



4 August 2011

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Dear Senator

**RE: Commonwealth Funding and Administration of Mental Health Services –  
RACGP Supplementary Submission**

I write in relation to submissions made to the Senate Inquiry into Commonwealth funding and administration of mental health services.

The RACGP notes that a minority of respondents have questioned the adequacy of general practitioner education and training in mental health service provision. Specifically, submissions have included comments that general practitioners:

- do not have extensive training, or interest in mental health, to provide comprehensive assessments and treatment plans
- cannot establish severity of a mental illness on initial contact
- refer patients to psychologists because they do not know what to do with mental health patients
- have no therapeutic approach beyond medication management.

The RACGP would like to challenge such views with the following supplementary submission drawing on the College's long history of setting standards for the education, training, professional development, and clinical practice of general practitioners Australia wide.

**1. The role of general practitioners in mental health service provision**

General practitioners are a vital, sizeable and well equipped component of the Australian mental health workforce.

Although treating mental illness involves a multidisciplinary team effort, general practitioners are often the first point of contact for patients experiencing mental health issues, including patients who do not initially disclose or recognise their own mental health problems.

In providing services for patients with mental illness, general practitioners typically:

- perform a behavioural, emotional, and cognitive assessment within the context of a patient's physical health status, taking into account any existing chronic or acute health problems, personal and social circumstances, and past experiences
- identify pre-disposition, risks factors, or early warning signs of mental illness
- differentiate normal reactions to life stresses from overt mental illness
- assess the functional impact of mental health disorders on a patient where present
- decide on the appropriate course of action, which involves development of the appropriate treatment plan in consultation with other members of a patient's mental health care team (including the patient and informal carers)
- coordinate the necessary clinical activities and resources, across different clinical settings, over an extended period of time
- provide patient centred, holistic, comprehensive, continuous, multi-disciplinary team care to achieve the best patient outcomes.

For more information about the role of general practitioners in mental health service provision please refer to page 3 of Attachment 1.

## **2. RACGP Vocational Training Program**

Since 1996, the Australian Government has adopted Fellowship of the Royal Australian College of General Practitioners (FRACGP) as the standard for practising unsupervised general practice in Australia. Fellowship is granted to those who have attained suitable education, training, and clinical experience in general practice, and demonstrated their competence by successfully completing the RACGP assessment process.

In recognition of general practitioners high level of involvement in mental health service provision, the RACGP has incorporated mental health education and training requirements in the Fellowship Training Program.

### 2.1 Mental health skills training

As part of the RACGP Fellowship Training Program, graduating general practitioners are expected to be able to demonstrate:

- i) skills for mental health assessment, including an ability to:
  - understand the epidemiology and aetiology of common mental health conditions and complexities of comorbidity
  - effectively apply skills in psychiatric history taking, mental status assessment and risk assessment in the general practice setting
  - detect and differentiate the common mental health disorders in general practice
  - appropriately use of psychometric instruments to aid assessment
  - demonstrate how to differentiate a patient's reaction to normal life stresses from overt mental illness
  - include mental health assessment in undifferentiated clinical presentations
  - assess the functional impact of mental health disorders on a patient.

- ii) skills for mental health care planning, including an ability to:
  - o negotiate a mental health plan with patients, carers and health professionals considering patient and carer preferences, concerns and resources
  - o communicate the evidence basis for common treatments to patients and carers
  - o describe appropriate patient and carer education methods and materials
  - o describe local mental health care providers and systems including non-government organisations, eg. self help groups
  - o describe available pharmacological and psychological therapies and utilise these therapies in an evidence based way
  - o outline the principles of detoxification and withdrawal.
  
- ii) skills for mental health care delivery, including an ability to:
  - o deliver focused psychological strategies as defined by the Better Outcomes in Mental Health Program
  - o competently prescribe psychoactive medication with an evidence based approach
  - o work collaboratively with members of the local health care network
  
- iii) skills for mental health ongoing review, including an ability to:
  - o describe the need for systematic monitoring of the effectiveness of a mental health plan
  - o manage comorbidity of mental and physical illness
  - o engage patients in self monitoring to identify recurrence
  - o assist patients and carers to develop a personal relapse prevention plan.<sup>1</sup>

In addition to the above, specific mental health issues are incorporated into a wide range of broader training areas for example in:

- Children's and young people's health
- Women's Health
- Men's Health
- Aboriginal and Torres Strait Islander Health.

Incorporating mental health into all curriculum areas helps ensure that mental health needs are identified and met for specific patient populations and health conditions.

