ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTIONERS (RACGP)

Date: 3 November 2020
Location: Teams/Virtual
Attendees: Dr Sophie Davison, Chief Medical Officer Mental Health, Mental Health Commission
Dr Sean Stevens, Chair RACGP WA and GP Victoria Park
Dr Ramya Raman, Deputy Chair RACGP WA and GP Armadale
Mr Hamish Milne, RACGP WA State Manager
Dr Lewis MacKinnon, Director and Principal Doctor, Skye Medical Armadale

Gaps

Referral and acceptance process by specialist mental health services especially if the young person is acutely unwell and at high risk. The acceptance criteria at the Mead Centre are so tight that they don't get taken on for treatment.

Young people are often seen promptly, but referred straight back for General Practitioner (GP) and psychologist care. However, the GP initiated the referral because that had not worked.

If someone is referred on a Friday afternoon or attends Emergency Department over the weekend and is referred to GP care, the GP does not get that letter until the Monday and the person may not be safe over the weekend.

An approach that worked in Rockingham was that the community services sent a Nurse Practitioner to see the young people in their home and assessed the young person to determine what supports they had and who needed to be there to keep them safe.

Transition from child to adult services

The transition is very difficult in the private and public system. The paediatricians and child psychiatrists won't see referrals over 15 years as they will not be able to hang on to them. But adult services are very reluctant and say they don't have the expertise so GPs often with the least mental health expertise are left managing them.

Eating disorder

Referral to Perth Children's Hospital (PCH) is complicated as there must be a medical referral and a psychiatric referral and they won't accept one without the other. For example, medical referrals are knocked back because of there only being an estimated weight on the form (where the patient has refused to get on scales) and mental health referrals are often refused until medical referrals are accepted.

Huge gap in services

GPs would like more support, access to timely expert advice and training in eating disorders as well as ability to refer when necessary.

What is needed – possible actions

Specialist services need to believe the GP when they refer. Developing a relationship between local GP practices and local mental health service would help to make the relationships that would make it easier to pick up the phone for advice and to understand the criteria for referral. For example, an evening meeting at Mead Centre with Armadale GPs.

Ability to communicate by email about patients would be good as telephone calls can be difficult to arrange for busy part time GPs.

Having the same referral form and criteria across Hospital Service Providers and services would be good.

Psychology in primary care

Until recently it was easy to get psychologists to see young people and to give priority to urgent cases because of close working relationship between GPs and the psychologists.

However, since COVID-19, it is more difficult to get a psychologist who bulk bills.

Services needed for assessment and treatment of Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD) and Autism spectrum

It is difficult to access timely, decent assessment and treatment of ADD, ADHD and autism spectrum in the public and private sectors.

If not assessed and treated as children, they have much poorer outcomes and miss school etc.

Gender identity disorder

PCH endocrinology department is very helpful but there are very long wait times to get psychiatric help in the public system so must send everyone for private care.

Need innovative solutions to reduce the number of no shows to appointments for specialist services.

RACGP Fellow

Transition from children to adult services

This is a constant issue that arises again and again. It's a vacuum. For example, Dr MacKinnon has a 17-year-old patient with autism who needs assessment, who can access National Disability Insurance Scheme supports. The Child and Adolescent Mental Health Service (CAMHS) wouldn't take the patient as they said the patient was too old. The adult services refused, as they said they had no expertise in that age group. No-one would take responsibility for a distressed young person.

Another problem is no one in the public mental health system will prescribe stimulants and parents can't afford to go privately. Very few private adult psychiatrists treat ADHD so transition is difficult.

There needs to be some sort of handover clinic or team.

Emerging personality disorder

This is also a big gap. For example, Dr MacKinnon has a patient who he is watching her personality development deteriorate and a personality disorder emerge. Dr MacKinnon wrote a long letter to the Mead Centre about her and his concerns. The young person can't afford Dialectical Behaviour Therapy privately. The Mead Centre ignored his letter and sent her back recommending antidepressants and referral for private Cognitive Behavioural Therapy which she is not suitable for.

Upskilling and supporting GPs in managing young people with mental health problems

Headspace is highly funded and subsidised but most of Dr MacKinnon patients won't go there, or they say they are too severe. GPs end up managing them and put in lots of unpaid hours dealing with complex and tiring young people.

It is suggested that if there was some sort of recognition and training for GPs to specialise in child and adolescent mental health, it would be more attractive like the special licence he has to prescribe HIV drugs. This is a good model where GPs must do regular continuing professional development and there is a very collegiate approach with the specialists. GPs do most of the management and feel skilled to do so but have easy access to the specialists when they need them.

GPs don't know the hospital; and local mental health service psychiatrist making referrals and handovers difficult. There is a slightly better relationship with the private psychiatrists as only refers to those who do communicate well.

If GPs could do a day a week in the mental health service as then get a diploma in child mental health or something similar it would upskill GPs and improve the relationship between GPs and the local mental health service.

Western Australian General Practice Education and Training Ltd. is the only GP training organisation in Western Australia and could be involved in setting up a training course. GP trainees might see this as attractive to sell themselves.

If CAMHS could take GP trainees a day a week in parallel with their GP job.

Discharge policies

It would help if inpatient services have a policy that if someone was discharged within 2 weeks they could go straight back without having to wait 6 hours in the emergency department. Apparently paediatrics have a system like this.

Developmental disorders – GPs end up referring to paediatrics and mental health simultaneously hoping one service will take them.

System navigation and orientation for GPs

Half of GPs migrants with little induction to Western Australian services. They find out in a haphazard way what services are available. Need some sort of orientation.

With regards eating disorders it's helpful that Medicare Benefits Schedule items are now available for dieticians and psychologists to see eating disorders but now need to find the right people to refer to.

Good model- network of interested professionals

The WA Transgender Network run by Penny Wood a Trans woman GP - Monthly meeting of GPs, Occupational Therapists, psychologists, and endocrinologists with a rotating panel of speakers and training. Very useful in developing skills but also to find out which professionals have expertise in the area to refer to.