RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Mental health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Mental health.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Mental health

Context

Mental illness covers a range of disorders including anxiety disorders, affective disorders, eating disorders, psychotic disorders, personality disorders and substance use disorders. However, mental health is a much broader concept of social, cultural, and psychological wellbeing often impacted by social determinants of health.[1,2]

Over 40% of Australians experience a mental health disorder during their life. Approximately 21.5% of Australians (38.8% of 16–24-year-olds) report experiencing a mental health disorder in the last 12 months.[2,3] In a 2022–23 survey 30% of Aboriginal and Torres Strait Islanders experienced high or very high levels of psychological distress in the last 4 weeks.[4] GPs should understand the ongoing impact of the Stolen Generation on psychological distress over generations.[4]

Anxiety (affecting 17% of 16–85-year-olds in the last 12 months) and depression (7.5%) are the most common mental illnesses.[3] While psychotic illnesses are less common, sufferers have a higher fatal and non-fatal disease burden.[5]

In 2023 in Australia, there were 3,214 deaths by suicide and in 2023–24 there were approximately 24,100 hospitalisations for intentional self-harm.[6] Risk assessment forms a vital part of any general practice consultation for mental illness.

People with mental illness are also more likely to develop physical illness.[6] This is a result of lifestyle, socioeconomic and system-level factors including social stigma, lack of health service integration, a lack of physical health monitoring, and medication side effects.

GPs deliver the bulk of mental health services in Australia. The 2024 RACGP Health of the Nation survey found that psychological issues are the most common patient presentations in general practice with 71% of general practitioners reporting it as one of the three most common reasons for consultations.[7] Whilst medication should never be first line treatment for mental health disorders, one in seven Australians are now taking antidepressants. GPs provide 92% of antidepressants scripts in Australia.[8] GPs have an important role in prescribing but equally important in deprescribing. GPs see people throughout their life and play a critical role in trauma informed counselling, psychoeducation, prevention, case finding, risk assessment, early intervention, support, and treatment for patients with mental health conditions, as well as the physical health conditions and associated social issues that often accompany them.

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Learning outcomes

The GP is able to:

- utilise effective communication skills to engage, diagnose, manage, and support patients with mental health conditions
- identify mental health emergencies and patients at risk of suicide or self-harm
- identify and manage common mental health illnesses
- understand the risks and challenges of physical illness comorbidity in patients with mental illness
- identify those at increased risk of mental health concerns and adverse outcomes because of social, cultural, geographic, or life-stage risk factors
- understand the importance of self-care and reflective practice in moderating the impact on the GP of managing patients with mental health concerns
- understand the ethical, organisational, and legal factors impacting on good outcomes in mental health care.

Key areas of learning

Utilise effective communication skills to engage, diagnose, manage, and support patients with mental health conditions

Communicate with patients presenting with mental health concerns in a sensitive and non-judgemental way that considers their life stage, education, previous experiences, belief systems, and cultural context. Consider the specific concerns of:

- Aboriginal and Torres Strait Islander patients
- people from culturally and linguistically diverse backgrounds
- LGBTIQ+ people
- patients living in rural and remote areas
- people living with disability
- children and adolescents
- elderly patients.

Use a structured consultation approach such as the HEEADSS framework for developing rapport and assessing psychosocial wellbeing in adolescents.

Use communication strategies to manage distress, de-escalate emotionally charged situations, manage acute stress and grief reactions, and provide emotional support.

Use language appropriate to the education and understanding of patients and carers to explain behavioural treatments for common mental health presentations. These may include:

- managing the sleep–wake cycle and sleep hygiene
- the benefits of physical activity, good nutrition and reducing alcohol and other drugs
- increased social connection (possibly as a social prescription) to minimise social isolation and loneliness
- planning activities and scheduling pleasant events
- relaxation techniques and mindfulness meditation
- time in nature
- plans to prevent relapse.

Work with patients and carers to develop a management plan that aligns with the patient's personal and cultural values.