Please refer to Attachment 1 for a detailed overview of the RACGP Mental Health Curriculum Statement, which expands on the learning objectives across a general practitioner's professional life, including:

- medical student
- prevocational doctor
- vocational doctor
- graduate, participating in continuing professional development activities.

## 2.2 Curriculum domains related to mental health

Trainees' mental health learning requirements are set out across five curriculum domains encompassing:

- communication skills and the patient-doctor relationship
- applied professional knowledge and skills
- professional and ethical role
- population health and the role of general practice
- organisational and legal dimensions.

Please refer to page 6 of Attachment 1 for further information about the RACGP's five curriculum domains as they relate to the Mental Health Curriculum Statement.

### 2.3 Overall training program duration

The RACGP training program is completed over a period of three years, in both acute and primary health care settings:

- Hospital training (12 months) – there are four compulsory hospital rotations for general practice training in: general medicine, general surgery, emergency medicine and paediatrics. To complement this, a trainee also needs to complete three hospital rotations of their choice, provided they are relevant to general practice.
- General practice placements (18 months) – the 18 months of general practice placements need to be completed in approved teaching practices, and include a compulsory term (minimum of 6 months) in an outer metropolitan area or rural and remote area.
- Extended skills (6 months) – the 6 months extended skills program gives trainees the opportunity to further develop their general practice skills, and can be completed in a range of RACGP approved settings. Options include advanced rural skills, an overseas post, an academic post, or extended procedural skills within a hospital or practice.

Throughout the Fellowship Training Program, trainees must submit documentary evidence of their successful completion of all education and training requirements, in the form of a Fellowship portfolio, be subsequently assessed by the FRACGP Examination, and found competent for unsupervised general practice anywhere in Australia.

These requirements – like all parts of the general practice curriculum — were developed to be consistent with Australian Government national mental health priorities and policies.

## **3. After qualifying as a general practitioner**

General practitioners incorporate mental health training into their ongoing professional development activities to maintain core general practice competencies in mental health.

Many general practitioners choose to develop special mental health skills, beyond basic vocational requirements, as the demand for mental health treatment is high.

To meet the educational needs of such general practitioners, the RACGP provides further education, training and support through:

- accredited Quality Improvement and Continuing Professional Development (QI&CPD) mental health activities approved by the General Practice Mental Health Standards Collaboration (GPMHSC)<sup>2</sup>
- online mental health training activities
- other postgraduate training programs.

### 3.1 GPMHSC accredited activities

The GPMHSC is a multidisciplinary body auspiced by the RACGP, and funded by the Australian Government, as part of the Better Access Initiative. Responsibilities of the GPMHSC include:

- establishing standards of education and training for the Better Outcomes in Mental Health Care Program
- promoting the development and uptake of quality professional development in mental health for general practitioners.

The GPMHSC approved training activities include the:

1. Better Access Initiative Mental Health Skills Training Activities – which provide participants with skills in recognising and assessing mental disorders, preparing mental health treatment plans grounded in evidence based practice and the ongoing monitoring and review of progress
2. Focussed Psychological Skills (FPS) Training Activities – which provide participants with skills in specific mental health treatment strategies derived from evidence based psychological therapies. General practitioners with this qualification are eligible for the higher patient rebates (MBS item numbers 2710, 2712 and 2713)
3. Focussed Psychological Strategies Continuing Professional Development Training Activities – which consolidate and extends participants’ skills in the provision of FPS as part of treatment plans for mental health problems.<sup>3</sup>

These multidisciplinary training programs bring different professional groups together in a shared learning environment reflecting the team based nature of primary care, with the potential to improve collaboration between different service providers.

In the last RACGP QI&CPD triennium (2008-2011), there were 158 activities accredited to provide mental health skills training throughout Australia.

**Table 1: Accredited Mental Health Activities 2008-2011**

Provider locations	ACT	NSW	QLD	SA	VIC	WA	TAS	Total
Total	11	52	12	12	58	10	3	158

As of 31 May 2011, a total of 17,392 general practitioners had completed the extended skills training in mental health, making their patients eligible for the higher MBS patient rebate associated with the Better Access Initiative, GP Mental Health Services.<sup>4</sup>

A further 1,078 general practitioners had also completed training to provide Focussed Psychological Strategies.

### 3.2 Online mental health skills training – *gplearning*

Online mental health training activities are developed to ensure high quality, and maximum, participation by general practitioners. The online activities continue to be popular, especially with general practitioners in rural and remote Australia.

