

Mental health care in general practice

Position Statement – October 2016

Position

The Royal Australian College of General Practitioners (RACGP) aims to support general practitioners (GPs) in providing mental health care by advocating for:

- recognition of the central role of general practice
- interprofessional collaboration
- high-quality education and training in mental health
- medicare reform.

Background

General practice plays a central role in the provision of mental health care. In Australia, people in distress frequently turn to a general practice team for help. Over 1.2 million people saw a GP for a mental health-related service in 2011.¹ Easily accessed without referral, general practice is key to providing equitable access to care for mental health issues.

Indeed, in certain circumstances, a general practice may be the only point of care for people who require mental health services. In rural and remote areas, GPs and their practice teams may manage a high volume of mental health work as a result of geographical barriers and a lack of local mental health practitioners. Individuals who might not otherwise have contact with the health care system for various reasons might have contact with a general practice, such as people of low socioeconomic status, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds. General practice also bridges the gap between the community and institutions such as hospitals, mental health outpatient services, drug and alcohol rehabilitation facilities, and prisons.

Through general practice, patients receive comprehensive care encompassing both mental and physical health needs. Unlike many other public and private health care settings, general practice does not draw a distinction between mind and body systems. Assessment and treatment of mental illness is informed by a holistic, whole-of-person approach.^{2,3}

General practices also oversee patients' mental health across various ages and stages. This creates an ideal climate for population-based mental health promotion activities and stigma reduction.⁴ Ongoing relationships between patients and practice staff can facilitate early intervention for emerging symptoms, assessment of suicide risk, and effective monitoring of chronic mental illness.

Recognition of the central role of general practice

The RACGP believes that a patient-centred medical home model establishes the conditions for optimal mental health care. Bypassing general practice fragments care and undermines the medical home model, contributing to poorer outcomes for vulnerable patients. When patients have an ongoing relationship with a general practice and a 'personal doctor' for the provision of continuous, interconnected care, it can decrease the use of inappropriate services.⁵ Where possible, general practice should be the central point of contact for patients, their families and the care team.⁶

Initiatives that support interprofessional collaboration

The RACGP champions a GP-led, patient-centred health system in which each member of the care team has specified roles and responsibilities. Timely, respectful and relevant communication between professionals assists patients to navigate a complicated health system and improves the quality of their care.⁷

Where possible, mental health professionals should be embedded within general practice to encourage strong communication between practitioners, facilitate a ‘no-wrong-door’ approach to mental health for patients, and allow for more effective use of each practitioner’s time and skills.

The RACGP also believes in the importance of GP access to support and advice from relevant mental health specialists, such as psychiatrists, on the management of patients with mental health issues. Early career GPs and practitioners in rural areas may find particular benefit in these consultation services.

The RACGP works with a number of multidisciplinary bodies acting to improve communication between health professionals, including the Mental Health Professionals Association (MHPA), Mental Health Professionals Network (MHPN), and Mental Health Australia (MHA).

High quality education and training in mental health

The RACGP is committed to the development of mental health training initiatives to support its members in all stages of their career, from student to senior practitioner. Mental health is firmly embedded in both the RACGP Curriculum for General Practice and the Advanced Rural Skills Training (ARST) Curriculum. The RACGP also manages the General Practice Mental Health Standards Collaboration (GPMHSC), a program funded by the Australian Government to establish and maintain standards for continuing professional development in mental health care for GPs. The high uptake of Mental Health Skills Training (the GPMHSC’s entry-level competency for assessment, diagnosis and management of mental health issues) reflects a strong commitment to this field of practice within the profession.

Many GPs choose to build on their existing skills in mental health as part of their lifelong learning, for example through a short course in mental health first aid, focussed psychological strategies skills training, or a postgraduate qualification. Research conducted by RACGP Rural indicates that GPs practising in rural and remote locations would like to engage in advanced mental health training but are deterred by the financial cost and the time away from practice.⁸ Incentive schemes equivalent to those for procedural skills would support GPs to develop or refresh advanced skills in mental health.⁹

In general practice, there are also unique opportunities for suicide prevention within the community.¹⁰ GP training in this area has been identified as a key factor in reducing suicide deaths in Australia.¹¹ The RACGP is supportive of training initiatives that aim to support GPs in providing care to help reduce the incidence of suicide.

Medicare reform

Payment systems for the provision of primary health care such as the Medicare Benefits Schedule (MBS) should accurately capture the time spent caring for individuals with mental health needs.¹² This includes the time GPs invest in face-to-face consultation with patients as well as in coordinating care – that is, consulting and sharing information with other members of a mental health care team. There should also be recognition of the additional time and skill required in the management of patients with complex needs, particularly those with severe mental illness, comorbid conditions, socioeconomic disadvantage, and a lack of social support. Medicare benefits paid for GP mental health care services should be commensurate with those for the assessment and treatment of physical health issues.

The RACGP continues to present the case for MBS reform to better support the needs of patients in accessing evidence-based, cost-effective mental health care.^{13,14}

References

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