driving under the influence after crashing his car into a fence post. Although his presenting symptoms are fatigue related, he is open about feeling depressed and reports that his life is lacking enjoyment. How do you assess Lachlan's mental state and develop a management plan?

Rationale and general practice context

Mental health problems and mental disorders are estimated to affect almost half (45%) of Australians aged 16–85 years at some stage during their lifetime with about one in five (20% or 3.2 million) Australians affected during a 12 month period.⁷ In 2008–2009, there were an estimated 13.2 million mental health related general practice encounters.⁸

The burden of disease due to mental disorders is 13% of the total burden of disease in Australia – third in importance after heart disease and cancer.⁹ Depression was the tenth most frequent problem¹⁰ managed in 1998–1999 and increased to the fourth most common condition requiring treatment in 2005–2006.¹¹

Intentional self harm (including suicide) accounted for 36% of injury related deaths in Australia in 2010 and is a major form of death for people with mental disorders. In Australia, the rate of youth suicide peaked in the 1990s, but is now decreasing. However, after transport accidents, intentional self harm remains the leading cause of death for young people in the 15–24 years age group, accounting for 20% of deaths.¹²

People with mental illness have an elevated risk of preventable natural and unnatural death¹³ with psychiatric outpatients being twice as likely to die from diseases such as ischaemic heart disease, which has often gone undetected.¹⁴ Despite a steady decline in cardiovascular mortality for most Australians, people with mental illness have received little or no benefit from this progress.^{15,16}

Clinical depression also predicts increased mortality,¹⁷ with comorbid clinical depression and coronary heart disease being especially associated with increased mortality.¹⁸ Many other chronic disorders have been found to be associated with increased depressive morbidity.¹⁹

Health related quality of life measures suggest the effects of depression on the patient's quality of life are comparable to that of arthritis, diabetes and hypertension, and that depression and chronic illness can interact to amplify these effects.²⁰ Managing depression as a chronic disease has been shown to improve emotional and physical functioning reflecting the reality of high rates of symptom recurrence and sustained functional impairment.²¹

Special mental health conditions (including effects of discrimination) affect people from diverse backgrounds including issues of gender differences, cultural and linguistic diversity, poverty and issues of sexuality including sexual preference.

The role of general practitioners in mental health

Mental health work is multidisciplinary, for which GPs are often the first point-of-contact for patients experiencing mental health problems. This includes patients who do not disclose their mental health problems. In addition, GPs are reported as the most common providers of mental health services.⁸

General practitioners require skills to be able to:

- perform a behavioural, emotional and cognitive assessment within the context of a patient's physical findings. This includes a background chronic and current acute problems, with knowledge of their current personal and social circumstances, as well as past experiences
- identify early warning signs
- provide appropriate care
- provide continuity of care – a key factor in the successful treatment of people with mental illness effectively utilise and participate in a multidisciplinary approach to care.

Successful general practice management of mental problems requires skills in chronic disease management²² and willingness to work in formal liaison with other mental health providers²³ to enhance patient outcomes.

Stigma is a key mental health issue for GPs. Many patients will be reluctant to disclose their mental health issues because they regard these problems as stigmatising and prefer not to discuss them.

Often the GP may be the first health professional to identify a mental health problem in someone who is presenting with a somatic complaint and has been reluctant to discuss mental health issues.

Managing such patients, including appropriate referral, may take time and effort for the GP. General practice patients require competence in instituting initial management, which may require using telephone advice from local mental health services, or national GP psychiatric liaison help lines such as GP Psych Support.²⁴ If accessing appropriate local mental health services is difficult, the GP may be required to both institute and continue management of mental health disorders.

Many psychological disorders in general practice are self limiting physical illnesses and the GP's role in these situations is to explain, ease distress and act to speed recovery if possible.²⁵ This requires background knowledge of normal and adaptive psychological reactions to life stressors, commencing from undergraduate education and updated over a GP's lifetime. Patients prefer to be assessed for mental health problems by their GP, rather than a mental health specialist.