In the last RACGP QI&CPD triennium (2008-2011), *gplearning* provided 27 active learning mental health activities online. The activities included:

- 3 Category 1 Active Learning Modules
- 24 Category 2 activities.

Issues covered in the Active Learning Modules, and other activities, include:

- Managing bi-polar disorder
- Managing depression
- Managing psychosis.

Mental health activities comprise approximately 10% of the RACGP's total *gplearning* activity catalogue.

### 3.3 Other postgraduate training

Other general practitioners take further formal postgraduate training in mental health, such as diplomas in mental health. The RACGP continuing professional development program recognises and awards these qualifications.

## **4. Closing comments**

General practice is the linchpin for high quality mental healthcare delivery in every state and territory throughout Australia. General practice provides whole patient, coordinated, ongoing, healthcare for people with mental health conditions as diverse as depression, social phobia, bereavement, postnatal depression, anxiety disorder, sleep disturbance, and bipolar disorder.

Mental health training and skills are core to general practice, and the RACGP hopes that the information provided in this letter will assist the Senate Standing Committee on Community Affairs in its consideration of the role of general practice in the delivery of mental healthcare.

Should you have any comments or questions regarding the above, please contact me on [advocacy@racgp.org.au](mailto:advocacy@racgp.org.au) or call me on (03) 8699 0408.

Regards

A handwritten signature in cursive script that reads "Claire Jackson". The signature is written in black ink on a light-colored background.

**Prof. Claire Jackson**  
**President**

## References

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- <sup>1</sup> The Royal Australian College of General Practitioners, The RACGP Curriculum for Australian General Practice, Curriculum Statement: Mental Health. Melbourne, Victoria, 2010.
- <sup>2</sup> Royal Australian College of General Practitioners. General Practice Standards Collaboration; cited 2011 July 20. Available from: <http://www.racgp.org.au/gpmhsc>
- <sup>3</sup> General Practice management Collaboration. A Framework for Professional Development in Mental Health for GPs Incorporating the Standards of the General Practice Mental Health Standards Collaboration for Accredited Mental Health Professional Development for GPS 2011-2013. Melbourne, Victoria, 2011.
- <sup>4</sup> General Practice Mental Health Standards Collaboration. Original data. 31 May 2011.

# Mental health

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## Definition

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General practice mental health in Australia covers the assessment, management and ongoing care of the full range of mental health disorders seen in the community. General practice is also increasingly involved in the early intervention and prevention of mental disorders<sup>1,2</sup> and the optimisation of mental health.<sup>3,4</sup>

While general practitioners commonly see high prevalence disorders such as depression, anxiety, and personality disorders, most will also encounter a range of less common mental health problems including psychosis.

In addition to obvious mental illness, general practitioners also see and manage lesser degrees of mental health conditions and distress as part of the full spectrum of mental health seen in the community.

A mental disorder is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.<sup>5</sup>

Mental disorders differ in type and severity and some major mental disorders are significant public health issues, including depression, anxiety, substance use disorders, psychosis and dementia.

Mental disorders are diagnosed by standardised criteria such as those contained in the Diagnostic and Statistical Manual of Mental Disorders (4th edition) Text Revision (DSM-IV-TR)<sup>6</sup> and the International Statistical Classification of Diseases and Related Health Problems (10th revision)<sup>7</sup> (ICD-10). The term mental illness is synonymous with mental disorder.

A mental health problem also interferes with a person's cognitive, emotional or social abilities, and to a lesser extent than a mental disorder. Mental health problems are more common mental complaints and include mental ill health temporarily experienced as a reaction to life stressors. Mental health problems are less severe and of shorter duration than mental disorders but may develop into a mental disorder. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration.

Comorbid mental health conditions are defined as mental health problems that present in people with another condition. Patients may present with other complaints, eg. somatic symptoms for which their mental health problem is a comorbidity. People with mental illness have all of the conditions that people without mental health problems have, and so comorbidity is a common general practice presentation. For these patients, the mental health disorder can complicate the management of their other conditions which needs to be understood and dealt with by the general practitioner.

Available evidence demonstrates that persons with mental illness still struggle on a daily basis to access appropriate health care or be treated with respect or dignity when they do enter our health care systems.<sup>8</sup> Patients whose primary problem is a mental health disorder also deserve the full range of care including preventive services which is offered in general practice.

