

And What About GPs?

*The NSW Transcultural
Mental Health Centre GP
Project.*

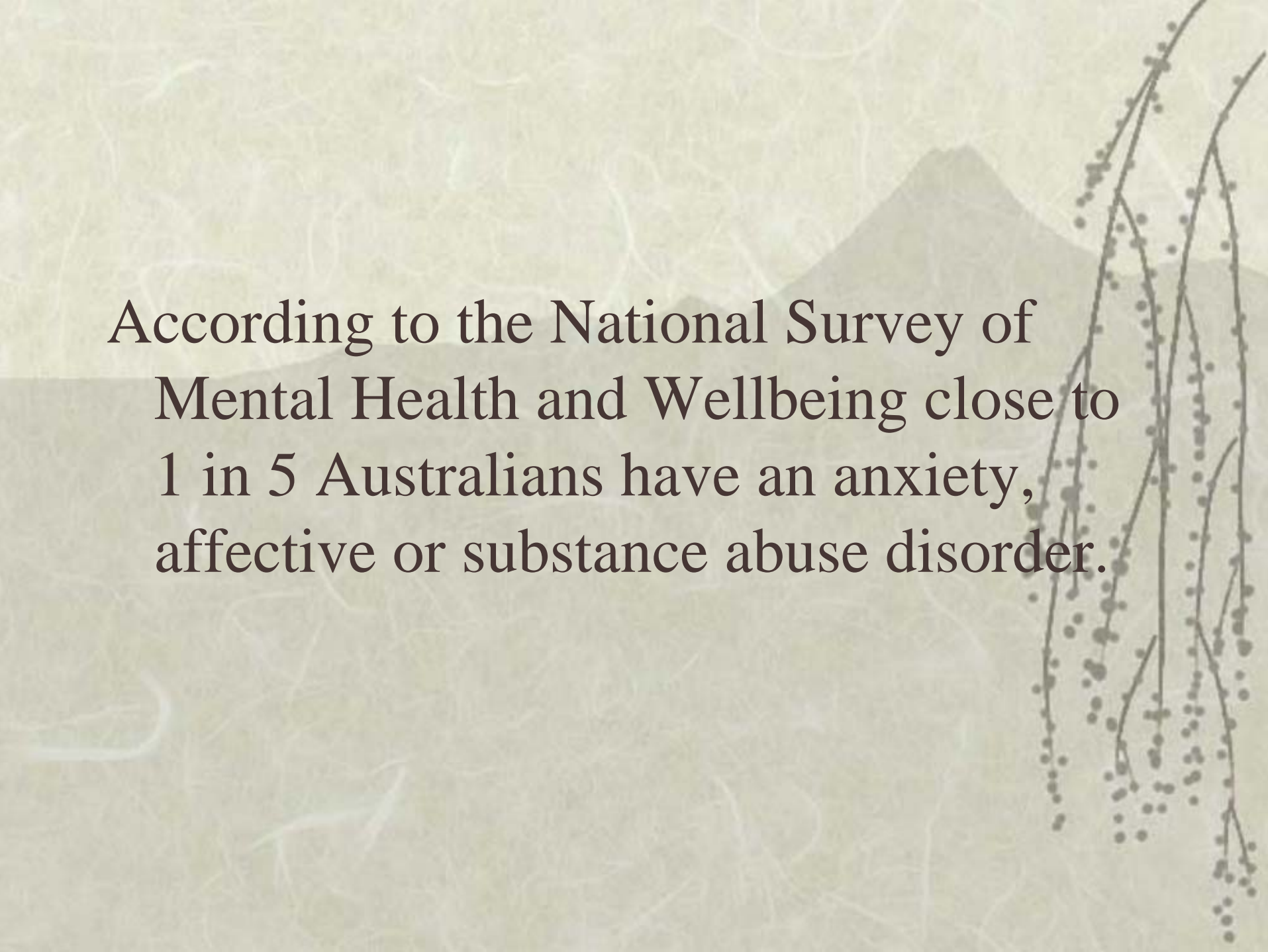
Jenn Herron

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The background features a textured, light-colored paper surface. A dark silhouette of a mountain range is visible in the upper right. On the right side, there is a dark, thin branch with small, round berries or buds hanging down.

