

# **Submission by the General Practice Mental Health Standards Collaboration to the Senate Select Committee on Mental Health May 2005**

## **Introduction**

The General Practice Mental Health Standards Collaboration (GPMHSC) welcomes the establishment of the Senate Select Committee on Mental Health and the opportunity to provide the following submission as a contribution to the inquiry.

The GPMHSC is the standard setting body responsible for establishing, maintaining and reviewing the education and training requirements for general practitioners seeking to register with the Better Outcomes in Mental Health Care initiative, part of the National Mental Health Strategy. The GPMHSC also determines the eligibility of general practitioners who make an application to register for the initiative, either through completion of accredited training, or through an exemption pathway (recognition of prior learning). The GPMHSC has a particular interest in the promotion of mental health literacy at all stages of primary care workforce education and training.

The GPMHSC is funded by the Department of Health and Ageing and auspiced by The Royal Australian College of General Practitioners (RACGP), but is a collaborative body with nominated or co-nominated members from:

- ▶ The Royal Australian College of General Practitioners
- ▶ The Australian College of Rural and Remote Medicine
- ▶ The Mental Health Council of Australia (consumer and carer representation)
- ▶ The Royal Australian and New Zealand College of Psychiatrists
- ▶ The Australian Psychological Society
- ▶ The Australian Divisions of General Practice

The range of representation and expertise available to the GPMHSC leaves the Collaboration well placed to comment on education and training in the mental health workforce (and particularly general practice) which is the GPMHSC's 'core business'. It is not intended that these recommendations incorporate all aspects of the mental health system, but reflect the GPMHSC's area of particular expertise.

The GPMHSC maintains that an ongoing and substantial commitment to evidence based education and training targeting the mental health workforce must underpin effective mental health reform. While specific initiatives may be required to address particular areas of need, the GPMHSC believes that the long term goal should be the integration of quality mental health education within mainstream training programs at all levels for health professionals.

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## Summary of Recommendations

**Recommendation 1:** That the Department of Health and Ageing continue support for the Better Outcomes in Mental Health Care initiative, and in particular support a continued focus on education and training for general practitioners.

**Recommendation 2:** That the Department of Health and Ageing increase support for well researched, targeted mental health education and training in geographical areas where specialist workforce shortfalls have been empirically demonstrated. Specifically, the GPMHSC recommends Departmental support for the development of accessible training via distance learning or online packages, financial support for rural GPs needing to travel to undertake training, and incentives for training providers to deliver training in non metropolitan areas.

**Recommendation 3:** That the Department of Health and Ageing fund the development and delivery of well researched, evidence based education and training programs for general practice targeting identified and prioritised areas of training need or skills shortfall

**Recommendation 4:** That the Department of Health and Ageing provide support for the development of education and training initiatives which bring together a range of multidisciplinary participants, including, but not limited to general practitioners, psychiatrists, psychologists, social workers, Aboriginal and Torres Strait Islander mental health workers, occupational therapists, mental health nurses, consumers of mental health services, carers and/or family of consumers, etc.

**Recommendation 5:** That the Department of Health and Ageing support a review of the adequacy of mental health curricula at undergraduate, vocational and post vocational training for the health workforce.

**Recommendation 6:** That the Department of Health and Ageing continue to actively support primary care mental health research.

## Recommendations

**Recommendation 1:** That the Department of Health and Ageing continue support for the Better Outcomes in Mental Health Care initiative, and in particular support a continued focus on education and training for general practitioners.

### ***Rationale:***

The cornerstone of the Better Outcomes in Mental Health Care initiative is the provision of education and training for general practitioners in a structured approach to delivery of evidence based mental health care.

Increasing the capacity of general practitioners to pick up early signs of mental illness and supporting them to develop the knowledge, skills and confidence to competently manage mental health problems in the general practice setting (with access to timely and effective support from the allied and specialist mental health workforce) has significant implications for reducing the longer term costs of mental illness, both in human and financial terms.