## Rationale

Mental health problems and mental disorders are estimated to affect over 20% of the adult population and 10–15% of young people in any one year.<sup>9</sup> In 2004–2005, there were an estimated 10 million mental health related general practice encounters.<sup>10</sup>

The burden of disease due to mental disorders is 15% of the total burden of disease in Australia – third in importance after heart disease and cancer,<sup>11</sup> and may be increasing. Depression was the tenth most frequent problem<sup>12</sup> managed in 1998–1999 and has now increased to the fourth most common condition requiring treatment in 2005–2006.<sup>13</sup>

The 1997 Australian National Survey of Mental Health and Wellbeing<sup>14</sup> detected that 1 in 7 adults met criteria for a current mental health disorder, and 1 in 15 was moderately to severely disabled by this, and half the people with a disorder did not seek help.

Intentional self harm or suicide accounted for 26% of injury related deaths in Australia in 2004<sup>15</sup> and is a major form of death for people with mental disorders. In Australia, the rate of youth suicide peaked in the 1990s and is now decreasing. However, after transport accidents, intentional self harm remains the leading cause of death for young people in the 15–24 years age group accounting for 20% of deaths.<sup>16</sup>

People with mental illness have an elevated risk of preventable natural and unnatural death<sup>17</sup> with psychiatric outpatients being twice as likely to die as the general population from diseases such as ischaemic heart disease, which has often gone undetected before death.<sup>18</sup> Despite a steady decline in cardiovascular mortality for most Australians, people with mental illness have received little or no benefit from this progress.<sup>19</sup>

Clinical depression also predicts increased mortality for those who have need of general medical inpatient care<sup>20</sup> with comorbid clinical depression and coronary heart disease, especially having been associated with increased mortality.<sup>21</sup> Many other chronic disorders have been found to be associated with increased depressive morbidity.<sup>22</sup>

Health related quality of life measures suggest the effects of depression are comparable to those of arthritis, diabetes and hypertension, and that depression and chronic medical illnesses interact to amplify the effects of the medical illness.<sup>23</sup> Managing depression as a chronic disease has been shown to improve emotional and physical functioning reflecting the reality of high rates of symptom recurrence and sustained functional impairment.<sup>24</sup>

Special mental health conditions (including effects of discrimination) affect people from diverse backgrounds, including issues of gender differences, cultural and linguistic diversity, poverty and issues of sexuality including sexual preference.

### The role of general practitioners in mental health

Although mental health work is multidisciplinary, general practitioners are often the first point of contact for patients experiencing mental health problems, including when patients do not disclose their mental health problems. In addition, general practitioners have been reported as the most common providers of mental health services.<sup>25</sup>

General practitioners require skills to be able to:

- perform a behavioural, emotional and cognitive assessment within the context of a patient's physical findings, including background chronic and current acute problems, with knowledge of their current personal and social circumstances and past experiences
- identify early warning signs
- provide appropriate care, and
- provide continuity of care – a key factor in the successful treatment of people with mental illness.

Successful general practice management of mental problems requires skills in chronic disease management<sup>26</sup> and willingness to work in formal liaison with other mental health providers<sup>27</sup> to enhance patient outcomes.

Stigma is a key mental health issue for general practitioners. Many patients will be reluctant to disclose their mental health issues because they regard these problems as stigmatising and prefer not to discuss them.

Often the general practitioner may be the first health professional to identify a mental health problem in someone who is presenting with a somatic complaint and has been reluctant to discuss mental health issues.

Managing such patients, including appropriate referral, may take time and effort for the general practitioner. General practice patients require competence in instituting initial management which may require using telephone advice from local mental health services or national general practitioner psychiatric liaison help lines such as GP Psych Support.<sup>28</sup> If accessing appropriate local mental health services is difficult, the general practitioners may be required to both institute and continue management of mental health disorders.

Many psychological disorders in general practice are self limiting physical illnesses and the general practitioner's role in these situations is to explain, ease distress, and act to speed recovery if possible.<sup>29</sup> This requires background knowledge of normal and adaptive psychological reactions to life stressors, commencing from undergraduate education and updated over a general practitioner's lifetime.

Patients prefer to be assessed for mental health problems by their general practitioner rather than a mental health specialist.<sup>30</sup>

General practice factors that can inhibit a patient from presenting emotional problems in a consultation include poor general practitioner interview behaviours, perceived lack of time and believing that the general practitioner can do nothing to help.<sup>31</sup>

Patient improvement in depression has been linked to the strength of the therapeutic relationship<sup>32</sup> and general practice continuity of care may be an advantage where a previous doctor-patient relationship may have been well established already. There is also continuity between communication styles in everyday general practice consultations and communication in consultations with patients presenting emotional problems and psychotherapeutic communication.<sup>33</sup>

The general practitioner needs to learn time management skills to assist in managing patients presenting with mental health disorders who are often complex, involving considerable time and effort. Establishing the necessary rapport for effective patient management in these conditions also takes time.