Identify mental health emergencies and patients at risk suicide or self-harm

Recognise psychiatric emergencies, such as an acutely psychotic patient or a patient at high risk of suicide, and be aware of local resources and services to manage the emergency safely.

Undertake a risk assessment for patients presenting with mental health concerns that includes:

- risky behaviours (eg drug and alcohol use, dangerous driving, or disordered eating)
- deliberate self-harm
- suicidality (suicidal ideation, intent, and plans and means)
- potential harm from others (eg domestic violence)
- potential harm to others.

Identify and manage common mental health illnesses

Take a thorough biopsychosocial history, undertake a mental state examination as well as a general examination and, where appropriate, use screening and assessment tools to identify mental health conditions such as:

- grief and complicated grief
- adjustment disorder
- anxiety disorders:
    - generalised anxiety disorder
    - panic disorder
    - hyperventilation
    - acute stress disorder
    - post-traumatic stress disorder
    - phobic disorders, including agoraphobia and social anxiety
    - obsessive compulsive disorder
- mood disorders:
    - major depression
    - bipolar disorder
    - antenatal / perinatal / post-natal depression
- complex mental health disorders, including:
    - personality disorders
    - complex post-traumatic stress disorder
    - somatoform disorders
    - medically unexplained illness
- psychotic disorders such as:
    - drug-induced psychosis
    - schizophrenia
    - schizoaffective disorder
- eating disorders and related conditions, including:
    - anorexia nervosa
    - bulimia
    - binge eating disorder
    - avoidant / restrictive food intake disorder
    - body dysmorphia.

Through history and examination, identify mental health and behavioural disorders in children and work with the child and parents / caregivers to develop a management plan and referral to appropriate services, supports, and resources. Disorders include:

- anxiety and mood disorders
- attention deficit / hyperactivity disorders
- autism spectrum disorder
- conduct disorders.

Be familiar with e-mental health resources, identify patients who may benefit from using them and support them to use the programs.

Develop a comprehensive mental health treatment plan for patients who meet Medicare criteria that facilitates a team approach to care and includes appropriate behavioural, psychological, and pharmacological strategies, as well as safety-netting and review-planning.

Develop a clear understanding of the role of prescribing in the overall management of mental health disorders, and have clear discussions regarding the planned duration or therapy and how to deprescribe effectively and safely

Identify and manage neurodevelopmental conditions

Take a thorough biopsychosocial history, undertake a mental state examination and a general examination, and where appropriate, use screening and assessment tools to identify neurodevelopmental conditions such as attention deficit / hyperactivity disorder and autism spectrum disorder.

Develop a comprehensive treatment plan for patients that is consistent with their preferences, facilitates a team approach to care and includes appropriate behavioural, psychological, and pharmacological strategies as well as safety-netting and review-planning.

Understand the risks and challenges of physical illness comorbidity in patients with mental illness

Identify the individual and systemic barriers to good physical health in patients with mental illness.

Institute appropriate screening and preventive health strategies to address physical illness comorbidity in patients with mental illness.

Identify those at increased risk of mental health concerns and adverse outcomes because of social, cultural, geographic, or life-stage risk factors

Identify relevant belief systems and cultural contexts that may impact on treatment and care of patients with mental illness, including Aboriginal and Torres Strait Islander patients, people from culturally and linguistically diverse backgrounds, and patients living in rural and remote areas.

Undertake screening for mental health concerns in vulnerable groups or life stages such as the elderly, pregnant women, women in the postnatal period, children and young people, and those impacted by trauma or natural disasters.

Advocate to mitigate the effects of social determinants of health and barriers to healthcare and wellbeing that exist for patients with mental illnes.

Understand the impact on the GP of managing patients with mental health concerns

Develop and implement self-care strategies and avenues for debriefing when caring for mental health patients.

Reflect critically on their skills in managing mental health issues in patients and families.

Understand organisational and legal factors impacting on good outcomes in mental health care

Demonstrate awareness of the medico-legal issues of confidentiality and consent as they apply to patients with mental health disorders.

