Cindy Condon

Mental health nurses in general practice

A personal perspective

For the past 2 years I have been working as a mental health nurse (MHN) at Lyttleton Street Clinic, a general practice clinic in my hometown of Castlemaine in Victoria. My background is as a general and mental health nurse, more recently in the mental health sector at the Child and Adolescent Mental Health Service. I also have postgraduate qualifications in women's health and have recently trained as a yoga teacher. My position at the clinic is supported by the national Mental Health Nurse Incentive Program (MHNIP).[1] The role has proven to be immensely satisfying; I have never felt so useful.

Like any country general practice clinic, Lyttleton Street is extremely busy and the general practitioners must manage multiple competing demands. In my role as an MHN I am able to support them to triage, and plan treatment and follow up for patients with mental health issues. As a mental health practitioner there is a significant advantage to working in the context of the trust that has already been built up within the patient-doctor relationship. Patients certainly seem to benefit from this 'one-stop-shop' approach and report feeling held and contained. I feel it's pretty much a win-win situation.

In the clinic I see six patients a day, each for 1 hour appointments. Some patients require triaging and referral on to an appropriate mental health practitioner in the community. For others, I am able to provide longer term mental healthcare. While the referral process to me within the clinic is via a GP Mental Health Care Plan, I can see patients without the sessional count being affected. In these times of economic rationalism in mental health, it is a welcome relief to have the capacity to work long term with a patient if needed.

Under the MHNIP, I also have time set aside for administrative work such as arranging appointments and communicating with GPs about treatment plans and progress. If GPs need assistance finding another professional who would be useful to the patient's care, I have the capacity to do the research. If diagnosis or psychopharmacology is an issue, I can arrange and support a referral to a consulting psychiatrist. I can also help organise additional support for the patient including early intervention, referral to housing or local support services or drug and alcohol services to meet dual diagnosis needs. I liaise with local and regional mental health services and spend time making myself known to all the local therapists. I make sure I keep up with the latest funding issues, support groups and services.

Around the edges of this structure, there is time to connect more informally with the GPs. I'm learning how GPs work and they are learning what an MHN can offer. There is a genuine sense of working together and this is vital to the success of my role in the clinic. It also goes some way to minimise the sense of professional isolation I have occasionally felt as the only MHN in the practice. To further deal with this, I attend regular peer support meetings with a group of local mental health practitioners in town and have set up regular educational and networking meetings for mental health practitioners (including GPs) through the Mental Health Professionals Network[2] coordinating team. I am also able to access ongoing professional development and individual supervision through the MHNIP.

The only difficulty I have faced while working in the clinic is an occasional lack of available space to see patients, which can be disruptive for both parties. While my work as an MHN is provided free to the clinic through funding under the MHNIP, funding for space within the clinic is not provided. Like most general practice clinics, Lyttleton Street struggles to house their primary staff and in this context, providing space for a permanent MHN can be difficult.

An overwhelming observation I have made in this role is that the bulk of the community seek out mental health support from their GP. From this initial point-of-contact, a GP can refer on and/or take on the primary role of support and monitoring. These patients can at times be very complex and time consuming and specialty mental health services are often at the limits of their capacity.

Having an MHN in the practice has the potential to enrich the role that GPs play in the mental healthcare of their patients with more clinic time made for the patient and broader care in the context of a close relationship between the GP, MHN and patient. From my perspective, the MHNIP is a fantastic program and is certainly proving its worth.

Author

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Conflict of interest: none declared.

References

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2. Mental Health Professionals Network. Available at www.mhpn.org.au.

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