General practitioners may find difficulty in accessing appropriate local mental health services, particularly in rural and regional areas, and may be required to both institute and continue management of mental health disorders in such areas, whether or not they have a particular interest in mental health.

Comorbidity of mental health conditions with drug and alcohol problems is another common general practice presentation. The majority of patients with serious drug and alcohol problems also have mental health disorders and visa versa, which complicates the management of both sets of disorders.

The use of multidisciplinary teams in mental health services creates communication challenges between the general practice and mental health services participating in case discussion and care planning. Establishing effective communication and better links between general practitioners and

mental health services facilitates mutual patient care. These links are being established through a series of government initiatives.

General practitioners with more experience in managing mental problems and with relevant postgraduate qualifications have been shown to cope better with difficult mental health problems, including patients without medically explained symptoms, somatisation and hypochondria.<sup>34,35</sup>

In future general practitioners may well be leaders of primary health teams in their own practices, including teams that deal with mental health problems. The general practitioner may need to develop skills to lead such teams, including appropriate communication and the delegation of responsibility.

Future trends in mental health care delivery will expect general practitioners to contribute to accessing providers of evidenced based psychotherapy after formulation of a care plan and utilising technological innovations<sup>36-38</sup> that have proven feasible in Australian general practice.<sup>39</sup>

Refer to curriculum statements: *Aboriginal and Torres Strait Islander health; Aged care, Children's and young person's health; Philosophy and foundation of general practice; Men's health; Multicultural health; and Women's health.*

## The five domains of general practice – mental health

### Communication skills and the patient-doctor relationship

Effective communication involves demonstrating appropriate respect and concern for patients with mental illness and their families and carers; establishing rapport and appropriate patient-doctor relationship boundaries; identifying relevant belief systems and cultural issues; and managing emotionally charged encounters, and the emotional impact of illness on the patient and the multidisciplinary health care team. Effective communication also helps manage the stigma associated with mental health and facilitates disclosure of patients' mental health issues.

Effective communication involves:

- working with patients, acknowledging their dignity and respecting their attitudes, values and beliefs, using different counselling approaches, providing support, and outlining appropriate referral agencies (eg. for bereavement, interpersonal stress management, and angry/frightened patients), and
- if appropriate, working as part of a multidisciplinary team in the case management of people with mental health problems.

### Applied professional knowledge and skills

General practitioners need to develop skills in mental health assessment – developing a mental health plan and ongoing review of patients with mental health problems. This is not only for patients with mental illness – it is for all patients including those with chronic disease.

General practitioners who have difficulty in accessing appropriate local mental health services may be required to both institute and continue management of mental health disorders, especially in rural and remote areas.

General practitioners need to be able to:

- recognise and assess mental health problems in the early stages of illness
- be aware of normal and adaptive psychological reactions to life's stressors
- take a mental health history that emphasises the patient's strengths and enhances self esteem
- perform a behavioural, emotional and cognitive assessment within the context of a patient's physical findings, including background chronic and current acute problems, with knowledge of their current personal and social circumstances and past experiences
- manage the comorbidity of mental and physical illness or problems
- differentiate a patient's reaction to normal life stresses from overt mental illness
- outline the indicators and management of at risk people which includes an understanding of the importance of early intervention and continuity of care
- help the patient manage normal life events to enhance coping skills and prevent secondary morbidity
- discuss the principles of family therapy, group therapy, cognitive behaviour therapy and psychosocial education
- outline the principles of handling a mental health crisis
- initiate appropriate counselling including the use of focused psychological strategies while identifying their own limitations
- coordinate the care of mental health patients at a level which is appropriate to the context in which they are working
- demonstrate the appropriate use of psychotherapeutic agents, and
- outline the principles of detoxification and withdrawal.

## Population health and the context of general practice

Knowledge of risk factors and prevalence of mental illness enables early identification and management of mental health problems. Clinicians can also use this knowledge to institute screening and active case finding to help the early management of mental conditions. Mental health promotion and education help general practitioners assist patient populations in preventing and managing their mental health problems.

This includes:

- recognising the importance of detecting and assessing mental health problems in the early stages of illness
- practising mental health promotion and preventive approaches, in line with the recommendations in the national mental health policies (eg. the National Mental Health Strategy<sup>40</sup> or National Action Plan on Mental Health 2006–2011<sup>41</sup>)
- acknowledging issues such as comorbidity with drug and alcohol problems
- acknowledging and addressing stigma affecting persons affected by mental health
- acknowledging cultural and linguistic issues, and special issues for patient subpopulations, eg. women, young people, children, the elderly and sexual minorities, and
- recognising and addressing the needs of carers, siblings and the children of those with mental health problems (eg. issues relating to dysfunctional families, stepfamilies, scapegoating, human immunodeficiency virus [HIV], and psychogeriatric patients).