Complete an assessment order or certification for an involuntary admission for a patient with a serious mental health disorder in accordance with the relevant state legislation, in appropriate circumstances.

Use appropriate Medicare billing and government initiatives to fund efficient and effective mental healthcare.

Institute time management strategies to assist in managing mental health disorders.

Opportunities for learning

Words of wisdom

- Psychological disorders can present in a wide variety of ways, and most presentations – even with clear-cut physical diagnoses – have a psychosocial or emotional component to consider. Remember to include mental health conditions in your differential diagnoses.

- Regularly remind yourself that children suffer from mental health disorders and other adverse childhood experiences that can have long-reaching implications into adulthood. Include psychosocial wellbeing assessment into routine consultations with children and their parents and be alert to the impact of parental mental health issues on children in their care. Be prompt to offer support and appropriate early intervention to children and their parents/caregivers.

- Don't be afraid that if you ask about suicide, you will 'put ideas into people's heads'. There is no evidence for this, and patients usually find it a relief to be able to talk about it.

- Mental health work can be challenging and put us at risk of vicarious trauma. Remember to look after your own wellbeing and mental health and keep an eye out for your colleagues. Acknowledge your skill level and personal limitations and be prepared to consult with others and/or refer a patient on if you don't feel comfortable managing them. Ongoing learning and peer support or supervision are important.

- It is VERY unlikely you will be able to address mental health concerns adequately in a 15-minute appointment. If you see a lot of patients with mental illness, you will need to think carefully about your appointment schedule and how best to allocate time.

Learning strategies

On your own

Look at the e-Mental Health in Practice website. Choose an e-mental health program, enrol, and complete the program.

- *What skills did you learn?*
- *How would you go about explaining these mental health strategies to a patient?*

Review three consultations where you developed a mental health treatment plan.

- *Did the plans meet the Medicare requirements? Did you consider the patients' preferences, beliefs, and cultures when formulating the plans? Did you consider social factors that may be impacting the patient's mental health or may affect recovery (eg unemployment, isolation, relationship difficulties, domestic violence, and marginalisation)? Did the plans contain adequate mental health assessments and risk assessments? Did your referral letters have enough information?*
- *Have you also addressed the patient's physical health needs, undertaken routine screening and discussed important lifestyle issues, such as smoking cessation and harmful alcohol use?*

Identify a child who has presented with a mental health issue. Review the history of these presentations. Compare this to the Emerging Minds framework for child mental health assessments (free registration required).

- *How did your history relate to the framework? How could you improve in the future?*
- *How do children present differently to adults?*
- *What additional information do you need?*

With a supervisor

Role-play how you would explain managing the sleep–wake cycle and sleep hygiene to a patient.

- *What resources can you use to help? What resources does your supervisor use?*

Discuss a case in which the patient did not respond adequately to your first choice of antidepressant.

- *What are your second-line options?*
- *How would your supervisor manage this situation?*
- *What influences your choice of first- and second-line drugs?*

Present a challenging case to your supervisor or mentor. For example, a patient with borderline personality disorder, schizophrenia, or complex trauma who has difficulties regulating their emotions, who attends frequently or misses appointments, self-harms, or doesn't follow treatment. This doesn't need to be a recent patient but could be one that sticks in your mind from when you were a medical student or junior doctor.

- *How does you supervisor or mentor deal with these types of difficulties?*
- *What services or treatment modalities are available to help the patient?*
- *How can you create safe boundaries in your consultations?*

In a small group

Have each person in the group discuss a mental health case that they found difficult (eg communication, diagnosis, management, time management, system issues, or access to care / referral issues).

- *What were the challenges? How could things have been done differently?*
- *What have others in the group done to address these issues?*
- *Mental health diagnoses such as depression and anxiety need nuanced approaches. A one-size-fits-all approach rarely works. How can you tailor your approach based on the patient's individual circumstances (eg for perinatal or Aboriginal and Torres Strait Islander patients, or comorbid substance use)?*
- *Would engaging and communicating with carers and their support networks have helped in these situations?*

Have each person review and present to the group an online resource, e-mental health website, or mental health app. Discuss how useful it is, and its pros and cons.