Patient improvement in depression has been linked to the strength of the therapeutic relationship²⁶ and general practice continuity of care may be an advantage where a previous patient-doctor relationship may have been well established already. There is also continuity between communication styles in everyday general practice consultations and communication in consultations with patients presenting emotional problems and psychotherapeutic communication.²⁵

Comorbidity of mental health conditions with drug and alcohol problems is another common general practice presentation. The majority of patients with serious drug and alcohol problems also have another mental health disorder and visa versa, which complicates the management of both sets of disorders.

General practice factors that can inhibit a patient from presenting emotional problems in a consultation include poor GP interview behaviours, perceived lack of time, and believing that the GP can do nothing to help.²⁷

The GP needs to learn time management skills to assist in managing patients presenting with mental health disorders who are often complex, involving considerable time and effort. Establishing the necessary rapport for effective patient management in these conditions also takes time.

General practitioners may have difficulty accessing appropriate local mental health services, particularly in rural and regional areas. They may be required to both institute and continue management of mental health disorders in such areas, whether or not they have a particular interest in mental health.

The use of multidisciplinary teams in mental health services creates communication challenges between the general practice and mental health services participating in case discussion and care planning. Establishing effective communication and better links between GPs and mental health services facilitates mutual patient care.

The current trend for GPs to be leaders of primary health teams in their own practices will require teams that deal with mental health problems. The GP will need skills to lead such teams, including appropriate communication and the delegation of responsibility.

General practitioners with more experience in managing mental problems and with relevant postgraduate qualifications have been shown to cope better with difficult mental health problems, including patients without medically explained symptoms, somatisation and hypochondria.

Related curriculum areas

Refer also to the curriculum statements:

- *Aboriginal and Torres Strait Islander health*
- *Aged care*
- *Children and young people's health*
- *Disability*
- *Drug and alcohol medicine*
- *Philosophy and foundation of general practice*
- *Men's health*
- *Multicultural health*
- *Multidisciplinary care*
- *Women's health.*

Training outcomes of the five domains of general practice

Communication skills and the patient-doctor relationship

- MHET1.1 Demonstrate appropriate respect and concern for patients with mental illness and their families and carers.
- MHET1.2 Establish rapport and appropriate patient-doctor relationship boundaries.
- MHET1.3 Identify relevant belief systems and cultural issues.
- MHET1.4 Manage emotionally charged encounters.
- MHET1.5 Manage the emotional impact of mental illness on the patient and carers within a multidisciplinary healthcare team.
- MHET1.6 Manage the stigma associated with mental health and facilitate disclosure of patients' mental health issues.
- MHET1.7 Acknowledge the dignity of patients with mental health problems and respect their attitudes, values and beliefs.
- MHET1.8 Use different counselling approaches, support methods, and appropriate referral agencies (for example for bereavement, interpersonal stress management and angry/frightened patients).

2. Applied professional knowledge and skills

- MHET2.1 Perform mental health assessments including developing mental health plans and ongoing review of patients with mental health problems.
- MHET2.2 Understand that GPs who have difficulty in accessing appropriate local mental health services may be required to both institute and continue management of mental health disorders, especially in rural and remote areas.
- MHET2.3 Recognise and assess mental health problems in the early stages of illness.
- MHET2.4 Understand the normal and adaptive psychological reactions to life's stressors.
- MHET2.5 Take a mental health history that emphasises the patient's strengths and enhances self esteem.
- MHET2.6 Perform a behavioural, emotional and cognitive assessment within the context of a patient's physical findings, including background chronic and current acute problems, with knowledge of their current personal and social circumstances and past experiences.
- MHET2.7 Manage the comorbidity of mental and physical illness or problems.
- MHET2.8 Differentiate a patient's reaction to normal life stresses from overt mental illness.
- MHET2.9 Identify the indicators people at risk of a mental health problem, including an understanding of the importance of early intervention and continuity of care.
- MHET2.10 Help patients to manage normal life events to enhance coping skills and prevent secondary morbidity.
- MHET2.11 Understand the principles of psychosocial education, cognitive behaviour therapy and family therapy.
- MHET2.12 Understand the principles of handling a mental health crisis.
- MHET2.13 Initiate appropriate counselling including the use of focused psychological strategies while identifying their own limitations.
- MHET2.14 Coordinate the care of mental health patients at a level that is appropriate to the context in which they are working.

- MHET2.15 Use appropriate psychotherapeutic agents.
- MHET2.16 Understand the principles of detoxification and withdrawal.

