

The mental health nurses of the psychiatry and midwifery programs provide follow-up of patients in the community when they return home from hospital.

This Review found the services of the Mother and Baby Unit to be satisfactory.

See *Recommendation 1: Governance (1.4)*; and *Recommendation 8: Children and youth (8.3)*.

3.16 General practitioners

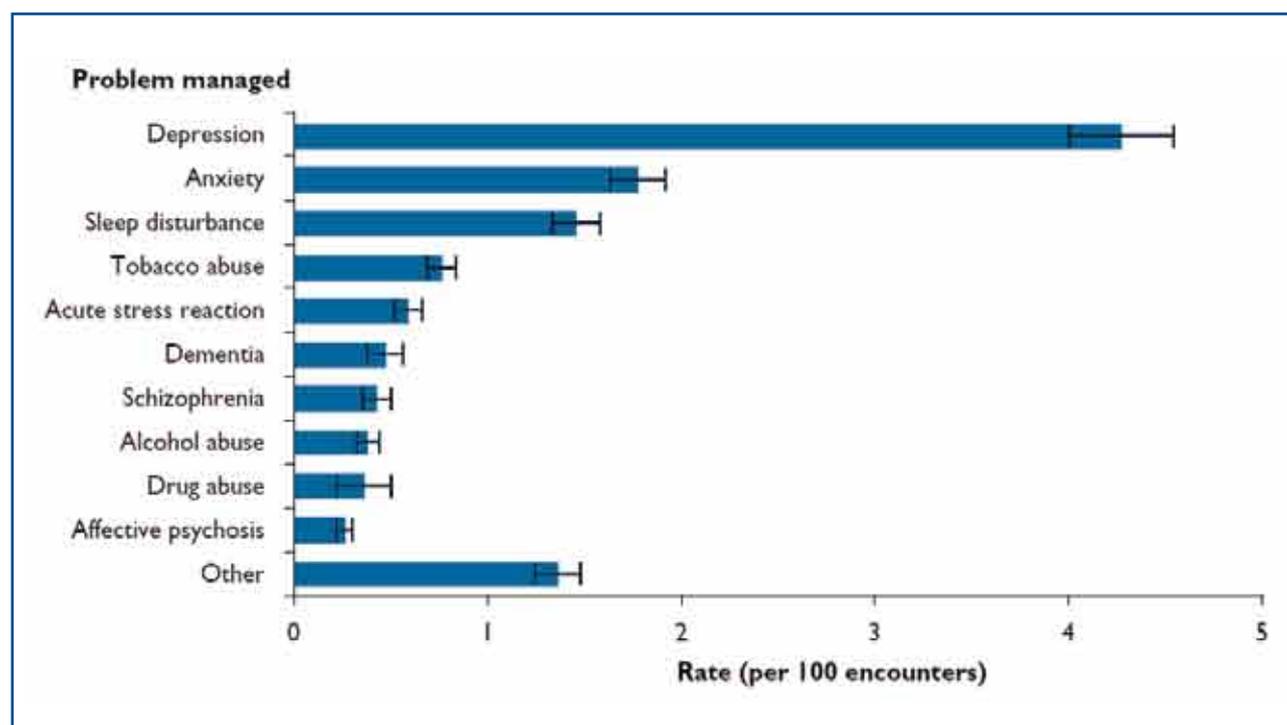
To improve patient continuity of care, close links between the mental health services and GPs are essential.

Seven factors were identified in this Review to improve current linkage. These are:

1. A central referral point.
2. Promotion of a GP/mental health service partnership model.
3. Provision of GP training in mental health assessment and treatment.
4. Strengthening GP knowledge and involvement in mental health care.
5. Provision of GP liaison models by community mental health services across all jurisdictions.
6. A navigation system, such as a website and booklet containing mental health descriptions.
7. Provision of direct access by GPs to the patient's consultant psychiatrist.

GPs promote mental wellbeing and manage mental illness with medications, treatment, counselling, advice and referral to specialist care (Australian Government 2011a). A majority group (one-third) of patients access mental health care through their GP (Australian Government 2011a). Figure 47 illustrates the mental illnesses most frequently managed by GPs, which represents 11.7 per cent per 100 GP encounters.

Figure 47 **Ten most frequent mental health problems managed by general practitioners, 2009–10.**



Source: Mental Health in Brief, Figure 2 Based on Bettering the Evaluation and Care of Health (BEACH) Survey (2011).

GPs are often involved in patient care both before and throughout the specialist care provided by the mental health system.

GPs informed the Review that they experience difficulties at interfaces with some mental health services. These difficulties include:

- lack of clarity about service availability and difficulties in locating the local services (Government of Western Australia 2011)
- not receiving feedback about their referrals to mental health services
- not always feeling confident that their patient will be accepted to the mental health services for care
- concern about the long waits patients have for mental health care
- lack of information about the patient's progress
- delayed discharge summaries.

GPs informed the Review that in order to refer patients to mental health services they require assistance to determine which health services are available in the patient's local geographical areas. The complexity of access to mental health services has led some GPs to send their patients directly to EDs to obtain services (Government of Western Australia 2011d). A central mental health referral centre would be beneficial.

A number of mental health clinicians commented that good relationships with GPs results in timely referrals and better continuity of care for patients. Some mental health inpatient services send patient progress reports to the GPs during hospital episodes. Some mental health services meet with local GPs regularly to improve communication and smooth referral processes.

An obstacle to patient's discharge from community mental health services and hospital care can occur when patients do not have a nominated GP. There is a high turnover of GPs in some localities (e.g. Rockingham has a 50% annual turnover).

Some patients are reluctant to attend their GP for economic reasons and others have difficulty attending appointments. GP connections are especially patchy for forensic patients; these patients often live chaotic lives in or out of mental health services and prison.

GP liaison officers

Care partnerships between mental health services and GPs are vital to continuity of care. The WA GP Network praised the mental health/GP liaison model (Government of Western Australia 2011d). This model promotes GP involvement in mental health care and ensures community mental health services correspond with the patient's GP during care episodes.

Currently GP liaison officers are a feature of some and not all community mental health services. This model consists of a CMHS clinician with the key responsibilities of assisting patients to link with their GPs and to improve communication between GPs and local mental health services.

The GP liaison's role includes:

- identifying GPs with enthusiasm for mental health care
- providing GPs with information about their patient's progress
- providing general mental health information and education
- encouraging patients to connect to their GP for ongoing care.

GPs would be more comfortable in providing mental health care if they:

- received timely treatment plans from the mental health team
- were able to consult directly with the patient's treating psychiatrists
- obtained information and training about the patient's mental health condition (Government of Western Australia 2011d).

GPs observed that the mental health system differs from that of general medicine to the extent that some GPs feel alienated from their patient's care. GPs at the Australian Medical Association (AMA) suggested to this Review that the mental health system needs to assimilate their processes to those of general health, so they could interact with the patients' treating practitioners directly rather than through duty officers.

Better collaboration is needed between GPs and consultant psychiatrists (AMA). A GP suggested to this Review that this could occur with a training program to upskill GPs in mental health assessment and treatment in exchange for rotating psychiatrists-in-training through GP practices. The doctor said GPs would benefit from 6 to 12 months of training in psychiatry as well as drug and alcohol conditions.

See Recommendation 1: Governance (1.2); Recommendation 3: Carers and families (3.1); and Recommendation 8: Children and youth (8.1).