- *Are there resources that are better suited to children, adolescents, adults, older people, Aboriginal and Torres Strait Islander patients, or people from different cultural and linguistic groups? How could you incorporate these in your practice?*

- *Are there any websites you could use when working with patients on behavioural strategies to manage their symptoms?*

With a friend or family member

Explain to a friend or family member the fight or flight physiological response to fear. Use simple, non-medical language. Explain the impacts of the fight or flight response in panic, anxiety disorder, or post-traumatic stress disorder.

- *Did your family member or friend understand your explanation? Ask them to repeat the explanation back to you to see how well you got your message across.*

Describe and teach a simple relaxation technique such as slow breathing or mindful breathing (there are free simple scripts available online), or use an app such as Smiling Mind, Insight Timer, or similar.

- *Ask your friend or family member for feedback on both your explanation and their experience of the activity. Did they find your explanation clear? Was there anything they did not understand? What was their experience of the technique? Were there any positive or negative experiences?*

Case example

Sofia, aged 36, works part-time in an administrative role at the local council and has two children aged eight and five. She saw your colleague a few weeks ago and had a series of blood tests for fatigue, which were all normal. She has come to see you today because this feeling of overwhelming fatigue is getting her down, and she is now sleeping badly which is making things even worse. She is feeling irritable with the kids and her partner and is frequently tearful.

In a case-based discussion, questions could include:

Communicator

- If you diagnose depression, how would you explain this to Sofia as a cause of her fatigue?
- How would you engage Sofia in non-drug sleep management strategies?
- How would you explain to her how to take any medication you prescribe and what side effects and benefits to expect?
- How would your communication be different (or the same) if Sofia identified as Aboriginal or Torres Strait Islander woman? Or if her first language was not English?
- How would you manage the situation if Sofia was adamant that there must be a physical cause for her symptoms and was unwilling to consider a mental health cause?

Clinician

- What further information do you need for a full mental health assessment?
- What social issues (employment, relationships, financial) may be impacting on Sofia's physical and psychological wellbeing?
- What screening or assessment tools could help you in this situation? (What if Sofia was elderly? What if her youngest child was six weeks old?)
- What are the diagnostic criteria to make a diagnosis of major depression?
- What are the criteria for other mood disorders that may present in this way, such as adjustment disorder or dysthymic disorder?
- How might your differential diagnosis for Sofia's fatigue be different if Sofia was over 60?
- What behavioural and psychological strategies could you suggest for Sofia to manage her symptoms?

- What are the pros and cons of available pharmacological therapies to help Sofia to sleep?
- What e-mental health resources or modules could you suggest?
- If you decided Sofia was depressed and would benefit from medications, what would you try first, and why? What would your approach be if Sofia was pregnant or breastfeeding?
- What would you tell Sofia about the expected duration of therapy with antidepressants, and how to stop medication when the decision is made to cease?
- Who could you refer Sofia to in your practice or local community?
- How would you assess Sofia's risk of self-harm or suicide?
- How could you assess Sofia's risk of experiencing domestic violence?
- What might be the impact of Sofia's condition on her family and children?

Health advocate and leader

- How would you address any issues about access to services, especially if you were working in a rural or remote region?

Professional

- What are the Medicare requirements for a GP mental health treatment plan?
- How could you get feedback on your consultation with Sofia or your management plan?
- How would you identify and address any gaps in your knowledge and skills?
- What strategies do you have in your practice to check if patients come back for their planned review?
- What would you do if you found out that Sofia was at high risk of suicide or if her children were at risk?
- How would you approach the situation if you considered Sofia's children to be at risk due to her mental state?

Scientist, educator and researcher

- What resources or guidelines would you use to recommend evidence-based management for Sofia?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam