Australian College of Rural
and Remote Medicine

FELLOWSHIP HANDBOOK

ADVANCED SPECIALISED TRAINING

Mental Health

ACRRM

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.

Contents

Introduction

Fellows of ACRRM receive specialist registration as a general practitioner with the Medical Board of Australia and can practise in any location throughout Australia.

ACRRM's standards and training also prepare doctors to be rural generalists.

> A rural generalist is a general practitioner who has specific expertise in providing medical care for rural and remote communities. A rural generalist understands and responds to the diverse needs of Aboriginal, Torres Strait Islander and other rural communities; this includes applying a population approach, providing safe primary, secondary and emergency care as required and providing specialised medical care in at least one additional discipline.

Mental health is recognised as one of the additional disciplines in which a rural generalist may undertake Advanced Specialised Training (AST).

Advanced Specialised Training in Mental Health is a training program that builds on ACRRM Core Generalist Training in Mental Health.

Rationale

Mental health is a priority area for rural and remote general practitioners due to the:

- high incidence of mental health conditions in rural and remote areas
- high morbidity and mortality associated with mental health conditions
- different case-mix of mental health conditions in rural and remote areas
- specific challenges of mental health care delivery in rural and remote settings.

The famous WHO-sponsored international study "Mental Illness in General Practice" found that Mental health presentations are very common in general practice, with up to 30% of all GP presentations involving an underlying or co-morbid mental health condition. This seminal study of mental illness in primary care concluded that "contrary to the widely held belief that mental disorders seen in general practice are of minor significance, they are a major public health problem and cause a great burden on individuals, their families, health care services and society". Subsequent major studies internationally and in Australia have confirmed and extended these findings particularly in respect of the extent of the morbidity and disability involved.

Mental Health morbidity is high in rural and remote areas and the patterns may vary from urban practice. Aspects of mental health care delivery in rural and remote regions also differ, or differ in emphasis, from that in urban areas. These include:

- distance to specialist treatment and the consequent variation of treatment algorithms
- shared care concepts – local mental health teams and mental health nurses used a lot more, teamwork very important
- dynamics of small communities – confidentiality, trust and stigma
- fluctuating demographics in rural/remote settings
- professional isolation.

Credentials

A rural generalist who has completed the advanced specialised training program in Mental Health can:

- work independently as a senior medical officer in a rural hospital
- work without local specialist mental health support
- work as part of an on-site team with other skilled medical, nursing and allied health practitioners
- provide primary and secondary and emergency care
- diagnose and manage common acute and chronic mental health conditions
- diagnose and manage less common or more complex, acute and chronic mental health conditions with consideration of clinical services capability
- provide an advisory resource in mental health to other rural generalists
- maximize the effectiveness of specialist outreach and telemedicine services in their communities
- assist in training rural generalists
- assist in the development, provision and promotion of mental health services
- engage in, foster, and encourage research
- develop health policies and procedures for mental health services.

Eligibility

Prior to undertaking this training, candidates must meet the following criteria:

- satisfactory completion of 12 months Core Generalist Training component of ACRRM Fellowship training or
- have completed postgraduate year two for those doctors who are not in Fellowship Training.

There is an assumption that candidates already have core generalist mental health knowledge and skills, as outlined in the Rural Generalist Curriculum.

Training

Advanced Specialised Training in mental health requires a minimum 12 months full time or equivalent part time training in an ACRRM accredited training post. If part-time, registrars should be employed no less than 0.5 FTE. The training may be undertaken in two or more blocks or concurrently with Core Generalist Training.

Education

Registrars are expected to average a minimum of four hours per week engaged in educational activities related to the AST. A record of education must be kept by the registrar and discussed with the Supervisor and Medical Educator regularly throughout training.

Registrars participate in the RANZCP registrar education program and education tailored to the AST curriculum.

Registrars must successfully complete the following course

- an GPMHSC approved Level 2 Focussed Psychological Strategies Skills Training (FPSST)

Academic qualifications

Registrars are encouraged to consider working towards related academic qualifications while undertaking their Advanced Specialised Training.

Courses that may articulate with Advanced Specialised Training in Mental Health include but are not limited to:

- Graduate Certificate, Graduate Diploma and Masters of Psychiatric Medicine (Rural and Remote Medicine specialisation) courses, HETI Higher Education
- Master of Mental Health – University of Queensland
- Master of Mental Health Science - Monash University
- Master of Mental Health Sciences - Flinders University
- Master of Science in Addiction Studies - University of Adelaide
- Master of Health Studies (Addiction Sciences) - University of Queensland School of Public Health

Assessment

The assessments required for Advanced Specialised Training are additional to the assessments undertaken for Core Generalist Training.

