The Future Role of GPs in Mental Health Care

RNZCGP, RANZCP, HWNZ
Mental Health & Addictions Working Group
Presentation to RNZCGP Conference
Auckland
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Overview

• To describe opportunities for new roles for GPs in Mental Health and Addictions
• To describe work towards an Advanced Competency Module in Mental Health and Addictions for General Practitioners
• To discuss opportunities and barriers to implementation
Working Group Members

- Liza Lack
- David Codyre
- Helen Rodenburg
- Fiona Moir
- William Ferguson
- Felicity Goodyear-Smith
- Simon Hatcher
- Rob Shieff
- William Rainger
- Sue Domanski
Service Trends and Opportunities

- Primary Mental Health funding
- Better, Sooner, More Convenient
- Larger primary health networked organisations
- Emergence of clinical networks linking primary and secondary clinical governance
- Potential for devolution of services from DHBs
Possible Scope of New Role - 1

• First point of contact for GP colleagues to consult with (complex but non-urgent cases)
• Support GP colleagues in management of complex cases (facilitating horizontal integration)
• Support colleagues’ access to specialist services (vertical integration)
Possible Scope of New Role - 2

• Clinical governance of primary care MH&A services (linked with specialist service clinical governance)
• Case reviews for colleagues
• New service development
• Working as part of an integrated team
• Mentoring colleagues and supporting CME
GP with Special Interest
Mental Health & Addiction
Advanced Competencies
Relationships

Psychogeriatrician
Psychologist
CAT Team
Youth Justice
General Practitioner
Community Mental Health Nurse
Eating Disorder Team
Peer Group of GPs
Counsellor

Youth Psychiatrist
Adult Psychiatrist
Severe
Low prevalence

Complex

Non-complex

Social determinants and early detection
social workers, education,
Community, justice

Specialising up

Generalising down

Proficient

Advanced

Expert
Advanced Competency Module

- RNZCGP, RANZCP, HWNZ working group
- Within current scope of GP and linked with academic programmes
- Structure of module and learning objectives
- Likely shape of learning programme
- However - need to develop new roles and career progression for GPs
<table>
<thead>
<tr>
<th>Module 1</th>
<th>Module 2</th>
<th>Module 3</th>
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<td><strong>Context of Primary Mental Health</strong>&lt;br&gt;<em>(Well doctors; Well patients; Well communities)</em></td>
<td><strong>Common Presentations/High Prevalence Conditions</strong>&lt;br&gt;* (Advanced management)*</td>
<td><strong>Low Prevalence &amp; Long Term Conditions</strong>*</td>
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<td>- Infancy&lt;br&gt;- Childhood&lt;br&gt;- Adolescence&lt;br&gt;- Perinatal&lt;br&gt;- Middle age&lt;br&gt;- Old age&lt;br&gt;- Family life and mental illness&lt;br&gt;  - High risk families&lt;br&gt;  - Dysfunctional families&lt;br&gt;  - Caring for carers&lt;br&gt;- Domestic violence and abuse&lt;br&gt;- Self care&lt;br&gt;- Fostering relationships with your community mental health and addiction teams</td>
<td>- Developmental disorders&lt;br&gt;- Common learning and behavioural disorders of childhood&lt;br&gt;- ADD/ADHD&lt;br&gt;- Severe anxiety/panic&lt;br&gt;- Medically unexplained syndromes&lt;br&gt;  - Fatigue&lt;br&gt;  - Pain&lt;br&gt;  - Insomnia&lt;br&gt;- Stress&lt;br&gt;- Low mood/dysthymia&lt;br&gt;- Treatment resistant depression&lt;br&gt;- Post natal depression&lt;br&gt;- Psychosocial complexities&lt;br&gt;- Addiction&lt;br&gt;  - Smoking&lt;br&gt;  - Alcohol&lt;br&gt;  - Gambling&lt;br&gt;  - Drugs</td>
<td>- Eating disorders&lt;br&gt;- OCD&lt;br&gt;- Psychosis&lt;br&gt;- Personality disorders&lt;br&gt;- PTSD&lt;br&gt;- Severe Bipolar disorder</td>
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Issues for Discussion

• What needs to change in primary care to encourage GPs to take on these roles?
• Who should drive this – DHBs, PHOs or MoH/NHB?
• Will new roles be credentialed? If so, by whom?
• How will proficiency be maintained and who will provide the infrastructure for this?