3. Population health and the context of general practice

- MHET3.1 Recognise the importance of detecting and assessing mental health problems in the early stages of illness.
- MHET3.2 Know the risk factors and prevalence of mental illness to enable the early identification and management of mental health problems, including screening and active case finding.
- MHET3.3 Use mental health promotion and education to assist patient populations in preventing and managing their mental health problems in accordance with recommendations of national mental health policies.
- MHET3.4 Acknowledge comorbidity of mental health with drug and alcohol use.
- MHET3.5 Acknowledge and address stigma affecting people affected by mental illness.
- MHET3.6 Acknowledge cultural and linguistic issues and special issues for patient subpopulations, eg. different age groups, gender and minority groups.
- MHET3.7 Recognise and address the needs of carers, siblings and the children of those with mental health problems, eg. issues relating to dysfunctional families, stepfamilies, scapegoating, human immunodeficiency virus (HIV) and psychogeriatric patients.
- MHET3.8 Recognise signs of mental illness in colleagues and providing debriefing, support and appropriate referral.

4. Professional and ethical role

- MHET4.1 Understand the roles of all multidisciplinary team members to facilitate care planning and ongoing review of patients with mental health disorders.
- MHET4.2 Understand that mental healthcare includes relationships not only with the patient, but also with their carers, family and significant social supports.
- MHET4.3 Work effectively as part of a multidisciplinary team in conjunction with mental health services.
- MHET4.4 Be able to lead teams using appropriate communication and the delegation of responsibility when working in a multidisciplinary team or in shared care arrangements.
- MHET4.5 Recognise the need for confidentiality and its maintenance in the management of patients with mental health issues, especially due to the stigma associated with mental health and the potential for discrimination.
- MHET4.6 Maintain self care strategies and avenues for debriefing when caring for mental health patients.
- MHET4.7 Acknowledge and manage patient-doctor professional boundaries, particularly in the areas of time management and in transference issues.
- MHET4.8 Undertake ongoing education in mental health that may include the need to participate in ongoing peer support programs.
- MHET4.9 Understand a doctor's responsibility to recognise signs of mental illness in themselves and their colleagues, and to accept and provide appropriate support and referral.
- MHET4.10 Recognise and take into account a doctor's own strengths, vulnerabilities, personal values, gender and cultural issues, attitudes and beliefs in relation to mental health management.

5. Organisational and legal dimensions

- MHET5.1 Ensure that appropriate practice procedures and processes are in place for monitoring and ongoing patient review in mental health.
- MHET5.2 Use time management skills to assist in managing mental health disorders, which are often complex.
- MHET5.3 Work effectively with available community and hospital resources in the care of patients with mental health problems.
- MHET5.4 Be able to apply current mental health legislation and procedures appropriately for the involuntary admission of patients, or for patients not competent to make informed decisions, eg. Power of Attorney, Mental Health Act, Guardianship and Administration Board Act, Freedom of Information Act.
- MHET5.5 Know policy guidelines on accessibility, confidentiality and continuity of care.
- MHET5.6 Understand requirements for reporting to the relevant registration board and medical indemnity requirements regarding impaired colleagues.

Learning objectives across the GP professional life

Medical student

1. Communication skills and the patient-doctor relationship

- MHELM1.1 Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers.
- MHELM1.2 Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship.
- MHELM1.3 Demonstrate strategies for managing the emotionally charged encounter, eg. breaking bad news, dealing with grief.
- MHELM1.4 Discuss the emotional impact of illness on the patient with other members of the healthcare team.