Registrars must submit to their training organisation and ACRRM the following:

- AST Plan and Progress Report completed by registrar and supervisor every three months
- Five miniCEXs conducted by their supervisor
- Five Case Based Discussions conducted by their supervisor (strongly encouraged)

Registrars must gain a pass in AST mental health StAMPS.

See the Fellowship Assessment Handbook for further information on assessment requirements.

Training posts

Training for the Advanced Specialised Training year in mental health may be undertaken across one or more posts. An appropriate post or combination of posts must be prospectively accredited by ACRRM.

Such posts must have the caseload and teaching capacity to provide appropriate experience and training in a sufficient range of general and sub-specialty mental health conditions to meet the requirements of this AST. To achieve the AST outcomes, it may be necessary for a registrar to split his/her training between more than one post. It may also be necessary to undertake one or more short-term secondments to learn specific skills.

Appropriate posts would have the following features:

- able to offer appropriate supervision by a specialist psychologist, psychiatrist or GP with an appropriate skill set, subject to approval by ACRRM
- able to offer a suitable range and depth of mental health learning opportunities, including:
  - inpatient care facilities
  - 24 hour on call or after hours services
  - outpatient care
  - community based care

- acute and chronic care
- addiction medicine (ideally)

Health services that may contribute to a training post may include:

- regional/rural hospital mental health service
- community based mental health service
- addiction health service
- child and adolescent mental health service

A training post accredited for at least 12 months of RANZCP training will generally be suitable but must also gain accreditation for AST Mental Health training. Institutions with established educational links to other institutions and involvement with undergraduate teaching and other vocational training would be highly desirable.

See Supervisor and Training Post Standards for further information.

The AST registrar must be employed as a Registrar or in an equivalent position.

Supervision

Candidates undertaking AST in Mental health will require specific medical, professional and personal support and supervision arrangements.

This will include at least one:

- *Specialist supervisor* – a doctor holding a Fellowship of College of Psychiatrist or other Fellowship with relevant qualifications and experience who is overall responsible for the clinical and educational supervision of the registrar.

See Supervisor and Training Post Standards for further information.

Competencies

Rural Generalist competencies are grouped under the eight domains of rural and remote practice. They describe the key competencies that are required in each context of practice.

These competencies are required to be met by all Rural Generalists prior to Fellowship, they are described in the Rural Generalist Curriculum.

The specific competencies that are extended in Mental Health Advanced Specialised Training are described below at Core and Advanced levels.

Competencies		Core Generalist	Advanced Specialised
1.3	Diagnose and manage common and important conditions in rural primary, secondary and emergency settings	Provides patient with most plausible diagnoses based on evidence gathered Negotiates individual evidence-based management plan, considering impact of the condition and proposed management on the patient's lifestyle/function	Diagnoses and manages less common or more complex, acute and chronic conditions with consideration of clinical services capability Autonomously delivers a defined scope of specialised clinical practice
1.6	Appropriately order, perform and interpret diagnostic investigations	Judiciously orders investigations with the risks and benefits of investigations explained to the patient Able to explain how each investigation contributes to the patient's management. Assists with development of robust and efficient systems to ensure that results are interpreted and communicated to patients	Performs and interprets a broader range of diagnostic investigations as identified in the relevant syllabus and within clinical services capability
1.7	Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options	Reviews and revises own patterns of prescribing to improve quality and safety Performs non pharmacological treatment options from Core	Delivers a broader range of pharmacological and non-pharmacological treatment options as identified in the relevant syllabus and within clinical services capability
1.8	Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable	Arranges referrals in concert with the patient and/or carer considering the balance of potential benefits, harms and costs	Works with a team on and off site to provide specialised clinical care
1.9	Demonstrate commitment to teamwork, collaboration, coordination and continuity of care	Provides leadership and participates as a respectful team member with local and distant teams to optimise quality patient care Works collaboratively, including during challenging situations and transitions of care Negotiates and manages conflict amongst the healthcare team	Provides leadership for the defined scope of specialised clinical practice

Syllabus

The Core Generalist Training knowledge and skills for Mental health required by all rural generalists, are defined in the Rural Generalist Curriculum. The Advanced Specialised Training Mental health knowledge, skills and attributes that build on this core are described below.

