



THEME

Mental health



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Managing mental health issues in general practice

BACKGROUND

The Australian Federal Government has invested in initiatives aimed at enhancing the general practitioner's role in mental health care. Potential benefits for general practice include better remuneration for longer consultations and improved access to support from other mental health care professionals.

OBJECTIVE

This article discusses some of the practical strategies that may assist GPs to deliver quality mental health care in the context of the Australian Commonwealth Government's new 'Better Access to Mental Health Care' initiative.

DISCUSSION

General practitioners have a vital role to play in supporting their patients experiencing mental health issues. There are many practical strategies that have the potential improve the delivery of primary mental health care, but further research is required to elucidate optimal approaches.

Global burden of disease studies show that mental disorders contribute greatly to years of healthy life lost due to disability.¹ Similar findings have been reported in Australia.^{2,3} Primary care has been acknowledged as an important point of contact for people experiencing mental health issues,^{4,5} but concerns have been raised that as many as half of these people remain undetected and untreated.⁶ On the other hand, for disorders commonly encountered in the general practice setting, such as depression, there is evidence that general practitioners do detect the patients most likely to benefit from treatment of their symptoms.⁷⁻⁹

Since Australia's first national mental health policy in 1992, the policy perspective of the role of general practice has evolved. Initially seen as a group needing access to mental health training and referral pathways¹⁰ general practice is now described as an intrinsic part of the mental health care system.^{11,12} A practical demonstration of this emerging role for general practice in the eyes of policy makers is the Australian Federal Government funding of the Better Outcomes in Mental Health Care initiative (BOMHC)¹³ and

the evolution of this program into the Better Access to Mental Health Care initiative. The key differences in these programs are summarised in *Table 1*.

The 'assess, plan, review' model of care

The so-called 'three step mental health process' that emerged from the BOMHC initiative is, in its simplest form, an attempt to describe what GPs already do in encounters with patients regardless of the presenting complaint. General practitioners make an assessment, decide what to do in consultation with the patient, and then provide advice regarding management and follow up of the problem. At a more complex level, the three step process is an attempt to put into practice some of the ideas emerging from mental health research into complex interventions.

Complex interventions designed to improve care for specific mental health disorders have suggested that a 'system' of care may lead to greater benefit than 'usual care'.¹⁴ These interventions often use a model of care with elements of the three step process, but not exclusively these elements. Potential limitations of this research are that

Table 1. Key differences in mental health initiatives		
Key features	Better Outcomes in Mental Health Care	Better Access to Mental Health Care
Training for GPs	Mandatory training via programs accredited by the General Practice Mental Health Standards Collaboration (GPMHSC)	Training not mandatory but strongly recommended (mandatory training for GPs using focussed psychological strategies item numbers remains)
Type of practice	Accredited general practices only	Available to all GPs
Method of payment	Via service incentive payment (SIP)	Via Medicare item numbers
3 step process	SIP payment triggered after review consultation	Plan item number can be claimed every 12 months and review item number twice per 12 month period
Access to psychologists and allied mental health professionals	Access to Allied Psychological Service (ATAPS) via divisions of general practice	Medicare rebates for psychologists and allied mental health professionals or referral via ATAPS (funding agreement with divisions until 2009)
Funding	SIP for 3 step process must be claimed before 30 April 2007	Commenced 1 November 2006
For further information refer to: www.health.gov.au (go to mental health and wellbeing) www.racgp.org.au (go to education and training)		

it comes predominantly from the United States (which has a significantly different system of primary care to Australia), usually focuses on specific disorders (eg. major depression), and often only includes quite specific types of patients (eg. those prepared to take medication for their symptoms).¹⁵ These potential limitations need to be kept in mind when GPs work within the construct of the three step process.

Assessment

A question for each general practice is how to ensure patients with mental health issues will first be recognised and thus have an opportunity to be offered care. In keeping with the holistic nature of general practice, and given the burden of disease figures alluded to above, GPs need to rigorously keep in mind the psychological (and social) elements of a patient's presentation, in addition to attending to the biological elements.

Strategies such as mental health posters in the waiting room and signs in the practice advising of the availability of longer consultations on request are useful strategies to encourage patients to raise mental health issues. The implementation of a routine screening program for mental distress in all patients presenting to the practice is unlikely to be effective, based on research that shows such strategies do not impact on doctor behaviour.^{16,17} The Royal Australian College of General Practitioners (RACGP) *Guidelines for preventive activities in general practice* recommend

opportunistically assessing patients for depression; especially those deemed to be at higher risk of depression. These guidelines also recommend evaluating suicide risk in those considered at increased risk. This can be incorporated into the consultation when appropriate (*Table 2*).¹⁸

The assessment process for a patient with mental health issues is often more complex, the patient's agenda may not explicitly include a request for a mental health assessment and the GP may not regard it as a high priority during a busy session in practice. For these reasons, it is sometimes a good strategy to ask a patient who raises mental health issues to consider re-booking for a longer appointment. In this situation the GP can give the patient some specific 'homework' to do before they return, depending on what their issues are. This might include giving them a specific resource to read, an internet site to visit, a questionnaire to complete, or a request to write something about their life story or create a family tree. This has the advantage of reassuring the patient that you are very interested in their mental health, rather than just too busy to see them, and can sometimes complete some of the work of the assessment for you if they bring back information that teaches you more about their issues.

