Improving general practice capacity for working with people at risk and vulnerable to suicide

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The why

GPs are the first professional contact in over 70% of mental health cases in Australia

Psychological issues are the most commonly seen presentations in general practice, with 64% of GPs reporting them in top 3 common presentations

+ COVID surge

General practice presentations in weeks before suicide deaths

Approx 50% deaths involve mental health diagnosis

Suicide prevention evidence base: General practice is one of most promising interventions

“General practice… provides a high impact opportunity for intervention with capacity building…”

The how

GPs

Practice settings:
Sole, Corporate, Bulk-billing practices
Community health
Rural health services
ACCHOs
headspace centres
University clinic
AOD clinic

Nurses & practice staff

Inc. Bush nursing

People with lived experience of psychological distress and suicide

Other stakeholders

e.g:
Emergency services
Mental health services (public, private)
Crisis support
Academics
Community services

Learning from general practice: Some key findings

GP 'cohorts'	'Mental health' GPs * Need more support	Feel let down by 'the system'	Avoid 'asking the questions'
Rely on disclosure rather than early identification of risk	Very few GPs reported completion of suicide training	Very little use of suicide risk Ax tools	GP-patient relationships * Irregular screening for depression or AOD misuse

Barriers to encouraging disclosure

CONFIDENCE TO ASK THE QUESTION

- Not sure of referral pathways
- Not confident of specialist availability (e.g. BPD, eating disorders, complex trauma, childhood sexual abuse, colonisation trauma)
- Not confident referral pathways can see patients in under 4/6/8 weeks
- Confident that AMHS will reject the referral
- No availability of public psychiatry
- 3 month wait for private psychiatry, limited eligibility
- Patient can't afford gap fees

WILLINGNESS TO ASK THE QUESTION

- Time-consuming / appointment 'blow-out' / waiting room pressures
- Lack of appointment availability for follow-up
- No local psychiatry liaison for GP
- Reduced earning capacity from longer appointments
- No clinical supervision or self-care support for emotional fatigue
- Challenging or high-needs patients

NO ONE TO SHARE CARE WITH

- No local mental health practitioners to provide shared care
- No local psychiatrists (public or private)
- No peer support or peer review

NO ONE TO HANDOVER TO IN CRISIS

- Particularly after hours
- No one to provide assertive follow up

PRIORITY POPULATIONS

Mental health diagnosis

Dual diagnosis

Trauma

Patients psychologically impacted by COVID, no pre-existing MH

Farmers

Patients who experience barriers to disclosing psychological distress

LGBTQI, suicide bereaved, elderly

At-risk men (relationship breakdown, custody disputes, unemployment, AOD), who may only present once

LEARNING FROM LIVED EXPERIENCE

GP-PATIENT RELATIONSHIP

*

PROS & CONS

COMPASSION-FIRST, TRAUMA-INFORMED APPROACH

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AVOIDING MEDICATION-FIRST APPROACH