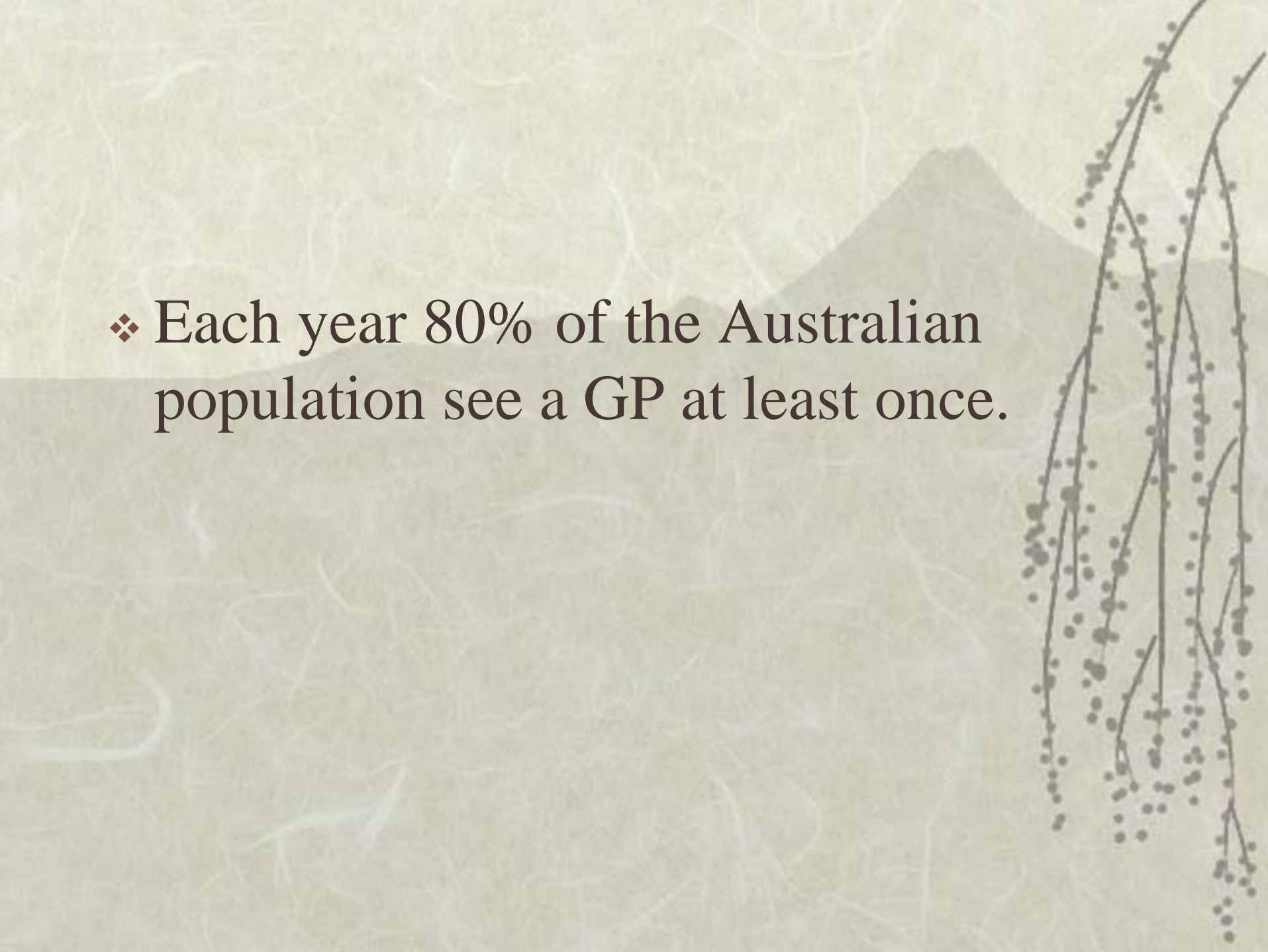
Why are GPs important in mental health care?

