

Education for GPs providing mental health care for rural and remote populations

A resource for training providers

GPs working in rural and remote areas will be all too familiar with the issues facing an area without well-resourced mental health services. Training rural and remote GPs in the provision of mental health care allows for local management of mental illness, which is both a cost-effective solution and one that allows mental health specialists to focus their attention on complex and intractable mental health issues.



Complex social determinants of rural and remote mental health

Mental health outcomes in rural and remote areas might be impacted by community-level factors, such as lower levels of education, employment, and physical activity relative to people in urban centres, as well as higher rates of alcohol use, smoking, and disability.¹ GPs must be able to recognise the social determinants of mental health in rural and remote communities so that they may respond to the specific health needs of these populations. Certain mental health presentations might be seen more frequently by rural GPs; for example, trauma related to motor vehicle accidents and natural disasters such as bushfires and floods. However, generalisations should be avoided, as individual factors such as disposition, recent exposure to adverse events, and perceived social support might more important than community-level variables in predicting the wellbeing of rural Australians.²

Severe consequences of poor mental health in rural and remote communities

The prevalence of mental illness in rural and remote areas is not significantly different from that in metropolitan areas.

However, the consequences of mental illness might be amplified due to a lack of access to specialist support services, which can delay diagnosis and intervention. Further, people who may require psychological support but are not classified among the most unwell patients do not generally qualify for assistance within the public system.

Complicating this picture are social attitudes towards mental health, particularly ideas about resilience, self-sufficiency, the nature of mental illness, and what it means to ask for help for a mental health issue.³ Many people might seek the assistance of a health professional only when their mental health status deteriorates, presenting with more serious or complex health issues. GPs based in rural and remote areas must be able to assess and critically analyse the effects of stigma and discrimination and the impacts that these have on individuals, families and carers.

Challenges of rural practice

While not unique to rural general practice, there are challenges that are more common to work in this setting.⁴ For example, confidentiality is of particular concern in smaller communities, where dual relationships might be more common and sensitive

issues related to mental health therefore more difficult to raise. There may be close relationships between patients and GPs must take additional care to maintain patients' privacy.

The heterogeneity of rural communities may also create challenges for the rural practitioner. GPs need to meet the needs of subgroups with particular mental health needs that may have dedicated services in urban areas, such as Aboriginal and Torres Strait Islanders, young people, or patients from culturally diverse backgrounds. Similarly, GPs will need to have a good understanding of mental health across the lifespan, from childhood to late adulthood, and particularly the developmental changes that can affect mental health over the course of patients' lives.

Importance of a multidisciplinary approach

In rural and remote areas, as in urban areas, the best patient outcomes are achieved when GPs work in partnership with allied health professionals such as psychiatrists, psychologists, occupational therapists, social workers, and Aboriginal and Torres Strait Islander health workers. However, in geographically isolated areas, the GP may lack clinical supports, providing the first contact for mental health presentations. As such the GP

provides a broad spectrum of mental health services: promoting community awareness, prevention activities, surveillance of sub-acute symptoms, as well as management of acute and chronic illness.

Understanding the full capability of the GP Mental Health Treatment Plan (GPMHTP) is especially important for GPs in rural and remote communities. The GPMHTP should be used to coordinate care when patients are referred to any health professionals outside the rural community. Appropriate use of the GPMHTP ensures good communication between all the health professionals who are monitoring and managing patients' mental health care.

Suicide prevention

Rural and remote communities have particular suicide risk factors and mental health needs associated with geographical isolation, economic and political factors, alcohol consumption and related aggression, and environmental events such as drought, bushfires and floods.⁵ Rates of suicide and suicide attempts increase with rurality, with the incidence of suicide highest in Australia's most remote regions twice as high as that of urban centres. Young men and young Indigenous people within these communities are at significantly higher risk.⁶

As a result, GPs working in rural and remote areas should undertake additional training in suicide risk assessment and management. Such training should take into account the scarcity of resources in rural and remote areas and the associated complexities of developing a safety plan for patients who are at risk.

Contacting the GPMHSC

For further information on the work of the GPMHSC, please contact the GPMHSC Secretariat at: 100 Wellington Parade, East Melbourne VIC 3002

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The GPMHSC is a multidisciplinary collaboration with representatives from the below organisations. The GPMHSC is managed by The Royal Australian College of General Practitioners and is funded by the Commonwealth Department of Health.

Assessment tools

General

Depression Anxiety Stress Scales (DASS)

Suicide risk assessment

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Suicide Questions Answers Resources (SQuARE): Risk Assessment Questions

PTSD

- Weathers F, Litz B, Herman D, Huska J, Keane T. The PTSD checklist: reliability, validity, & diagnostic utility. Annual Meeting of the International Society of Traumatic Stress Studies. San Antonio, Texas, 1993.
- Breslau N, Peterson EL, Kessler RC, Schultz LR. Short screening scale for DSM-IV posttraumatic stress disorder. *Am J Psychiatry* 1999 Jun;156(6):908–11.
- Prins A, Ouimette P, Kimerling R, et al. The primary care PTSD screen (PC PTSD): development and operating characteristics. *Primary Care Psychiatry* 2003(9):9–14.

Alcohol and drug use

- Alcohol Use Disorders Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST)

Referral options

Referral to a consultant psychiatrist or psychologist should be considered in situations where the patient presents with moderate to severe, acute, or complex mental health issues. In situations where symptoms are not acute and referral to a mental health professional is difficult, patients can be directed to national helplines such as Lifeline, MensLine, Relationships

Australia and SANE Australia. Various eMental Health programs designed for the treatment of depression and anxiety (for example, Mind Spot, This Way Up, or myCompass) might also be useful in certain cases; however, use of these services should be monitored by the GP and appropriate follow-up arranged in situations where this treatment is ineffective.

Useful resources

- The National Rural Health Alliance
- Australasian Centre for Rural and Remote Mental Health (ACRRMH)
- Centre for Rural and Remote Mental Health (CRRMH; NSW)
- The Shed Online

References

1. National Rural Health Alliance. The determinants of health in rural and remote Australia: Fact Sheet 28 [Pamphlet]. 2011 [cited 2015 January]; Available from: <http://ruralhealth.org.au/sites/default/files/publications/factsheet-determinants-health-rural-australia.pdf>
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3. Anderson D. Enduring drought then coping with climate change: Lived experience and local resolve in rural mental health. *Rural Society* 2009;19(4):340–52.
4. Bourke L, Sheridan C, Russell U, Jones G, DeWitt D, Liaw ST. Developing a conceptual understanding of rural health practice. *Aust J Rural Health* 2004 Oct;12(5):181–6.
5. Köves K, Milner A, McKay K, De Leo D. Suicide in rural and remote areas of Australia. Brisbane: Australian Institute for Suicide Research and Prevention; 2012.
6. Australian Institute of Health and Welfare. Suicide and hospitalised self-harm in Australia: trends and analysis. Injury research and statistics series no. 93. Cat. no. INJCAT 169. Canberra: AIHW; 2014.