GP WITH CAPABILITIES & CONFIDENCE

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HAVING CONFIDENCE TO START THE CONVERSATIONS

FEELING UNSAFE IN HIGH TURNOVER BULK BILLING SETTINGS

RECEPTION AS GATEKEEPER

Opportunities to build capacity in general practice

1. Upskilling to recognise suicide risk in patients

2. Developing capacity to respond earlier to distress (before crisis occurs) e.g. brief intervention

3. Developing treatment skills in contemporary approaches to working with suicidality

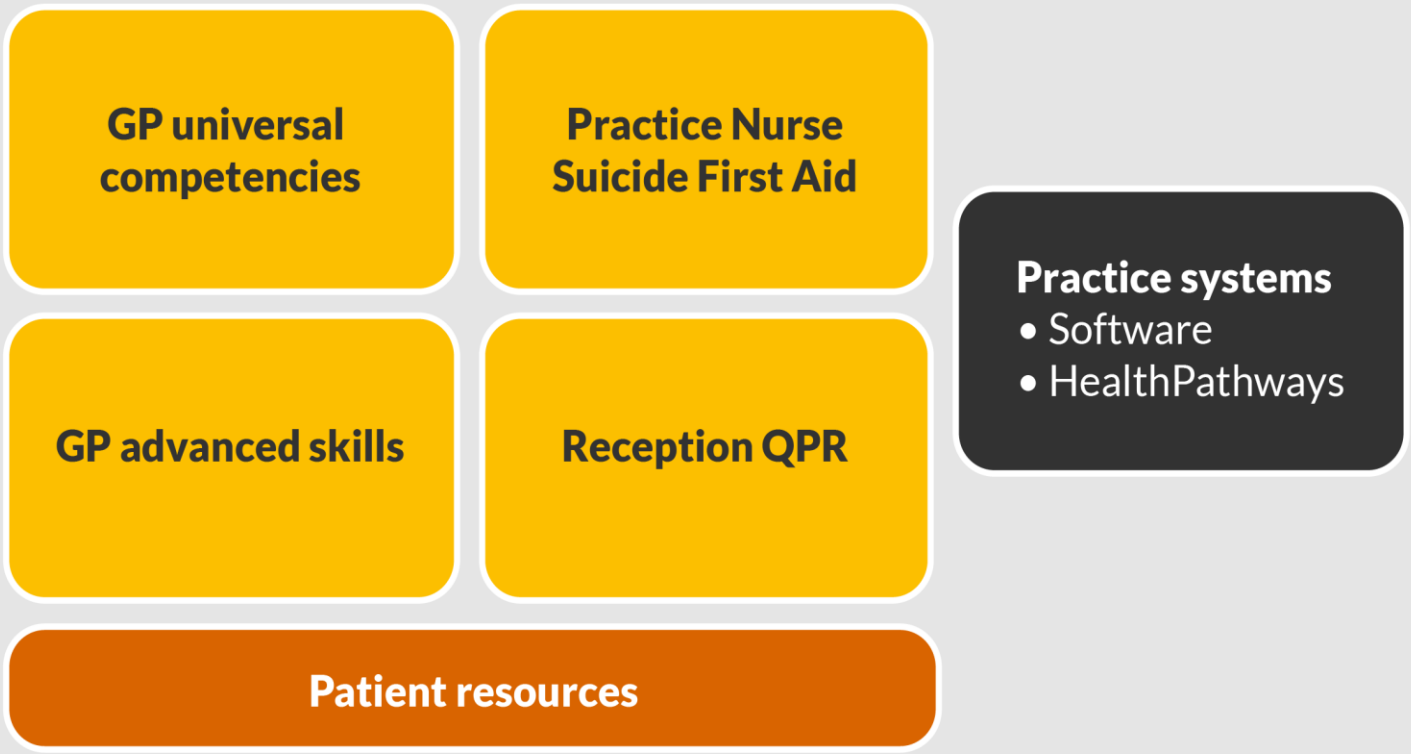
4. ALSO: Core GP competencies for responding to the specific needs of communities / groups who are more vulnerable to suicide, and engaging priority populations (inc. understanding barriers for disclosure of psychological symptoms)

Supports required for general practice to work alongside more clinical suicide risk

SUPPORTS FOR GP

- Psychology referral list
- Onsite Medical Educator
- After hours patient support
- Psychiatry Liaison
- HealthPathways
- Risk flow charts
- Early intervention pathways
- GP self-care & wellbeing supports
- Peer support +/- Peer review

Whole-of-practice skills development



Mental Health Skills Training and Focussed Psychological Strategies training

larter.com.au/general-practice-mental-health-training

Thank you


24/7 Mental Health Services
Is it an emergency?
If you or someone you know is at immediate risk of harm, call triple zero (000)
Suicide Call Back Service
Anyone thinking about suicide
suicidecallbackservice.org.au
1300 659 467
Lifeline
Anyone having a personal crisis
lifeline.org.au
13 11 14
Beyond Blue
Anyone feeling anxious or depressed
beyondblue.org.au
1300 22 4636
Kids Helpline
Counselling for young people aged 5 to 25
kidshelpline.com.au
1800 55 1800
MensLine Australia
Men with emotional or relationship concerns
mensline.org.au
1300 78 99 78
Open Arms
Veterans and families counselling
openarms.gov.au
1800 011 046
healthdirect