



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Mental Health Services

The Role of GP's in the Delivery of Mental Health Services to the Australian Community
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Also see RACGP policy - youth suicide.

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Aim

To assist GPs in their provision of primary care mental health services for their patients.

Principles

- Access to timely and appropriate care for mental disorders and mental health problems is a right. Those suffering from mental health disorders or problems are also entitled to appropriate care for their physical illnesses.
- Attention to patients' emotional health and well-being is an integral part of holistic General Practice.
- People with mental disorders and mental health problems and their families are entitled to be involved in decisions about how best to meet their health care needs.

Background

The prevalence of mental disorders and mental health problems in the community, and among general practice patients is high.¹ In Australia, GPs provide the majority of mental health services in the community.⁴

There has been an increasing awareness in Australia that people with mental disorders and mental health problems often experience sub-optimal care for both their psychological and physical illnesses.^{2,3} Many people with major degrees of disability due to mental disorders do not receive services from **any** health professionals.⁴

The National Mental Health Strategy⁵ has provided a policy blueprint to improve care to people with mental disorders and mental health problems in response to the increasing awareness of shortfalls in the current level of services available. Strategies have also been adopted in response to concern about the high incidence of suicide among young people.

Mental health problems seen in General practice are distinct from the problems presenting to other sectors of the health system. Many problems are self-limiting. Many can be adequately managed in the general practice setting. A small proportion require referral for more specialised management.⁴ Skilled GPs assist their patients in selecting appropriate management, provide treatment and advice themselves and broker suitable resources where required.⁶

Considerable work is being done overseas in the development of appropriate classification, diagnosis and management systems for mental disorders in the primary care setting.^{7,8} At the same time there has been some activity in the development of appropriate training programmes, targeting practising GPs, linked to these systems.^{9,10,11}

The RACGP Training Program Core Curriculum and the Advanced Rural Skills Curriculum Statement provide guidance for vocational training for mental health in General Practice.

The RACGP and the RANZCP have recently completed a comprehensive review¹² of:

- the role of GPs in the delivery of mental health care in the primary care setting;
- enhanced models of delivery of mental health services; and
- the educational needs of general practitioners in order to fulfil these roles.

The review included assessment of medical undergraduate and graduate education and continuing education for GPs.

There has been significant continuing medical education activity by Australian GPs in mental health related areas over the last triennium. From 1993 to 1995, 63% of GPs have been involved in CME in the areas of mental health, counselling or drug and alcohol related problems.¹³

Despite recent achievements, systemic disincentives continue to hinder GPs from addressing the mental health related problems of their patients. These barriers are time and financial constraints inherent in the current MBS, as well as difficulties with timely access of specialised services for their patients.

Position of the RACGP

- The RACGP is a key stakeholder in shaping health policies relevant to the general practice management of people with mental disorders and mental health problems.
- The RACGP supports the objectives of the National Mental Health Strategy.

- GPs are in a unique position, due to their accessibility and the generalist nature of practice:
 - to address the biomedical and psychological aspects of a person's illness
 - to intervene to protect patients' mental health where illness could otherwise develop
 - promote the mental health and well being of all patients.
- GPs are well placed to work with more specialised mental health professionals in providing the best overall care for people with co-morbidity.
- It is the responsibility of GPs to assist patients in the management of their mental disorders and mental health problems as well as to work in a collaborative manner with their patients, consumer and self-help groups, psychiatrists and other mental health workers.

Recommended Role for Individual GP's

- The detection of mental disorders and mental health problems and provision of assistance to patients in their management is an integral part of the role of GPs. GPs should provide treatment to the limit of their skills and refer as appropriate.
- Specifically: GPs should have core skills in the management of the mental health problems and disorders commonly seen in General Practice particularly the six conditions identified by the World Health Organisation: anxiety; depression; alcohol related disorders; insomnia; fatigue; and somatic presentations of psychological distress; and GPs should be proficient in the detection and initial management of people experiencing major mental disorders.
- GPs who wish to adopt enhanced roles in Mental Health such as managing particular conditions or using psychological interventions should equip themselves with the appropriate skills through available courses in continuing education and vocational training.
- GPs interested in managing chronic and/or severe mental disorders may be assisted by shared care arrangements which provide support and access to the broad range of services needed by patients with these conditions.
- GPs should ensure that they provide the same range of care to people with mental disorders and mental health problems as to other patient groups with concurrent physical problems.
- GPs should, through Divisions, establish networks with mental health professionals and self-help groups who can provide assistance for their patients to promote seamless care. These networks may also offer opportunities for interested GPs to be involved in mental health promotion activities beyond one to one consultation services.
- GPs undertaking the care of patients for whom they are prescribing psychotropic agents should have in place in their practices systems for monitoring the use of these drugs, and for ensuring the regular review of these patients.

Strategies

The RACGP will:

- implement the Mental Health component of the Training Program Core Curriculum;
- establish Advanced Rural Skills posts in the area of mental health for its Rural Training Stream Registrars
- implement and evaluate the Aboriginal Health core curriculum
- evaluate the effectiveness of a range of alternative and advanced roles for GPs in Mental Health, which incorporate preventive strategies and early intervention
- review mental health continuing education placing increased emphasis on practice assessment activities which relate to mental health and drug and alcohol problems.
- implement the recommendations of the JCC in Psychiatry. These include:
 - advocacy with the Federal Government to continue the reforms and initiatives started in the National Mental Health Strategy
 - advocacy with the Federal Government to consider the development and delivery of a national GP education package based on the WHO Mental Disorders Education Package
 - commissioning a review of primary care based therapies for mental disorders and mental health problems
 - advocacy with the Federal Government to trial remuneration strategies which encourage GPs to provide comprehensive care to people with chronic and disabling mental disorders and mental health problems.

References

1. Goldberg D, Blackwell B Psychiatric illness in general practice: a detailed study using a new method of case identification. *British Med. Jour.* 1970; 2: 439-443
2. Burdekin B. Human Rights and Mental Illness: Report on the National Inquiry into the Human Rights of People with Mental Illness. AGPS Canberra 1993
3. Health Care Complaints Commission. NSW Health. The Care and Management of People with a mental illness residing in boarding houses, who require treatment with psychotropic medication. May 1996 Sydney
4. Andrews G The Tolkein Report 1994. A model for matching the available workforce to the demand for services. University of NSW
5. Australian Health Ministers Advisory Council (AHMAC). National Mental Health Strategy. AGPS Canberra
6. RACGP 1996 Role Definition and Function of General Practice
7. Ustun T, Goldberg D, Cooper J, Simon GE, Sartorius N New Classification for mental disorders with management guidelines for use in primary care: ICD 10 PHC chapter 5. *British J of General Practice* 1995; 45: 211-215
8. American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders. 4th edition. Primary Care Version. 1995 Washington.
9. World Health Organization Mental Disorders Education Package 1996

10. University of NSW Department of Psychiatry Masters of Psychological Medicine Course and related text.
11. University of West Australia Centre for Primary Care Mental Health
12. Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Psychiatrists Joint Consultative Committee Primary Care Psychiatry - The Last Frontier. 1997 Sydney
13. Ibid. Appendix G

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