SHARING THE CARE

GENERAL PRACTITIONERS AND PUBLIC MENTAL HEALTH SERVICES

Preface

The changing health care context brings with it new and important challenges for providers of mental health care in Victoria.

Public mental health services now operate as part of the mainstream health care system providing community located and community focused services. To ensure a coordinated response to the complex needs of people with serious mental illness, they must now look to develop and maintain effective partnerships with other services and sectors.

Key among these are GPs who have a central role in the care of individuals with mental health care needs. Accessible, primary care providers, they are able to provide psychiatric treatment as part of a comprehensive health care response. It is now time to support and facilitate GPs in this role.

Sharing the Care—GPs and Public Mental Health Services represents a first step in this process. It seeks to promote a cooperative environment within which GP and mental health services can work together at a local level to develop collaborative strategies aimed at improving the link between primary and specialist mental health care and thereby improving outcomes for individuals.

We feel confident that the development of effective partnerships between GPs and public mental health services will demonstrate the importance of collaborative care models in the delivery of complex health care services.

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SHARING THE CARE — GENERAL PRACTITIONERS AND PUBLIC MENTAL HEALTH SERVICES

CONTINUITY OF CARE
Is Our Primary Objective

TABLE OF CONTENTS

1 Introduction
2 Why GPs are important mental health care providers
- accessibility
- continuity of care
- comprehensive health care
- mainstream service
5 What can public mental health services offer GPs?
- access to services
- assistance with treatment
- support and education
8 When should GPs and public mental health services work together?
11 Sharing the Care—How GPs and public mental health services can work together
- joint service provision
- consultation

• transfer of care
17 Issues to consider
19 How GPs can be included as part of an area mental health network
21 A good community mental health service
22 Definitions
24 Appendix

WORKING TOGETHER
Is About an Interactive Approach to Service Delivery

INTRODUCTION

Specialist mental health services in Victoria are delivered by a range of providers within the private, public and non-government sectors. To ensure the best possible outcomes for consumers, professional service and community linkages need to be effectively developed and maintained.

It is well recognised that GPs look after the health care needs of most people. They are local, accessible and multi-skilled primary care providers who have a significant role in providing services to people with mental health problems, including those who experience serious mental illness.

In addition to direct provision of mental health care, GPs have an important role in providing early intervention for people at risk of developing mental illness and influencing the specialist services that individuals may go on to use.

Publicly funded mental health services are the largest providers of specialist assessment, treatment and support services that are specifically targeted to people with serious mental illness. Services are increasingly delivered from a local community base and require good working relationships with other service providers within the area.

The promotion of cooperative partnerships between GPs and public mental health services provides the opportunity to more effectively link primary care and specialist mental health care, coordinate service delivery and improve continuity of care.

The potential educational and support benefits for GPs will add to the quality and flexibility of the mental health service response available to individuals within any local area.

This document builds on the many existing examples of good cooperative practice between GPs and public mental health services, promotes strategies to overcome historical barriers and encourages the further development of collaborative service provision. It is acknowledged that existing cooperative relationships between GPs and private psychiatrists are one form of inter-sectoral collaboration. It is not the aim of this document to address that relationship. *Sharing the Care—GPs and Public Mental Health Services* represents a first step in the process of encouraging public mental health services and GPs to work together at a local level and adopt ideas and strategies that can be of most value for their services. Support and encouragement will continue for innovative practices

that will promote improved mental health outcomes for individuals within their local context and community.

WHY GPs ARE IMPORTANT MENTAL HEALTH CARE PROVIDERS

It is clearly recognised that GPs are important providers of mental health care.

GPs are usually the first point of contact for people with psychiatric illness or other mental health problems. They will often go on to provide the mental health care for such people and strongly influence other services that an individual may go on to use.

GPs often practice as the 'family doctor' and are an important source of support and information for families and other carers of individuals who experience mental illness.

Importantly, GPs directly provide a wide range of health services to individuals with serious mental illness. Very often they will be the primary mental health care provider for this group of people because of the service advantages they can offer. These include:

Accessibility

GPs are highly accessible health service providers. They are:

- well integrated into local communities
- able to deliver services from conventional environments that are familiar to most people
- in good supply in most areas
- universally available via public health insurance.