## Professional and ethical role

Knowledge of the role of the general practitioner in mental health services helps effective delivery of services within the multidisciplinary team, and general practitioners require an awareness of the roles of all team members to facilitate care planning and ongoing review. This includes relationships not only with the patient, but also with their carers, family and significant social supports.

Management of mental health patients requires particular attention to the general practitioner's professional boundaries, particularly in the areas of time management and in managing transference issues.

In addition to normal requirements, confidentiality and consent issues are important in mental health care due to the stigma associated with mental health and the potential for discrimination.

The general practitioner may need to develop professional skills such as leading teams, appropriate communication and the delegation of responsibility when working in a multidisciplinary team or in shared care arrangements.

General practitioners require a commitment to ongoing education in mental health which may include the need to participate in ongoing peer support programs. All doctors have a responsibility to recognise signs of mental illness in themselves and their colleagues, and to accept and provide appropriate support and referral.

Key skills include:

- describing how own personal values, attitudes, and beliefs may impact on the patient-doctor relationship and subsequent management
- understanding the need for, and maintaining confidentiality in, the management of patients with mental health issues
- adhering to the appropriate boundaries in the patient-doctor relationship and avoiding behaviours that would breach these boundaries with mentally ill patients
- recognising and taking into account their own strengths, vulnerabilities, personal values, gender and cultural issues, attitudes and beliefs in relation to mental health management
- discussing how to increase community awareness of mental illness as a means of reducing the stigma
- outlining self care strategies and avenues for debriefing when caring for mental health patients, and

- recognising signs of mental illness in colleagues and providing debriefing, support and appropriate referral.

## Organisational and legal dimensions

Practice procedures need to ensure appropriate processes are in place for monitoring and ongoing patient review.

General practitioners need to:

- learn time management skills to assist in managing mental health disorders which are often complex
- be able to work effectively with available community and hospital resources in the care of patients with mental health problems
- outline the current mental health legislation and procedures for the certification of involuntary patients (eg, power of attorney, *Mental Health Act*, *Guardianship and Administration Board Act*, *Freedom of Information Act*), and
- discuss policy guidelines on accessibility, confidentiality and continuity of care.

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers.
- Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship.
- Demonstrate strategies for managing the emotionally charged encounter (eg. breaking bad news, dealing with grief).
- Discuss the emotional impact of illness on the patient with other members of the health care team.

### Applied professional knowledge and skills

- Skill requirements for mental health assessment:
  - describe the integration of psychological and neurobiological knowledge in performing a behavioural, emotional and cognitive assessment within the context of a patient's physical findings (including background chronic and current acute problems) with knowledge of their current personal and social circumstances and past experiences
  - briefly describe personality development and personality types
  - describe the basics of pathological, pharmacological and hormonal effects on mental functioning
  - demonstrate familiarity with psychiatric diagnostic frameworks (eg. International Classification of Diseases [ICD], Diagnostic and Statistical Manual [DSM]) and describe common psychiatric syndromes and disorders
  - demonstrate familiarity with basic tools to aid mental health assessment (eg. mini mental state)
  - outline the stages of normal psychological development from birth to old age
  - briefly outline the principles of sociology and the influences of socioeconomic status, race, gender, and culture on the expectations about, acceptance of, and access to medical treatment
  - describe the various schools of psychotherapy and their evidence base.
- Skill requirements for mental health care planning:
  - outline the general principles of treatment of the common psychiatric disorders and syndromes
  - identify key members of the mental health care team
  - understand the principles of classical and operant conditioning
  - describe the common risk factors, physical and mental health impact and principles of treatment for substance misuse
  - apply evidence based medicine in mental health care.

### Population health and the context of general practice

- Describe the common risk factors for high prevalence mental health conditions.
- Outline the main effects mental illness may have on carers, siblings and children of the mentally ill.
- Describe the roles of members of the mental health care team, including psychologists, psychiatrists, social workers, general practitioners, nurses and carers.
- Outline the principles of preventive mental health care for all population subgroups.
- Understand the range of mental health disorders and problems in the community setting dealt with by general practitioners.