Knowledge

AS.K.1 Explains the history of development of psychiatry and theories of personality

AS.K.2 Discusses national mental health priorities and their application to rural/remote medical practice

AS.K.3 Discusses the social, cultural, ethical, geographic, and environmental characteristics of rural/remote communities that have an impact on the presentation and management of mental health problems

AS.K.4 Defines the nature, natural history, incidence and prevalence of mental health disorders across the lifespan and current psychiatric diagnostic classification systems

AS.K.5 Describes diagnostic systems and dual diagnosis conditions, including physical co-morbidities, patients with persistent pain, and co-morbid substance use

AS.K.6 Explains recovery concepts and ideas, including:

- Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about the person having control over and input into their own life.
- Recovery does not necessarily mean ‘clinical recovery’ (usually defined in terms of symptoms and cure) - it does mean ‘personal recovery’ – building a life beyond illness without necessarily achieving the elimination of the symptoms of illness.
- Recovery is often described as a journey, with its inevitable ups and downs, and people often describe themselves as being in Recovery rather than Recovered.

AS.K.7 Describes the role of opioid substitution treatment and its role with respect to illicit and prescribed opioid dependence, addiction and abuse

AS.K.8 Explains behavioural addictions for example gambling, internet and gaming

AS.K.9 Discusses the various forms of help seeking behaviour including concepts of primary and secondary gain, and abnormal illness behaviour

AS.K.10 Compares the major drug classes of pharmacotherapeutics for the treatment of mental health disorders

AS.K.11 Describes principles of safe and effective pharmacotherapy, including:

- minimises or avoids polypharmacy prescribing and use
- patient education
- patient adherence strategies and monitoring
- requirements for informed consent
- prescribing in the very old.

AS.K.12 Explains the principles of management for complex pharmacotherapeutic scenarios, including:

- serious adverse effects – acute and long-term
- poly-pharmacy
- treatment resistance
- prescribing for children and adolescents
- prescribing for pregnant and breastfeeding women

AS.K.13 Discusses the types and appropriate selection of counselling and psychosocial therapeutic techniques:

- patient education
- supportive psychotherapy/expressive supportive continuum
- bereavement counselling
- general counselling
- structured problem solving
- motivational interviewing
- cognitive behaviour therapy (CBT)
- inter-personal therapy (IPT)
- family therapy and marriage counselling

AS.K.14 Recognises the relevance of developmental stages on mental health

AS.K.15 Understands the importance of family issues/dysfunction and the broader social context.

AS.K.16 Knows appropriate strategies and techniques for teaching mental health approaches to junior doctors and other health professionals.

Skills

AS.S.1 Obtain a comprehensive mental health history, including effective communication with patients in a respectful, empathic and empowering manner, with effective listening skills, an appreciation of different patient decision-making processes, an ability to interpret body language and an ability to recognise hidden agendas

AS.S.2 Take a focused history in complex or difficult situations, including:

- alcohol and other drug history
- domestic violence history
- previous childhood sexual abuse – managing disclosure
- gambling
- Aboriginal or Torres Strait Islander patients – traditional culture, family and kinship, connection to country, dispossession, transgenerational trauma, “stolen generation”, reconciliation
- migrant and refugee patients
- risk assessment – suicide, deliberate self-harm, harm to others
- traumatic events

AS.S.3 Recognise the signs of uncommon but serious mental health disorders, including:

- psychoses – affective psychoses, schizophrenia, schizo-affective disorder, delusional disorder, hallucinoses
- eating disorders
- severe somatoform disorders
- toxic and organic brain syndromes
- acute stress disorder and post-traumatic stress disorder (PTSD)
- ADD/ADHD in adults.

AS.S.4 Consider mental health needs as well as existing co-morbidities, including:

- substance misuse
- developmental disability
- physical disability
- personality disorder
- trauma
- acquired brain injury
- physical illness with which mental illnesses are commonly associated eg Parkinson's disease, hearing or sight impairment and co-existing psychiatric morbidities

AS.S.5 Provide mental health care using a "stepped care" model which aims to identify and address problems early allowing the least intrusive level of care, prioritising community care where possible, and proximity to home where out-of-home treatment is necessary

AS.S.6 Plan for return to the community when considering local admission or transfer to tertiary services

AS.S.7 Manage co-morbid physical complications of substance misuse and abuse, including cardiac, renal, liver and gastrointestinal complications

AS.S.8 Diagnose mental health problems in specific age groups, including:

- Children: 'the difficult child', encopresis and enuresis, school refusal, attention deficit hyperactivity disorder, aggression, organic brain disorder, oppositional defiant disorder, loss and grief reaction, recognition of sexual abuse and child abuse
- Young people: relationship problems at home, low self-esteem, peer group imitation, separation from cultural and family demands, oppositional behaviour, somatoform disorders, conversion disorder, ADHD, confusion about gender identity, self-harm, substance misuse (alcohol, marijuana, amphetamine derivatives, solvents, sedatives and others), depression, anxiety, attachment disorders, psychoses, teen pregnancy, eating disorders, loss and grief reaction, sexual abuse.
- Adults: substance abuse, marriage/relationship problems, family conflict/parenting issues
- Older People: depression, anxiety, adjustment disorders, grief, substance abuse, hoarding, psychoses, cognitive decline, internalised ageism, suicide.