Continuity of care

GPs tend to be a stable point of contact for patients, their families or carers and other services that the individual is linked into. They can offer:

- long term knowledge of the individual and their health needs
- familiarity with the family
- knowledge of local resources.

ESTABLISHING LINKS

Between Primary Care and Specialist Mental Health Care

Comprehensive health care

Individuals with mental illness can receive a holistic approach to their health care needs from GPs, who are well placed to:

- manage any associated physical problems
- intervene early when individuals present with physical problems resulting from or accompanying a mental health problem
- ensure that the general medical needs of individuals with serious mental illness are not neglected
- provide the above concurrently with general support and counselling
- treat the individual in the context of their family and social situation.

Mainstream service

Individuals will sometimes have concerns about the stigma that can be associated with using mental health services. GPs can offer a service that:

- provides a high degree of privacy with regard to the presenting problem
- normalises mental health problems

within a general health context.

Culturally sensitive practice
GPs can have a high degree of cultural acceptance for some individuals
and families of non-English speaking background, particularly when:

- GPs have bilingual skills or close links with particular ethnic communities
- it is consistent with cultural norms to have mental health care needs met through the local family doctor.

JOINT SERVICE PROVISIONS
Assist General Practitioners in Providing Treatment and Support

WHAT CAN PUBLIC MENTAL HEALTH SERVICES OFFER GPs?

Access to specialist mental health services Public mental health services provide a range of specialist assessment, treatment and support services, largely community based, that are specifically targeted to people with serious mental illness. They also provide an important screening and referral role, connecting people with other services as necessary.

Public mental health services are organised on an area basis. They have a single point of entry via the Community Mental Health Service (or the inpatient service after hours).

The Community Mental Health Service is organised around a clinical case management system. According to client need, case managers can access crisis, continuing care, mobile support and treatment, rehabilitation or inpatient services. Centre based and outreach services are available, and some service components are provided on an extended hours basis.

One case manager is responsible for coordinating all aspects of an individual's psychiatric care. Coordinating care across different agencies is a common feature of the case management process. The case manager's capacity to work closely with the psychiatric disability support services provided through the non government sector may be particularly valuable to GPs and their patients.

Improved access to the range of specialist mental health services for GPs and their clients will result from working together with public mental health services within local area networks.
Greater ease of access to services will result from:

- improving GPs' knowledge and familiarity with public mental health services
- ensuring that mental health professionals working within the local area develop a fuller understanding of the role of the GP as a provider of mental health services
- ongoing and regular communication between the two sectors at a local level
- formal recognition, on the part of public mental health services, of the role of the GP in the provision of mental health services.

Assistance with treatment
Public mental health services can play a key role in supporting GPs in the ongoing management of individuals with serious mental illness, or when contributing to

their overall care.

This can take place in a variety of ways.

Often it is the GP who will most appropriately provide the ongoing psychiatric treatment for an individual with serious mental illness. This can be made increasingly possible with the back-up of a specialist clinician with whom they can review progress and consider treatment and referral options.

The development of effective mechanisms for liaison and information sharing around the treatment needs of particular individuals will ensure ongoing support for the GP in taking on the role of mental health care provider.

Liaison and information sharing strategies can be regularly employed to facilitate continuity of care and improved patient outcomes.

Acknowledgment and recognition of the particular time pressures that GPs work to will facilitate successful implementation of this strategy. For example, GPs will often have limited time available for liaison purposes.
Effective liaison and information sharing will best be achieved with the development of good networks between GPs and public mental health services at a local level that are of mutual benefit to both service providers.

The development of effective networks will ultimately streamline the process of information exchange and will be of particular assistance to GPs when a rapid or urgent response is required.

Smooth transfer of care and improved access to acute and crisis services when necessary will further assist GPs, particularly when working with individuals who at different times may require a specialised service response.

Support and education
Public mental health services can assist in strengthening the role of GPs through support and education.

Working together within local area networks will present opportunities for mental health services to support GPs through continuing education initiatives.