### Professional and ethical role

- Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship with appropriate use of mentors to assist.
- Seek to understand your own reactions to confronting clinical situations relating to the delivery of mental health care and be ready to seek counsel from teachers or other clinical mentors to optimise your own mental health.
- Outline the role of the general practitioner in relation to population mental health issues.
- Outline common responses of health professionals when caring for patients with mental illness, and strategies for self care.

### Organisational and legal dimensions

- Describe the conditions under which a patient may be admitted involuntarily in the local context.
- Outline the principles of confidentiality and consent, and the circumstances in which these processes may be modified.
- Outline common responses in the health professional when caring for patients with mental illness, and strategies for self care.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate effective communication with patients with mental health concerns and their families and carers.
- Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers.
- Discuss strategies for managing the emotionally charged encounter (eg. breaking bad news, dealing with grief).
- Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship.
- Integrate effective communication into consultations with the patient who is emotionally distressed and their families.

#### Applied professional knowledge and skills

- Skill requirements for mental health assessment:
  - integrate psychological and neurobiological knowledge when performing a behavioural, emotional and cognitive assessment within the context of a patient's physical findings (including background chronic and current acute problems) with knowledge of their current personal and social circumstances and past experiences
  - identify the common mental health comorbidities that occur in the context of physical illness or disability
  - demonstrate ability to take a psychiatric history, perform a mental status and risk assessment in the hospital setting
  - utilise psychiatric diagnostic frameworks (eg. International Classification of Diseases [ICD], Diagnostic and Statistical Manual [DSM]) and describe common psychiatric presentations
  - utilise basic tools to aid mental health assessment (eg. mini mental state)
  - perform a focused mental health assessment
  - describe the impact of acute and chronic physical illness and disability on the mental health of patients in the hospital setting
  - describe resources available for patients with mental illness that take into account cultural and gender context.
- Skill requirements for skills mental health care planning:
  - be familiar with the common pharmacological and psychological treatments available for patients with common mental health disorders
  - discuss the emotional impact of illness on the patient with other members of the health care team
  - describe the common pharmacological and psychological treatments to patients
  - outline the roles and functions of key members of the mental health care team in the hospital and community setting
  - describe the use of psychological techniques in the management of patients with physical illness (eg. motivational interviewing for lifestyle change or medication concordance)
  - identify support services for patients with substance use disorders, and negotiate initial engagement with these services.

### **Population health and the context of general practice**

- Identify those at high risk of mental illness in the hospital setting and utilise strategies to screen for mental health disorders
- Discuss the diagnosis and management of mental health disorders with the carers and family of patients with mental illness
- Identify sources of support for carers and family of patients with mental illness.

### **Professional and ethical role**

- Describe the role of primary, secondary and tertiary care in the management of patients with mental illness.
- Demonstrate inclusion of the patient's GP in the management of patients with mental illness in the hospital setting under the guidance of the team leader
- Describe your own reactions to confronting clinical mental health care situations and role of counsel from teachers or other clinical mentors for self care
- Outline self care strategies and avenues for debriefing when caring for mental health patients
- Demonstrate communication with other members of the health care team utilising written, verbal and computer mediated communication including communication with the patient's GP upon patient admission and discharge from an acute or outpatient care under the guidance of the team leader.

### **Organisational and legal dimensions**

- Outline procedures for the certification of involuntary patients.
- Discuss the principles of confidentiality in the context of team care.

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Integrate effective communication with patients with mental health concerns and their families and carers in the primary care setting.
- Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers in the primary care setting.
- Integrate strategies for managing the emotionally charged encounter (eg. breaking bad news, dealing with grief) into the primary care setting.
- Establish rapport with patients with mental health concerns and their families and carers.
- Identify the impact of the belief systems and cultural norms of both doctor and patient in their practice.
- Establish partnerships of care incorporating patients, carers, health care professionals and support staff utilising written, verbal and computer mediated communication.