AS.S.9 Provide counselling therapies for example:

- Psycho-education (including motivational interviewing)
- Cognitive-behavioural therapy including behavioural interventions, behaviour modification, exposure techniques, activity scheduling, cognitive interventions, cognitive therapy
- Relaxation strategies: progressive muscle relaxation, controlled breathing
- Skills training: problem solving skills and training, anger management, social skills training, communication training, stress management, parent management training
- Interpersonal therapy (especially for depression)

AS.S.10 Manage pharmacotherapy for the full spectrum of mental illness including monitoring and managing adverse effects of medication

- antidepressants
- mood stabilisers
- anxiolytics/hypnotics
- antipsychotics
- prescribing for drug and alcohol indications, including methadone and buprenorphine therapy for opioid dependence
- co-prescribing of clozapine therapy, stimulants

AS.S.11 Provide follow up and long-term care for patients with mental health conditions

- providing for transition of care
- using the recovery paradigm
- ongoing monitoring of the patient's mental state,
- ongoing monitoring the patient's physical state including physical comorbidities and medication
- relapse prevention – including prevention planning, relapse detection and relapse management
- appropriate participation in team-based care
- patient advocacy
- management of treatment completion.

AS.S.12 Work in collaboration with other mental health care professionals and community and government organisations

- opportunities for shared care
- specialist services
- aged care services
- tele-psychiatry
- mental health nurses or mental health practitioners
- carer and self-help organisations
- peer worker, advocacy services
- online services and resources.

AS.S.13 Respond to a mental health crisis or emergency, including assessment of potential risks and adverse reactions of patients, risk of damage to primary supporting relationship and/or accommodation eg parents of patient with psychosis, partner

AS.S.14 Assess the risk of suicide/self-harm, violence to others, damage to property, drug overdose, severity of psychiatric illness, acute psychoses, toxic confusional states, acute withdrawal states, severe behaviours disturbance, availability of guns

AS.S.15 Techniques for aggression management, acute situational crisis counselling, conflict resolution, violence interventions, debriefing

AS.S.16 Appropriately administer emergency pharmacotherapy, including:

- understanding clinical practice guidelines
- understanding the legal requirements for involuntary administration of emergency pharmacotherapy
- adaptations required for comorbidities, young or old age.

AS.S.17 Demonstrate forensic mental health skills, including:

- initial response to cases of suspected abuse – including child abuse, domestic abuse and sexual assault
- mental health assessment of offenders
- assessment of competence to consent and fitness to plead.

AS.S.18 Design and implement a community mental health initiative

- mental health literacy education
- adolescent mental health programs
- preventive programs – e.g. Beyond Blue, Headspace or GP Network mental health activities within the registrar's community.

Attributes

At.6 Compassion

At.7 Empathy

At.16 Resilience

Learning resources

ACRRM online courses are mapped to the Rural Generalist Curriculum. A range of courses are available on mental health, these may be identified through the search function. These courses also provide links to external learning resources.

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Letter of Support

President of the Royal Australian & New Zealand College of Psychiatrists, Professor Malcolm Hopwood provided a letter expressing the colleges' support for this curriculum, in recognition that the program:

- Has been developed with the benefit of collaborative engagement with our college.

- Is designed to develop competencies that will enable high quality healthcare provision including skills that will enable the participating doctors especially in rural and remote areas to work effectively with psychiatrists to deliver mental healthcare.

- Is designed to develop the best practice skill set for meeting the needs of the communities in which the registrars are expected to serve. It is recognised that in rural and remote areas these doctors practise in relative geographical isolation from psychiatrists and a wide range of psychiatric speciality services and resources. In these contexts best practice may involve acquiring a range of skills and competencies not typically required in general practice in major cities.

- Is designed to ensure that the health service needs of priority groups such as rural and remotely based people and especially Aboriginal and Torres Strait Islander people living in these areas are acceptably met.