The popularity of the Access to Allied Health Services programs funded by the Better Outcomes in Mental Health Care is well documented, and the expansion funding made available for these programs is welcomed by the GPMHSC. However, the Collaboration believes that as general practitioners remains the first point of professional contact for 75% of help seeking consumers with a mental illness,<sup>1</sup> the success of the education and training component of the initiative should not be disregarded nor diminished, where at May 2005 almost 1 in 5 GPs have completed training and registered.<sup>2</sup>

Another clue to the value of mental health education training is the willingness by GPs to undertake it where in almost all cases, completing training incurs a significant cost to the GP's expense, either in terms of their time and/or financially.

That GPs continue to participate in accredited training and register with the Better Outcomes in Mental Health Care initiative at high rate is good evidence of continued enthusiasm for such training. Since July 2004, which marked two years since the initiative was established, over 540 GPs have registered with the initiative – a rate of 54 new registrations every month.<sup>3</sup> Anecdotal feedback from GPs and training providers indicates that in many areas, the entry point training programs are oversubscribed, and providers are maintaining waiting lists.

There is of course also a need to ensure that there are ongoing opportunities for GPs who have completed entry point training to continue to develop their skills through focussed peer support initiatives and further skills based training. Ensuring that such opportunities exist is a vital step to sustaining the success of the initiative as an exercise in skills development for GPs.

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1 McLennan W. Mental health and wellbeing: profile of adults, 1997. Canberra: Commonwealth of Australia 1998.

2 General Practice Mental Health Standards Collaboration, Unpublished data, April 2005.

3 General Practice Mental Health Standards Collaboration, Unpublished data, April 2005.

**Recommendation 2:** That the Department of Health and Ageing increase support for well researched, targeted mental health education and training in geographical areas where specialist workforce shortfalls have been empirically demonstrated. Specifically, the GPMHSC recommends Departmental support for the development of accessible training via distance learning or online packages, financial support for rural GPs needing to travel to undertake training, and incentives for training providers to deliver training in non metropolitan areas.

***Rationale:***

The burden of mental health problems in the community is well known. Similarly the paucity of psychiatrists and difficulty in accessing specialist services is also well known. Nowhere is this more evident in rural areas where in many cases, the local general practitioner may be the only provider of medical and psychiatric services.

It is critical that general practitioners who are major providers of mental health services have equitable access to quality education and training to support their delivery of evidence based mental health care. At present, there is no alternative for a rural or remotely located GP but to travel to a regional or major centre in order to undertake the entry point training for the Better Outcomes initiative (Level One or Two accredited training).<sup>4</sup> The travel requirements impose a significantly greater burden on rural and remote GP who often have difficulties finding and funding a locum GP to service their area during their absence, and of course incur substantial travel, accommodation and loss of income costs.

There are already 17 quality training programs which have been accredited by the GPMHSC as Level One Mental Health Skills Training in 2005 (entry point training for Better Outcomes); however this is a wealth of expertise and materials which is generally concentrated in major centres. With appropriate support, many of these resources have the potential to be adapted (at least in part) for online or distance delivery. This would in turn increase access to education and training for rural and remote practitioners – and their metropolitan counterparts.

While online and distance learning is increasing in sophistication, the GPMHSC recognises that in many circumstances, it may be preferable to attend a face to face education activity enabling closer supervision and immediate feedback to the learner. The GPMHSC believes that easing the substantial logistical and financial burden imposed on rural GPs travelling to attend training would have a significant impact on their capacity to participate. The early success of the procedural training grants scheme (for anaesthetics and obstetrics in particular) suggests that a similar model which provides support specifically for GPs to attending intensive training in mental health may be a model which could help address issues of rural and remote access.

This model complements other initiatives in that it can be well targeted to rural and remote GPs, and the cost would relate directly to the number of such GPs trained.

Finally, the provision of more training programs in regional areas would reduce the difficulties faced by rural and remote GPs in accessing training. Financially supporting providers of tried and tested quality training to roll out programs in areas of need may be a cost effective way of upskilling the regional workforce.

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<sup>4</sup> The Royal Australian College of General Practitioners is developing two online Level One Mental Health Skills Training packages (on depression and psychosis); however these are not yet completed, and non-members of the College will incur a charge.

**Recommendation 3:** That the Department of Health and Ageing fund the development and delivery of well researched, evidence based education and training programs for general practice targeting identified and prioritised areas of training need or skills shortfall.