There are existing good examples of public mental health services joining with interested GPs to develop educational forums which provide up to date information on clinical and service organisation issues.

Such continuing education initiatives could most usefully focus on information that is readily applicable, and be organised in such a way that it is feasible for GPs to attend and participate.
Issues to be covered might include:
• psychiatric diagnosis and assessment
• therapeutic approaches and techniques
• pharmacology updates
• organisation of psychiatric services
• multidisciplinary service delivery
• the role of the clinical case manager
• the role of families and other

carers.

Public mental health services should consult with local GPs as well as with Divisions of General Practice and the Royal Australian College of General Practitioners (RACGP) to ensure that educational initiatives are well targeted to meet the needs of GPs, and are presented in a useful range of educational formats.

The consultant psychiatrist, and other senior clinical staff at the Community Mental Health Service, decided to initiate a series of educational and information forums to bring together the mental health service staff and interested GPs who practice in the area. The sessions cover relevant clinical issues, and provide an opportunity for participants to share information about the way public mental health services are organised, and the range of mental health related problems treated and managed by GPs.

The sessions are accessible to as many interested GPs as possible—a breakfast or early evening time being most practical. The team may decide to consult with some of the local GPs to promote the idea.

WHEN SHOULD GPs AND MENTAL HEALTH SERVICES WORK TOGETHER?

There are many instances when GPs and public mental health services can improve patient care by working together to provide a service response that links an individual's primary care provider with their specialist mental health service. A cooperative relationship should be encouraged when this will assist in effectively meeting the mental health care needs of an individual. For instance, working together is a good option when:

- improved outcomes can be achieved through effective information sharing between the GP and the public mental health service
- the provision of consultative input from the public mental health service will allow the continued provision of whole patient care by the GP
- the adoption of a joint service delivery approach will minimise disruption to continuity of care and enhance patient outcomes.

At all times it is important that the individual agrees to any change this may cause to their treatment arrangements.

The particular preferences of individual patients should also be taken into account when considering collaborative practice. For instance, some people of non-English speaking background will choose to see their local family GP for their mental health care needs because of cultural norms and concerns about stigma. Community mental health services should aim to work particularly closely with bilingual GPs.

EFFECTIVE NETWORKS
Will Streamline Information Exchange and Patient Care

CASE VIGNETTES

Eric is a 45 year old man with a long history of treatment for schizophrenia and a more recent history of diabetes. He has for some years now attended a Community Mental Health Service where he sees

a psychiatrist and a case manager. He sees his local GP for treatment of his diabetes and other health needs. Eric is prescribed a range of medications to treat the two conditions. Both service providers have found it difficult to respond effectively to Eric's needs, in part because he finds it difficult to adhere to his rather complex treatment regime, and, at times will not attend one or the other service for a period.

The GP contacts the psychiatric case manager and they discuss possible strategies to be cooperatively employed to address these problems.

Jason is a 19 year old unemployed man. He is currently estranged from his family and lives some of the time with his girlfriend and her family and at other times will stay at a youth hostel. He has recently re-presented to a GP who has known him and his family well for many years. The GP has become concerned about symptoms of depression and increased alcohol intake. It is becoming difficult to persuade Jason to continue to see him on a regular basis. A local youth worker contacts the GP to report that Jason has seemed tearful and distressed on several occasions and talks of the future in a negative and despairing way.

The GP is concerned about the risk of suicide and contacts the Community Mental Health Service to discuss referral for assessment and acute intervention. He stresses to the Duty Worker that
he has known Jason over a long period of time and is willing to remain involved in his ongoing care.

CONSULTATION
With a Mental Health Specialist Assists GPs in Providing Ongoing Care

SHARING THE CARE—HOW GPs AND PUBLIC MENTAL HEALTH SERVICES CAN WORK TOGETHER

Working together is about an interactive approach to service delivery. It has implications for the overall relationship between GPs and mental health services. Effective communication strategies along with joint service provision, consultation and transfer of care can all be important components of this relationship.

Joint service provision
A range of interventions are often required to address the complex needs of people with serious psychiatric disorders.

