Primary care: primary mental health care

Primary mental health care is the first and most broad based level of mental health service provision. It is the only and most relevant mental health care for most people. It is frequently delivered by general practitioners, community nurses and generic primary health workers.

Primary mental health care is essential to reducing the population levels and impact of mental health problems and disorders as well as their impact on individuals.

Generally it is the role of General Practitioners (GPs) to diagnose those individuals who have a mental illness and document this in a Mental Health Care Plan and further, to assess whether they would benefit from short term focussed psychological strategies intervention, which could then be provided through ATAPS or the Better Access initiative as part of the Care Plan. The treating GP needs to decide - based on a range of factors, such as workforce availability and the patient’s ability to contribute to the cost - whether to refer a patient to Better Access or to ATAPS.

The short term, goal oriented focussed psychological strategies services that these programs provide are of most therapeutic value to individuals with common mental disorders of mild to moderate severity and includes programs dedicated to providing innovative services to people who have self-harmed or attempted suicide or are at risk of suicide, Indigenous people, children and their families and women with perinatal depression. Individuals with more severe illness whose conditions may too benefit from focused psychological strategies may also be provided with such services. These programs can:

- produce better outcomes for individuals with common mental disorders through offering evidence based short-term psychological interventions within a primary care setting;
- offer referral pathways for GPs to support their role in primary mental health care.

It is expected that utilisation of such service provision will be a primary care provider’s preferred option where such service provision is appropriate and available.

Where specialist service provision/input is sought, the CHMHAS general referral criteria in relation to mental disorders is to be considered.

CHMHAS is a ‘Secondary’ or specialist mental health care service

The CHMHAS provides specialist expertise in relation to the assessment, formulation and collaborative care of people with mental disorders. The services provided by CHMHAS are provided by psychiatrists, psychologists, mental health nurses, and specially trained social workers and occupational therapists. The CHMHAS may be used to assist/support primary care providers such as general practitioners in the care of mental health consumers.

CHMHAS provides assessment, formulation and intervention with more complex and severe conditions, and where there is risk to life or safety, resistance to treatment, or significant comorbidity. The CHMHAS also provides general assessment and treatment programs; consultation liaison to other service providers for support and to enhance their expertise; specialised expertise for the treatment of specific disorders; education and training of staff; programs in partnership with other groups; expertise for prevention and promotion; and expertise and clinical support for clients in the care of the non-government sector.

The specialist mental health services of the CHMHAS provide mental health expertise and direct clinical care from infancy to old age. The service operates in community and in-patient settings and ideally care is integrated across such systems. The specialist mental health care provided by the CHMHAS is delivered both directly to individuals who are affected and in collaboration with other agencies/providers. Interagency collaboration and partnerships is essential for the full range of interventions, with such collaboration mental health expertise is the contribution of the CHMHAS specialist mental health service.

The CHMHAS recognises the need to involve and collaborate with other providers, particularly with primary health care providers.
Cairns & Hinterland Mental Health & ATOD Service (CHMHAS)
Service Eligibility Information for Primary Health Providers

CHMHAS general referral criteria in relation to mental disorders

CHMHAS provides assessment, formulation and intervention with more complex and severe conditions, and where there is risk to life or safety, resistance to treatment, or significant comorbidity.

Generally it is the role of General Practitioners (GPs) to diagnose those individuals who have a mental illness and further, to assess whether they would benefit from short term focussed psychological interventions that can be provided through programs such as the ‘Better Access’ initiative or ‘ATAPS’. It is expected that utilisation of the ‘Better Access’ initiative or ‘ATAPS’ programs will be a primary care provider’s preferred option where such service provision is appropriate and available.

Referral to the CHMHAS should be considered in the following circumstances:

- Where the patient is displaying signs of suicidal intent or if there seems to be a risk of harm to others
- Where the patient is so disabled by their mental disorder that he/she is unable to leave his/her home, look after his/her children or fulfil other activities of daily living
- Where the GP requires the expertise of secondary care to confirm a diagnosis or implement specialist treatment
- Where the GP feels that the therapeutic relationship with the patient has broken down
- Where primary care interventions and voluntary/non-statutory options have been exhausted
- Where there is severe physical deterioration of the patient
- Where particular psychotropic medication is required (e.g. clozapine)
- If the patient requests a referral

Referral to Child and Youth Mental Health Services (CYMHS) should be considered in the following circumstances:

- Where the young person is displaying signs of suicidal intent
- Where assessment of the young person is not suitable for primary care (e.g., psychotic symptoms, attention-deficit/hyperactivity disorder [ADHD])
- Where the young person is likely to require medication and treatment is not suitable for primary care (e.g., depressive disorder in a child, severe obsessive -compulsive disorder)
- Where the young person is so disabled that they cannot go to school or see friends
- If the young person or parent requests a referral
- Where primary care or other options have failed

The CHMHAS requests that the Mental Health Care Plan is provided in all circumstances when a consumer is referred. The CHMHAS recognises that it is not always possible or appropriate to complete a Mental Health Care Plan, particularly where a person requires urgent attention, such as those being referred because they are at risk of, or have attempted, suicide or self-harm.