2. Applied professional knowledge and skills

- MHELM2.1 Describe the integration of psychological and neurobiological knowledge in performing a behavioural, emotional and cognitive assessment within the context of a patient's physical findings (including background chronic and current acute problems) with knowledge of their current personal and social circumstances and past experiences.
- MHELM2.2 Briefly describe the personality development and personality types.
- MHELM2.3 Describe the basics of pathological, pharmacological and hormonal effects on mental functioning.
- MHELM2.4 Demonstrate familiarity with psychiatric diagnostic frameworks, eg. International Classification of Diseases, Diagnostic and Statistical manual and describe common psychiatric syndromes and disorders.
- MHELM2.5 Demonstrate familiarity with basic tools to aid mental health assessment (eg. K10).
- MHELM2.6 Outline the stages of normal psychological development from birth to old age.
- MHELM2.7 Briefly outline the principles of sociology and the influences of socioeconomic status, race, gender, and culture on the expectations about, acceptance of, and access to medical treatment.
- MHELM2.8 Describe the various schools of psychotherapy and their evidence base.
- MHELM2.9 Outline the general principles of treatment of the common psychiatric disorders and syndromes.
- MHELM2.10 Identify key members of the mental healthcare team.
- MHELM2.11 Understand the principles of classical and operant conditioning.
- MHELM2.12 Describe the common risk factors, physical and mental health impact and principles of treatment for substance use disorders.
- MHELM2.13 Apply evidence based medicine in mental healthcare.

3. Population health and the context of general practice

- MHELM3.1 Describe the common risk factors for high prevalence mental health conditions.
- MHELM3.2 Outline the main effects mental illness may have on carers, siblings and children of the mentally ill.
- MHELM3.3 Describe the roles of members of the mental healthcare team including psychologists, psychiatrists, social workers, GPs, nurses and carers.
- MHELM3.4 Outline the principles of preventive mental healthcare for all population subgroups.
- MHELM3.5 Understand the range of mental health disorders and problems in the community setting dealt with by GPs.

4. Professional and ethical role

- MHELM4.1 Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship with appropriate use of mentors to assist.
- MHELM4.2 Seek to understand your own reactions to confronting clinical situations relating to the delivery of mental healthcare and be ready to seek counsel from teachers, or other clinical mentors to optimise your own mental health.
- MHELM4.3 Outline the role of the GP in relation to population mental health issues.
- MHELM4.4 Outline common responses of health professionals when caring for patients with mental illness and strategies for self care.

5. Organisational and legal dimensions

- MHELM5.1 Describe the conditions under which a patient may be admitted involuntarily in the local context.
- MHELM5.2 Outline the principles of confidentiality and consent, and the circumstances in which these processes may be modified.
- MHELM5.3 Outline common responses in the health professional when caring for patients with mental illness, and strategies for self care.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

1. Communication skills and the patient-doctor relationship

- MHELP1.1 Demonstrate effective communication with patients with mental health concerns and their families and carers.
- MHELP1.2 Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers.
- MHELP1.3 Discuss strategies for managing the emotionally charged encounter, eg. breaking bad news, dealing with grief.
- MHELP1.4 Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship.
- MHELP1.5 Integrate effective communication into consultations with the patient who is emotionally distressed and their families.

2. Applied professional knowledge and skills

- MHELP2.1 Integrate psychological and neurobiological knowledge when performing a behavioural, emotional and cognitive assessment within the context of a patient's physical findings (including background chronic and current acute problems) with knowledge of their current personal and social circumstances and past experiences.
- MHELP2.2 Identify the common mental health comorbidities that occur in the context of physical illness or disability.
- MHELP2.3 Demonstrate ability to take a psychiatric history, perform a mental status and risk assessment in the hospital setting.
- MHELP2.4 Utilise the most recent psychiatric diagnostic frameworks, eg. International Classification of Diseases and the Diagnostic and Statistical Manual.
- MHELP2.5 Describe common psychiatric presentations.
- MHELP2.6 Utilise basic tools to aid mental health assessment, eg. mini mental state examination.
- MHELP2.7 Perform a focused mental health assessment.
- MHELP2.8 Describe the impact of acute and chronic physical illness and disability on the mental health of patients in the hospital setting.
- MHELP2.9 Describe resources available for patients with mental illness that take into account cultural and gender context.
- MHELP2.10 Be familiar with the common pharmacological and psychological treatments available for patients with common mental health disorders.
- MHELP2.11 Discuss the emotional impact of illness on the patient with other members of the healthcare team.
- MHELP2.12 Describe the common pharmacological and psychological treatments to patients.
- MHELP2.13 Outline the roles and functions of key members of the mental healthcare team in the hospital and community setting.

- MHELP2.14 Describe the use of psychological techniques in the management of patients with physical illness, eg. motivational interviewing for lifestyle change or medication concordance.
- MHELP2.15 Identify support services for patients with substance use disorders, and negotiate initial engagement with these services.