GPs can face constraints relating to time, expertise and resources to provide such interventions. However, it may be possible for the GP to enter into a joint service provision arrangement with the local public mental health service, to meet the treatment and support needs of an individual with serious mental illness.

Typically, this collaborative approach to patient care will involve the GP taking on the medical care of the individual's psychiatric disorder, and the public mental health service allocating a case manager to provide and co-ordinate additional interventions from the

Community Mental Health Service.

The aim is for the GP and the treating team at the public mental health service to work in partnership according to an agreed management plan.

At all times the following principles should guide any approach to joint service provision:

- an active cooperative relationship between the two service providers is fundamental to achieving successful outcomes
- continuity of care is given primary consideration
- roles and responsibilities are clearly articulated
- clear mechanisms for communication and review are essential
- recognition of potential for joint commitment of resources eg sharing of interpreting services.

In any instance of joint service provision it will be particularly important to ensure that there is clear agreement about roles and responsibilities in the case of an urgent need for assessment or intervention.

The important role played by families and carers should also be considered. With the agreement of the patient, it may be important to involve them in any agreed management plan.

Area based services may choose to develop specific protocols or procedures to guide joint service provision between providers in that area, or adopt and develop particular models of shared care.

Consultation

In some cases it is the GP who will most appropriately provide the ongoing psychiatric treatment for an individual with serious mental illness. However they may lack the confidence or experience to manage a particular individual's care, or may feel happy to continue as the treating practitioner only with the back up of a specialist clinician with whom they can review progress and consider treatment and referral options.

In such circumstances it may be useful for the public mental health service to provide consultative input to the GP to support them in taking on this role.

This approach may involve:

- the psychiatrist attached to the public mental health service providing time to consult with the GP on a one off basis
- the psychiatrist attached to the public mental health service meeting regularly with one or more GPs from the local network in a consultative forum
- the GP continuing to manage the patient's psychiatric care with periodic reviews provided by the public mental health service.

While this strategy may be dependent on the resources available to the public mental health service, established local networks and effective liaison relationships will assist in streamlining the process.

The potential educational and support benefits for general practitioners may lead to improved continuity of care outcomes for

service users and a more flexible mental health service response for the local community.

CASE VIGNETTES

Kate is a 52 year old woman with a longstanding history of schizophrenia along with obsessional personality traits. She lives alone in a flat in an outer urban area and has very few social supports.

Kate has had multiple admissions to hospital over the years and for the past 18 months her psychiatric care has been managed by a Mobile Support and Treatment service—part of the local Community Mental Health Service. The treating team visits her three to four times each week.

Kate is well known to one of the local GPs whom she visits regularly. She is always very anxious about her general state of health, as well as her psychiatric condition.

The GP has liaised regularly with Kate's MST service case manager over the past year. Both are concerned about the difficulty of separating the medical treatment of Kate's psychiatric disorder from her general health needs and concerns.

The GP and the psychiatric case manager discuss a joint service delivery arrangement. The GP would take over the medical management of Kate's psychiatric condition, with ongoing intensive support and treatment monitoring provided by the MST service. The psychiatrist attached to the MST service would continue to be available for consultation and review as necessary. They agree that in a situation where an urgent assessment or intervention is required, the psychiatric case manager will be responsible for coordinating a response, drawing on whatever resources are necessary from within the public mental health service, e.g. a psychiatrist, the Crisis Assessment or Treatment service or the inpatient unit. They plan a joint meeting to discuss this arrangement with Kate.

Maria is a 36 year old woman with a long history of treatment for bipolar affective disorder. She has experienced repeated episodes of mania and depression although the frequency and severity of episodes has reduced in recent years. She has good periods of recovery between episodes. She lives with her parents and works part time at the local super market.

For the past three years Maria has been seeing her GP for treatment of her psychiatric condition. This arrangement suits her as she and her family have been attending the GP for many years. However, in recent months her condition has deteriorated—despite a long period on a stable medication regime she is experiencing periods of elevated mood which are placing her job at risk and proving disruptive for her family.