The background features a soft, muted landscape. In the upper right, a range of mountains is visible in shades of light green and grey. On the right side, a willow tree with long, thin branches and small, dark, round leaves hangs down. The overall color palette is a mix of light greens, greys, and off-whites, creating a calm and naturalistic atmosphere.

According to the National Survey of
Mental Health and Wellbeing close to
1 in 5 Australians have an anxiety,
affective or substance abuse disorder.

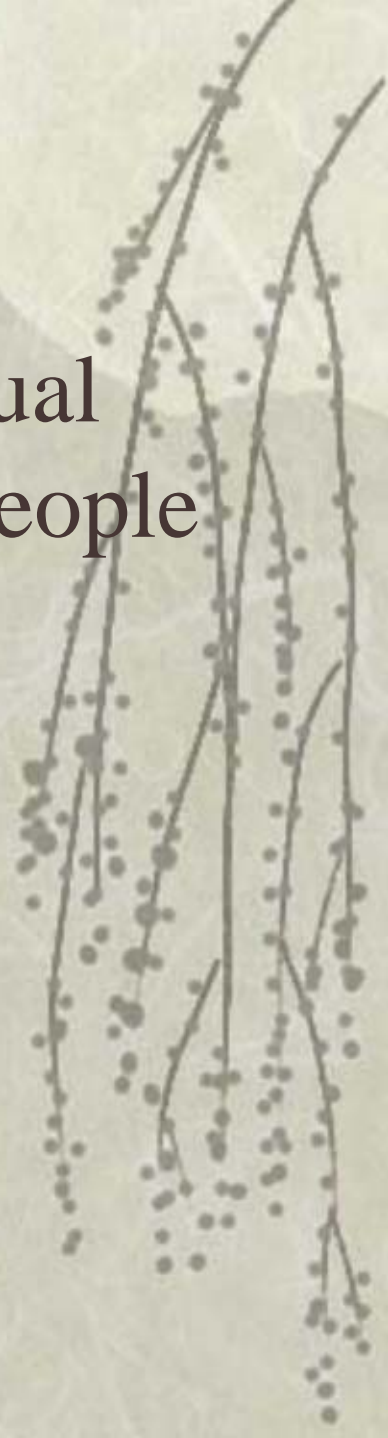
ABS National Profile of Mental Health and Wellbeing.

- ❖ Only 38% sought help for their condition.
- ❖ Of those that did seek help, 75% did so in the first instance from a GP.

The background features a light beige, textured surface. A dark silhouette of a mountain peak is visible in the upper right quadrant. On the right side, there is a dark, stylized branch of a willow tree with small, round buds.

❖ Each year 80% of the Australian population see a GP at least once.

The role of GPs, particularly bilingual GPs, is especially important for people from CALD backgrounds.



What support do GPs need?

- ❖ Access to bilingual allied supports
- ❖ Access to interpreters
- ❖ Access to relevant translated material for patients
- ❖ Knowledge about mental health and ethno-specific services
- ❖ Education/guidelines about strategies to enhance/encourage adequate patient adherence with mental health assessment and treatment
- ❖ Education/guidelines about the possible effects of immigrant culture and status on mental health issues

*What has TMHC done provide support
to GPs?*

- ❖ Co-location Liaison Project
- ❖ Access to Allied Psychological Services Program
- ❖ Teams of Two
- ❖ Cross Cultural Mental Health Elective for the Institute of Psychiatry

The Co-location Liaison Project

A shared-care model in which counsellors were placed within general practice to provide a counselling service to CALD patients referred by GPs.