***Rationale:***

A success of the first phase of the Better Outcomes initiative has been the development of a large group of general practitioners with specific training in the management of mental health disorders. However, the entry point training is by necessity relatively general in its approach; there are some areas where there has been a lack of specific training available to GPs, despite demonstrated potential to improve health outcomes, or address a specific population need.

Such areas may include, for example:

- ▶ Aboriginal and Torres Strait Islander mental health
- ▶ Mental health of children and adolescents
- ▶ 'Promotion prevention and early intervention' programs
- ▶ Culturally appropriate mental health care.

The GPMHSC believes that there is a significant opportunity to build on the first four years of the Better Outcomes initiative by extending support for evidence based training programs which focus on identified priority areas, effectively integrating these programs with existing and new initiatives and continuing to support participation by GPs and others in further mental health training.

**Recommendation 4:** That the Department of Health and Ageing provide support for the development of education and training initiatives which bring together a range of multidisciplinary participants, including, but not limited to general practitioners, psychiatrists, psychologists, social workers, Aboriginal and Torres Strait Islander mental health workers, occupational therapists, mental health nurses, consumers of mental health services, carers and/or family of consumers, etc.

***Rationale:***

One aim of the Better Outcomes in Mental Health Care initiative was to increase linkages between general practice, allied mental health professionals and psychiatrists. The GPMHSC believes that there is a significant opportunity to strengthen these relationships – and to establish new ones – through the development of effective models for education and training initiatives in support of evidence based models of collaborative clinical practice.

The experience of education and training in a multidisciplinary setting enables participants to share specific skills and knowledge across disciplines in an environment of equality and collaboration. Well designed educational structures which promote a cooperative approach can lead to improved efficiency and effectiveness of mental health services through promotion of better inter-service communication, knowledge sharing and a team based approach to problem solving in the management of mental health disorders.

A multidisciplinary approach to continuing professional development for general practice is supported by the Royal Australian College of General Practitioners, which sets standards for general practice education and training,<sup>5</sup> and also by the Australian College of Rural and Remote Medicine, which provides an alternative program of continuing professional

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<sup>5</sup> The Royal Australian College of General Practitioners. Quality Assurance and Continuing Professional Development Program; 2005-2007 Handbook. Available online: [www.racgp.org.au/qa\\_cpd](http://www.racgp.org.au/qa_cpd)

development for GPs.<sup>6</sup> Both Colleges already offer models of training (including small group learning, supervised clinical attachments and multidisciplinary workshops) which are well tested and educationally sound models of professional development.

**Recommendation 5:** That the Department of Health and Ageing support a review of the adequacy of mental health curricula at undergraduate, vocational and post vocational training for the health workforce.

***Rationale:***

Although *beyondblue* and others have made significant progress in reducing the stigma associated with mental illness, substantial social, cultural and financial obstacles still exist to deter people in need from accessing the mental health care system, and often limit the capacity of the system to identify those in need of intervention.

Despite the success of the Better Outcomes initiative in increasing mental health literacy among GPs, lack of knowledge and understanding of mental illness in the health sector, including general practice, remains a barrier to accessing mental health services for many consumers with a mental illness.

Mental health cannot be compartmentalised or ignored by the health professions; it impacts on all areas of physical, social and cultural health. There is a need to continue support for initiatives that improve mental health literacy across the board, but particularly in the health care workforce. This should include a review of mental health curricula within undergraduate, vocational and post vocational training for health services workers to ensure that there is an appropriate level of mental health content reflecting the prevalence of these disorders and their impact on the health system.

**Recommendation 6:** That the Department of Health and Ageing continue to actively support primary care mental health research.

***Rationale:***

Continued support for quality research into mental health care in Australia is critical for the development, implementation and continued refinement of evidence based models of best practice service delivery in the mental health sector. A sound evidence base for models of care that work must underpin the development of effective education and training programs for GPs and other service providers.

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<sup>6</sup> The Australian College of Rural and Remote Medicine. Professional Development Program Handbook 2005-2007. Available online: [www.acrrm.org.au](http://www.acrrm.org.au)