What is a mental health plan?

The idea of a plan of action following on from assessment is also familiar territory for GPs. The concepts of documenting

the plan and ensuring a shared understanding with the patient are emerging aspects of general practice work that still need to be fully evaluated before an impact on outcomes can be determined.

In addition to chronic disease management plans, there is now the option of accessing more referral pathways to allied mental health professionals via the completion of a GP mental health plan. There are specific elements of the mental health plan required by the Medicare Benefits Schedule for the purposes of the Better Access to Mental Health Care initiative (Table 3).

There is a dearth of published research examining what impact these plans might have on the care of patients with mental health disorders in the general practice setting. This makes it difficult to give any advice on exactly what should really be included in a mental health plan. In my practice, I generally have a frank discussion with the patient regarding what name we might give the problem they

are experiencing. It is not always helpful or appropriate to insist on a medical label for a person's suffering, unless one can see this will provide a therapeutic way forward. We then move on to discuss what things the patient thinks might help them feel better. It is sometimes useful at this stage to invite the patient to seek the views of someone they trust about their ideas of what might help, such as a relative or friend. I then describe some of the treatment options commonly used in medical practice for specific disorders that are compatible with the patient's understanding of the causes of their distress. We may then discuss some of the evidence that exists for each option. From this we generate a simple list of 4–5 things the patient can do to address their issues. Most important is a shared understanding of what will happen next. Potentially the greatest value of the plan is that it gives the patient a clear written summary of what has been discussed. For a patient experiencing concentration difficulties due to disorders such as depression or anxiety, this written document may be their only reliable recollection of the consultation.

Reviewing the patient – have better outcomes been achieved?

Much has been written in depression research that supports the notion that the type of treatment chosen might not be as important to positive outcomes as the 'dose' and duration of the treatment.^{19–22} Some of the push for general practice to use routine outcome measures as part of the three step process is based on the hope that outcomes will be better if we have a process for monitoring the effectiveness of the interventions we offer.^{23,24} While it remains to be established what type of monitoring process would really help general practice deliver better outcomes for mental health care, the current literature argues in favour of some kind of system of follow up.^{25–27}

A practical issue that practices need to consider is how to ensure patients with mental health concerns are able to come back for review. Possible options include computer generated recall systems, nurse or doctor initiated phone calls, text messages, emails, and appointment books that alert the clinician if a patient has cancelled an appointment. Hopefully evidence of the utility and feasibility of these options will emerge as further research occurs related to this increased emphasis away from acute, ad hoc episodic care toward more structured collaborative chronic disease management systems.

Conclusion

The strategies described above refer specifically to steps the general practice or individual GPs might take to use the

Table 2. Preventive care guidelines¹⁸

Risk factors for depression

Increased risk

- People with a family history of depression
- People who have experienced a recent loss
- Postpartum women
- People with poor social supports
- Un/underemployed people
- Young men living in rural areas
- Mothers from low SES groups
- People suffering from life stress including refugees, recent migrants

High risk

- People with a past history of depression
- People with multiple or unexplained somatic complaints
- People with chronic illness/pain
- People abusing alcohol or other drugs
- Comorbid psychological conditions (eg. panic disorder or generalised anxiety)

Risk factors for suicide

Increased risk

When two or more risk factors are present:

- people with mental (psychiatric) illness especially depression, schizophrenia
- alcohol and drug abuse, personality disorder and antisocial behaviour
- people who have made a previous suicide attempt
- male
- youth (14–24 years of age)
- people who are homeless
- Aboriginal and Torres Strait Islander peoples
- people with social, educational and employment disadvantage
- people with a recent loss
- isolated individuals
- people with a family history of suicide
- young men of low SES

Table 3. Medicare Benefits Schedule**Mental Health Plan – Better Access to Mental Health Care requirements****Preparation of a GP mental health care plan**

In addition to assessment of the patient, preparation of a GP Mental Health Care Plan must include:

- discussing the assessment with the patient, including the mental health formulation and/or diagnosis
- identifying and discussing referral and treatment options with the patient, including appropriate support services
- agreeing goals with the patient – what should be achieved by the treatment – and any actions the patient will take
- provision of psycho-education
- a plan for crisis intervention and/or for relapse prevention, if appropriate at this stage
- making arrangements for required referrals, treatment, appropriate support services, review and follow up
- documenting this (results of assessment, patient needs, goals and actions, referrals and required treatment/services, and review date) in the patient's GP mental health care plan

Source: Medicare Benefits Schedule explanatory notes – GP Mental Health Care items

three step process of care effectively. Another important part of the system of primary mental health care will be the capacity for general practice to work collaboratively with psychiatrists and allied health professionals such as psychologists, social workers and occupational therapists. This is another area for further discussion and study as we enter a new era of opportunities for enhanced access to mental health care in our community.

Conflict of interest: none declared.

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