The Project involved:

- ❖ 5 qualified counsellors
- ❖ 7 GPs
- ❖ 40 patients referred by the GPs
- ❖ Counsellors were based in a practice 3 hours a week for a period of 3 months
- ❖ Patients were seen for up to 8 sessions

All involved were very satisfied with the outcome.

The Access to Allied Psychological Services Program permits eligible GPs to refer patients to allied health professionals who deliver focussed psychological strategies.

It is part of the **The Better Outcomes in Mental Health Initiative** which seeks to improve the mental health care available to Australians via primary care.

TMHC Clinical Consultation and Assessment Service

A brokerage service providing **free** consultation and assessment to GPs and other professionals providing mental health care to people from CALD Backgrounds. It has access to a pool of over 100 bilingual qualified mental health professionals from a range of backgrounds covering 52 languages.

ATAPS

- ❖ Each Division has different model of service provision.
- ❖ Most don't take access for CALD people into consideration.

Developing Partnerships with Divisions of General Practice

- ❖ Canterbury Division
- ❖ Central Sydney Division
- ❖ Fairfield Division
- ❖ St George Division
- ❖ Went West
- ❖ Other Divisions

Promoting the Service

- ❖ Attending launches of ATAPS Programs
- ❖ Articles in Division newsletters
- ❖ Direct letters to GPs
- ❖ Attending Teams of Two Training
- ❖ Lists of sessional workers
- ❖ Encouragement to promote the concept of counselling to CALD patients.

Response by GPs

- ❖ Those who referred were happy BUT
- ❖ Referral numbers not very high
- ❖ GPs don't like referring to a brokerage service.

A Study on the impact of BOIMHC on CALD patients: (2006) by *Klimidis, Minas and Kokanovic* notes:

- ❖ that the impact of ATAPs is **modest** for CALD patients with mental health disorders and additional strategies may be required to encourage access.
- ❖ There is no systematic training in BOiMCI the area of cultural and migration factors as they influence clinical states, treatment issues and patient outcomes, and, for monolingual English speaking GPs, no training in the means for bridging the language barrier effectively.
- ❖ There is also need for more comprehensive evaluation of the BOIMHI in relation to CALD issues.

- ❖ Since the **Better Access Initiative** was announced the future of ATAPS is in doubt. **HOWEVER**, similar issues about CALD access and equity, and the need for systematic cross cultural training remain.

Education and Training

- ❖ Teams of Two
- ❖ Cross Cultural Mental Health Care in General Practice

Unit offered by the NSW Institute of Psychiatry.

Teams of Two

- ❖ NSW Centre for Mental Health and NSW Alliance of Divisions of General Practice
- ❖ Aim to encourage collaboration between GPs and mental health and drug and alcohol workers.
- ❖ No cultural references in content. Long process of cross cultural input into the content and case studies, creation of handouts.
- ❖ Now *Cross-cultural Issues for Facilitators* to be included in pdf format in National *Can Do Initiative*

Cross Cultural Mental Health Care in General Practice

- ❖ A distance education unit offered by the Institute of Psychiatry
- ❖ Any GP across Australia can do it!

Topics include:

- ❖ General Practice In A Multicultural Society
- ❖ Cross-cultural assessment
- ❖ Cross-cultural Formulation
- ❖ Idioms of Distress
- ❖ Cultural Bound syndromes
- ❖ Ethno-psychopharmacology
- ❖ Mental State Examination
- ❖ Working with Refugees and Asylum Seekers
- ❖ Suicide Assessment and Care
- ❖ Intervention options
- ❖ Psychological therapies.

Thoughts on working with GPs & Divisions

- ❖ Different cultures
- ❖ High turnover of mental health staff in Divisions
- ❖ Divisions don't always work together
- ❖ Direct work with individual GPs is rewarding but time consuming
- ❖ GPs want direct, practical information
- ❖ Difficult evaluating effectiveness of work with GPs
- ❖ Say they want cross cultural mental health information but don't always turn up to education sessions (lots of competition!)
- ❖ A need to woo GPs to get access to Federal funding