3. Population health and the context of general practice

- MHELP3.1 Identify those at high risk of mental illness in the hospital setting and utilise strategies to screen for mental health disorders.
- MHELP3.2 Discuss the diagnosis and management of mental health disorders with the carers and family of patients with mental illness.
- MHELP3.3 Identify sources of support for carers and family of patients with mental illness.

4. Professional and ethical role

- MHELP4.1 Describe the role of primary, secondary and tertiary care in the management of patients with mental illness.
- MHELP4.2 Demonstrate inclusion of the patient's GP in the management of patients with mental illness in the hospital setting under the guidance of the team leader.
- MHELP4.3 Describe your own reactions to confronting clinical mental healthcare situations and role of counsel from teachers, or other clinical mentors for self care.
- MHELP4.4 Outline self care strategies and avenues for debriefing when caring for mental health patients.
- MHELP4.5 Demonstrate communication with other members of the health care team utilising written, verbal and computer mediated communication, including communication with the patient's GP upon patient admission and discharge from an acute or outpatient care under the guidance of the team leader.

5. Organisational and legal dimensions

- MHELP5.1 Outline procedures for the certification of involuntary patients.
- MHELP5.2 Discuss the principles of confidentiality in the context of team care.

Learning objectives across the GP professional life —

Vocational registrar

Assumed level of knowledge – prevocational doctor

1. Communication skills and the patient-doctor relationship

- MHELV1.1 Integrate effective communication with patients with mental health concerns and their families and carers in the primary care setting.
- MHELV1.2 Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers in the primary care setting.
- MHELV1.3 Integrate strategies for managing the emotionally charged encounter (eg. breaking bad news, dealing with grief) into the primary care setting.
- MHELV1.4 Establish rapport with patients with mental health concerns and their families and carers.
- MHELV1.5 Identify the impact of the belief systems and cultural norms of both doctor and patient during communication.
- MHELV1.6 Establish partnerships of care incorporating patients, carers, healthcare professionals and support staff utilising written, verbal and computer mediated communication.

2. Applied professional knowledge and skills

- MHELV2.1 Describe the epidemiology and aetiology of common mental health conditions and the complexities of comorbidity.
- MHELV2.2 Demonstrate skills in psychiatric history taking, mental status assessment and risk assessment in the general practice setting.
- MHELV2.3 Detect and differentiate the common mental health disorders in general practice.
- MHELV2.4 Demonstrate appropriate use of psychometric instruments to aid assessment.
- MHELV2.5 Demonstrate how to differentiate a patient's reaction to normal life stresses from overt mental illness.
- MHELV2.6 Demonstrate the inclusion of mental health assessment in undifferentiated clinical presentations.
- MHELV2.7 Assess the functional impact of mental health disorders on a patient.
- MHELV2.8 Negotiate a mental health plan with patients, carers and health professionals considering patient and carer preferences, concerns and resources.
- MHELV2.9 Communicate the evidence basis for common treatments to patients and carers.
- MHELV2.10 Describe appropriate patient and carer education methods and materials.
- MHELV2.11 Describe local mental healthcare providers and systems including nongovernment organisations, eg. self help groups.
- MHELV2.12 Describe available pharmacological and psychological therapies and utilise these therapies in an evidence based way.
- MHELV2.13 Outline the principal of detoxification and withdrawal.
- MHELV2.14 Deliver focused psychological strategies, where appropriate as defined by the governmental mental health Initiatives.
- MHELV2.15 Demonstrate the appropriate prescription of psychoactive medication using an evidence based approach.

- MHELV2.16 Work collaboratively with members of the local healthcare network.
- MHELV2.17 Describe the need for systematic monitoring of the effectiveness of a mental health plan.
- MHELV2.18 Manage comorbidity of mental and physical illness.
- MHELV2.19 Describe how to engage patients in self monitoring to identify recurrence.
- MHELV2.20 Assist patients and carers to develop a personal relapse prevention plan.
- MHELV2.21 Recognise signs of mental illness in colleagues and provide debriefing, support and appropriate referral.

3. Population health and the context of general practice

- MHELV3.1 Implement evidenced based screening for mental health problems in at risk populations.
- MHELV3.2 Describe the mental health special requirements of patient subpopulations, eg. people from Aboriginal and Torres Strait Islander backgrounds, people from culturally and linguistically diverse backgrounds, men, women and young people.
- MHELV3.3 Demonstrate the effective physical and mental healthcare management in patients with mental health problems.
- MHELV3.4 Recognise and address the needs of carers, siblings and children of those with mental health problems.

4. Professional and ethical role

- MHELV4.1 Describe the apportioning of clinical time in a manner considered appropriate in local context by patients and peers.
- MHELV4.2 Describe the role of the general practice in reconciling competing patient demands in mental health.
- MHELV4.3 Utilise appropriate billing systems and government initiatives to fund efficient and effective mental healthcare.
- MHELV4.4 Describe the role of the GP in relation to mental health.
- MHELV4.5 Describe a role for general practice in advocacy for systemic change.
- MHELV4.6 Outline self care strategies and avenues for debriefing when caring for mental health patients.

5. Organisational and legal dimensions

- MHELV5.1 Outline the current mental health legislation and procedures for the certification of involuntary patients.
- MHELV5.2 Discuss policy guidelines on accessibility, confidentiality and continuity of care.
- MHELV5.3 Detail the requirements for reporting to the relevant registration board and medical indemnity requirements regarding impaired colleagues.

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

1. Communication skills and the patient-doctor relationship

- MHELC1.1 Review communication skills and work to improve these with high quality experience based skills training.
- MHELC1.2 Consider seeking out advanced communication skills training.

2. Applied professional knowledge and skills

- MHELC2.1 Develop expertise in mental healthcare in specialised areas according to local need, eg. in paediatrics, young people, aged care, drug and alcohol and correctional services.
- MHELC2.2 Participate in continuing professional development activities that enhance diagnostic skills of atypical presentations and less common mental health disorders.
- MHELC2.3 Where appropriate, or as a special interest, develop skills in supervision and mentoring of general practice registrars undertaking mental health training.
- MHELC2.4 Seek skills in the delivery of focused psychological strategies including reattribution for patients who frequently somatise their mental health problems, and may be at a risk of over investigation and inappropriate medical treatments.
- MHELC2.5 Regularly update knowledge on the emerging evidence base for treatments of mental health disorders via continuing professional development opportunities.
- MHELC2.6 Demonstrate ongoing training in new advances in medications (including appropriate use, actions and side effects profiles).
- MHELC2.7 Develop skills in working with local mental healthcare providers and non-government organisations to deliver optimal mental healthcare.
- MHELC2.8 Where appropriate or as a special interest, develop skills in the delivery of a range of evidence based treatments (eg. interpersonal therapy, cognitive and behavioural therapy).
- MHELC2.9 Where appropriate, or as a special interest, participate in ongoing continuing professional development in the area of drug and alcohol management (eg. clinical attachments).
- MHELC2.10 Develop skills in enhancing the effectiveness of relapse prevention in mental healthcare.

3. Population health and the context of general practice

- MHELC3.1 Seek out opportunities for further training in the mental healthcare of patients from diverse backgrounds, according to local need.
- MHELC3.2 Regularly participate in quality assurance activities of the effectiveness of local mental health promotion and disease prevention (eg. clinical audit).

4. Professional and ethical role

- MHELC4.1 Mentor and supervise general practice registrars in time management and reconciling competing demands.
- MHELC4.2 Where appropriate, or as a special interest, participate in ongoing peer support to optimise understanding of issues arising from the patient-doctor relationship (eg. Balint groups or supervision).
- MHELC4.3 Participate in peer support activities directed at self care and support for colleagues.
- MHELC4.4 Where appropriate, or as a special interest, seek out opportunities to participate actively as an advocate for the role of general practice in mental healthcare (eg. curriculum development, advisory committees, research).
- MHELC4.5 Regularly participate in interdisciplinary quality assurance and education activities according to local need.

5. Organisational and legal dimensions

- MHELC5.1 Regularly update knowledge of mental health legislation and policies as it applies to local practice context.
- MHELC5.2 Participate in the promotion of improvements to financially viable systems to enable best care for people with mental health problems and disorders.

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