The GP contacts the local Community Mental Health Service to discuss the possibility of referring Maria for assessment. He adds that he would be keen to continue treating Maria but feels that she may need some short term involvement from the local specialist service. The Duty Worker

explains that following assessment one option might be to refer Maria back to the GP with some consultative input from the psychiatrist for a period of time.

Transfer of Care

Transfer of care between GPs and public mental health services takes place on a regular basis as indicated by individual need, patient preferences and professional assessment. Smooth transfer of care between services will reflect a good working relationship.

A cooperative approach to working together presents the opportunity to ensure efficient and effective transfer of patient care between services.

Referral of patients between services will be enhanced when service providers:

- ensure that a referral has been accepted before terminating patient care
- prepare appropriate written information to accompany referrals
- are available for further discussion or consultation regarding the referral.

Working together to ensure smooth transfer of care will improve as:

- general practitioners become increasingly familiar with public mental health services, the range of interventions provided and the key role of psychiatric case managers
- public mental health services develop a greater awareness of the important role of GPs as comprehensive primary care providers with the capacity to meet the mental health care needs of many individuals.

CASE VIGNETTE

Chris is a 28 year old married man who has been treated for depression at the Community Mental Health Service for the past two years. He lives with his wife and two young children. A year ago he was severely depressed and was treated as an inpatient for a short time. He has been treated at home by the Crisis Assessment and Treatment Team for a period before and after this admission. His mood has been slowly improving over the past six months, and he and his wife are reluctant to continue attending the Community Mental Health Service.

The treating psychiatrist discusses the issue with Chris and his psychiatric case manager. They agree that the psychiatrist will contact the family GP and discuss a transfer of Chris' treatment, perhaps with some ongoing involvement from the Community Mental Health Service. They agree that it will be important to ensure that a comprehensive hand over occurs.

COOPERATIVE RELATIONSHIPS
Ensure Efficient and Effective Transfer of Patient Care

ISSUES TO CONSIDER

In the consideration of cooperative working relationships, thought should be given to the factors that influence the capacity of services from the public and private sector to work together in partnership. Such factors can include:

Communication

Significant time pressures impact on the extent to which GPs can liaise with other services. Public mental health services can assist by being aware of this and giving consideration to the types of communication strategies that might facilitate productive liaison and information sharing. Valuable information to be aware of at an early stage includes:

- constraints on the availability of GPs
  - what is the best time to phone?
  - will face to face meetings be possible?
  - what are the practice hours?
- effective means of communication in particular situations
  - are letter, fax and phone all possibilities?

Confidentiality

Both the GP and the public mental health service providers are bound by confidentiality requirements. Confidentiality relating to clinical records and personal information is subject to both ethical and legal protection, and managers of public mental health services must ensure that staff are aware of their obligations under the Mental Health Act (1986).

While the requirements allow for information in connection with the further treatment of a patient to be exchanged, it is important to ensure that respect for confidentiality of personal information acquired by service providers in the course of their business is given the highest priority and, whenever necessary, consent is sought from the patient for disclosure of information.

Key Personnel

While the GP is in many cases a sole practitioner, community mental health service staff work in multidisciplinary teams and more than one team member may contribute to the service response for a particular patient. Relevant staff for the GP to be aware of in the Community Mental Health Service include:

- psychiatric case manager (all patients are allocated a case manager)
- treating doctor or psychiatrist
- duty worker.

EDUCATION INITIATIVES

Provide Opportunities for Continuing Collaboration

HOW GPs CAN BE INCLUDED AS PART OF AN AREA MENTAL HEALTH NETWORK

More effective working relationships will evolve as cooperative practice networks are established between the public mental health service and GPs providing services within the same local area.

GPs will have the opportunity to become aware of the local public mental health service and some of its key personnel. Mental health professionals working within the area based service can develop a fuller understanding of the role of the general practitioner.

Strategies to ensure that GPs are included as part of an area mental health network might include:

- development of a mailing list of GPs in the local area
- distribution of up to date

information describing the range of public mental health services in the area and their organisational structure
- establishment of lunchtime or evening forums for networking, information exchange and educational initiatives for GPs and mental health workers in the area
- involvement in local research initiatives
- liaison meetings between the community mental health service and the local GP Division to identify barriers to cooperative working relationships or to develop cooperative initiatives.