#### Applied professional knowledge and skills

- Skill requirements for mental health assessment:
  - demonstrate an understanding of the epidemiology and aetiology of common mental health conditions and complexities of comorbidity
  - demonstrate skills in psychiatric history taking, mental status assessment and risk assessment in the general practice setting
  - detect and differentiate the common mental health disorders in general practice
  - demonstrate appropriate use of psychometric instruments to aid assessment
  - demonstrate how to differentiate a patient's reaction to normal life stresses from overt mental illness
  - include mental health assessment in undifferentiated clinical presentations
  - assess the functional impact of mental health disorders on a patient.
- Skill requirements for mental health care planning:
  - negotiate a mental health plan with patients, carers and health professionals considering patient and carer preferences, concerns and resources
  - communicate the evidence basis for common treatments to patients and carers
  - describe appropriate patient and carer education methods and materials
  - describe local mental health care providers and systems including nongovernment organisations, eg. self help groups
  - describe available pharmacological and psychological therapies and utilise these therapies in an evidence based way
  - outline the principles of detoxification and withdrawal.
- Skill requirement for mental health care delivery:
  - delivery of focused psychological strategies as defined by the Better Outcomes in Mental Health Initiative<sup>42</sup>
  - competently prescribe psychoactive medication with an evidence based approach
  - work collaboratively with members of the local health care network
- Skill requirements for mental health ongoing review:
  - describe the need for systematic monitoring of the effectiveness of a mental health plan
  - manage comorbidity of mental and physical illness
  - engage patients in self monitoring to identify recurrence
  - assist patients and carers to develop a personal relapse prevention plan.

### Population health and the context of general practice

- Implement screening in at risk populations.
- Describe the mental health special requirements of patient subpopulations, eg. people from Aboriginal and Torres Strait Islander backgrounds, people from culturally and linguistically diverse backgrounds, men, women, and young people.
- Work effectively in the physical and mental health care of patients with mental health problems.
- Recognise and address the needs of carers, siblings and children of those with mental health problems.

### Professional and ethical role

- Apportion time in a manner considered appropriate in local context by patients and peers.
- Describe the role of the general practice in reconciling competing demands.
- Utilise appropriate billing systems and government initiatives to fund efficient and effective mental health care.
- Describe the role of the GP in relation to mental health.
- Describe a role for general practice in advocacy for systemic change.
- Outline self care strategies and avenues for debriefing when caring for mental health patients.

### Organisational and legal dimensions

- Outline the current mental health legislation and procedures for the certification of involuntary patients.
- Discuss policy guidelines on accessibility, confidentiality and continuity of care.
- Recognise signs of mental illness in colleagues and provide debriefing, support and appropriate referral.

# Learning objectives across the GP professional life

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## Continuing professional development

### Assumed level of knowledge — vocational registrar

#### Communication skills and the patient-doctor relationship

- Review communication skills and work to improve these with high quality experience based skills training.
- Consider seeking out advanced communication skills training.

#### Applied professional knowledge and skills

- Skill requirements for mental health assessment:
  - develop expertise in mental health care in specialised areas according to local need (eg. paediatrics, young people, aged care, drug and alcohol, correctional services)
  - participate in continuing professional development (CPD) activities that enhance diagnostic skills of atypical presentations and less common mental health disorders
  - where appropriate or as a special interest, develop skills in supervision and mentoring of general practice registrars undertaking mental health training
  - seek skills in the delivery of focused psychological strategies including re-attribution for patients who frequently somatise their mental health problems and may be at risk of over investigation and inappropriate medical treatments.
- Skill requirements for mental health care planning:
  - regularly update knowledge on the emerging evidence base for treatments of mental health disorders via continuing professional development opportunities
  - demonstrate ongoing training in new advances in medications (appropriate use, actions and side effects profiles)
  - develop skills in working with local mental health care providers and nongovernment organisations to deliver optimal mental health care
  - where appropriate or as a special interest, develop skills in the delivery of a range of evidence based treatments, eg. interpersonal therapy, cognitive and behavioural therapy
  - where appropriate or as a special interest, participate in ongoing CPD in the area of drug and alcohol management, eg. clinical attachments.
- Skill requirements for mental health review:
  - develop skills in enhancing the effectiveness of relapse prevention in mental health care.

#### Population health and the context of general practice

- Seek out opportunities for further training in the mental health care of patients from diverse backgrounds, according to local need.
- Regularly participate in quality assurance activities of the effectiveness of local mental health promotion and disease prevention, eg. clinical audit.

#### Professional and ethical role

- Mentor and supervise general practice registrars in time management and reconciling competing demands.
- Where appropriate or as a special interest, participate in ongoing peer support to optimise understanding of issues arising from the patient-doctor relationship for example, Balint groups or supervision.
- Participate in peer support activities directed at self care and support for colleagues.

- Where appropriate or as a special interest, seek out opportunities to participate actively as advocate for the role of general practice in mental health care, eg. curriculum development, advisory committees, research.
- Regularly participate in interdisciplinary quality assurance and education activities according to local need.

**Organisational and legal dimensions**

- Regularly update knowledge of mental health legislation and policies as it applies to local practice context.
- Participate in the promotion of improvements to financially viable systems to enable best care for people with mental health problems and disorders.

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