

## AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

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# WHAT IS THE PLACE OF GENERALISM IN MENTAL HEALTH CARE IN AUSTRALIA? A SYSTEMATIC REVIEW OF THE LITERATURE

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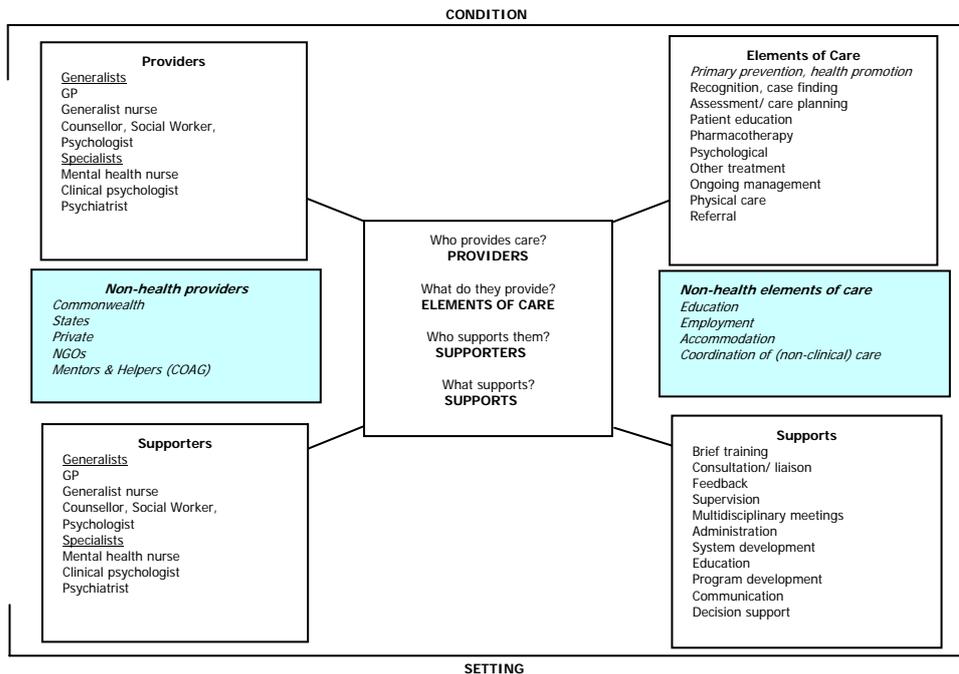
## POLICY CONTEXT

Mental health disorders are the leading cause of disability burden in Australia. Only 40% of people with a mental disorder report receiving treatment. General Practitioners (GPs) and generalist providers are essential service providers for this population. This review examines the role of generalists in Australian mental health care, the elements of care they can provide effectively, the supports they need and the implications for workforce arrangements and policy.

## KEY FINDINGS

- The role of generalists in the provision of primary mental health care can be understood within a framework of configurations of care. Generalists provide elements of care alone or with others and receive supports like training, feedback or supervision which assist them to provide effective care
- This framework encouraged us to think comprehensively about services and manpower and not to restrict our thinking to single providers or single elements of care. This will be of value to those considering the development of primary care-based mental health services as well as those with an interest in workforce issues
- Patient outcomes are influenced by a combination of clinical and non-clinical elements provided by clinicians and other agencies, included in our framework under [non-health providers](#) and [non-health elements](#) of care even though the review is limited to health providers (see Figure 1)

Figure 1 Service provision framework



- In Australia generalists provide the following elements of care: recognition and case finding, assessment and care planning, patient education, pharmacotherapy, psychological therapies, other therapies, ongoing management, physical care and referral
- GPs provide all elements of care but practice nurses and allied health staff provide a narrower range, influenced by funding program design
- International evidence suggests that there is scope to increase the range of elements of care provided by non-GP generalists, provided appropriate supports are in place
- A stepped care approach suggests care could be provided using the equally effective, least intensive and expensive providers, rather than more expensive providers in the first instance
- GPs could be supported by other generalists to provide elements of care where they are more effective, but encouraged to share or delegate care, which can be provided effectively by other generalists
- Key supports for the GP include consultation and feedback from psychiatrists and coherent education programs to support pharmacotherapy and the ability to refer to practice nurses and allied health providers through Better Outcomes in Mental Health (BOIMH). Other generalists require clinical supervision and training
- GPs are more effective in achieving health and service outcomes when working closely with other generalists or with mental health workers

## POLICY OPTIONS

- Fund GPs to better use the Access to Psychiatrist Support items, BOIMH and Better Access, and Telemedicine provisions for consultation and feedback from psychiatrists to support their pharmacotherapy role
- Coherent programs of training in mental health medications could be provided for GPs through a Divisions of General Practice program
- Basic and continuing education could be provided to generalists to improve the identification and recognition of mental health conditions
- Workers in Non-Government Organisations and welfare organisations might be funded and trained to identify and refer individuals who may have mental health conditions
- Development of BOIMH or Better Access might enable GPs to use generalists to provide psychological therapies and a broader range of elements of care
- Chronic disease self-management programs could be extended to include self-management education for mental illness
- GP management plan and team care arrangements could be extended to include mental health
- A mechanism could be provided for clinical supervision of practice nurses through new Medicare items or Divisions of General Practice program
- Use of team care arrangements could be encouraged to facilitate teamwork between GPs and other generalists, and with mental health workers
- Expanded practice nurse, social worker and psychologist roles could include assessment and care planning, patient education and ongoing management in collaboration with the GP, with appropriate supports

## METHODS

Consultations were held with stakeholders at local, state and national level at the beginning and towards the end of the review. Consultation was also held with Australian Government policy advisers to discuss the policy options. Studies were found through the main bibliographic databases using terms covering generalism, mental health and primary health care.

When considering the elements of care provided by generalists in Australia and the supports they received, we reviewed descriptive papers and surveys. In consideration of the effectiveness of generalists in providing elements of care, we used a primary data set comprising 65 studies reported in 75 papers made up of randomised controlled trials, comparative and cohort studies.

Grey literature was found by searching key web-sites and from information received from key informants. Systematic reviews were found from Cochrane and other databases which were used to confirm or disconfirm findings from the primary studies.

For more details, please go to the [full report](#)

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