Directors of Clinical Services, managers of Community Mental Health Services, team leaders and coordinators and the GPs themselves, will all be important players in the development and maintenance of effective networks.

PROFESSIONAL LINKAGES
Need to be Effectively Developed and Maintained

A GOOD COMMUNITY MENTAL HEALTH SERVICE

A good Community Mental Health Service will:
- Know which GPs in the local area have an interest in seeing individuals with mental health related problems and take an active involvement with people who have a mental illness.
- Provide regular and up to date information to all GPs in the area about the organisation and delivery of the public mental health service.
- See GPs as important users of the public mental health service and provide them with a prompt service response.
- Build linkages with bilingual GPs or those who have close practice links with specific ethnic communities.
- Always give timely and regular feedback to GPs by phone, fax or letter about shared or referred patients.
- Recognise the importance of negotiating clear roles and responsibilities with GPs when entering into shared care arrangements.
- Empower GPs to be more active in the provision of care to people with psychiatric conditions.

DEFINITIONS

General Practitioners (GPs)
General practitioners provide primary, continuing, comprehensive whole patient care to individuals, families and their community.

Public Mental Health Service
General adult mental health services are provided on an area basis and may include the following components:
- crisis assessment and treatment services
- mobile support and treatment services
- continuing care, clinical and consultancy services
- acute inpatient services
- residential and non-residential rehabilitation services
- secure/extended care inpatient services.

Aged person’s mental health services are usually provided on an area basis and may include:
- psychogeriatric assessment and

treatment services
• acute inpatient services
• extended care inpatient services.

Child and adolescent mental health services are usually provided on an area basis and may include:
• child and adolescent assessment and treatment services
• inpatient services.

Director of Clinical Services / Director of Psychiatric Services and Authorised Psychiatrist
A senior consultant psychiatrist who has overall responsibility, under the Mental Health Act, for clinical leadership within the public mental health service. While it is common for one psychiatrist to work to both of these roles, in some instance they may be split and carried out by two psychiatrists.

Psychiatric Case Manager
Case managers will be appointed from the following Community Mental Health Service clinical staff, generally at community based services:
• psychiatric nurses
• occupational therapists
• social workers
• medical staff
• psychologists.

Following an initial intake assessment, all clients receiving services from a Community Mental Health Service will be allocated a case manager. It is the case manager's responsibility to coordinate an assessment of need and an appropriate service response. This will often include collaborating and drawing on the skills of other staff within the service. Case managers will always work closely with the treating doctor or psychiatrist of the service.

Duty Worker (or triage worker)
A member of the clinical staff of a Community Mental Health Service rostered on during normal business hours as the initial point of contact for the service. Based on an initial screening, the duty worker will guide the person making contact to the appropriate service. A referral may be required to another organisation such as public sector, voluntary, local government or private agencies. Alternatively, if the public mental health service can offer the most appropriate service, either exclusively or in partnership with other services, the duty worker will ensure that a more detailed assessment is provided through the intake process.

APPENDIX

The following publications relate to the organisation and delivery of services from public mental health services. They have been produced by the Psychiatric Services Branch, Department of Human Services, Victoria.

Requests for copies of the documents should be directed to the Psychiatric Services Branch on telephone 9616 8087.
• Victoria's Mental Health Service: The Framework for Service Delivery.
• Victoria's Mental Health Services: Improved Access Through Coordinated Client Care.

- Psychiatric Crisis Assessment and Treatment Services: Guidelines for Service Provision.
- Mental Health Services Directory. (Electronic version also available)
- Victoria’s Mental Health Services; Adult Services: How Can We Help? (pamphlet).
- Victoria’s Mental Health Services: Crisis Assessment and Treatment (CAT) Services (pamphlet).
- Victoria’s Mental Health Services: Consumer Information Guide: How Case Management Can Help You.
- Mobile Support and Treatment Services: Guidelines for Service Provision.

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