Queensland Rural Generalist Pathway



Mental health: Advanced skills role and model of service delivery

Setting	Focus of care and influence	Role	Key connections
General practice	Patients	 Enhance access to, and delivery of, quality mental health care in rural and remote communities by providing: Holistic, high quality, primary and emergency medical care as a Rural Generalist including participation in on-call duties, supervision, and support of trainees. Expert management of mental illness and substance related presentations across emergency, inpatient and primary care settings including delivery of psychological therapies and interventions. Establishment of and participation in mental health specific clinics e.g. clozapine, opiate substitute program prescribing. Establishment of referral pathways and various innovative community specific health delivery methods (e.g. telehealth) to meet community need. Involvement in adverse event responses including quality and safety improvement processes Coordinating and integrating patient care across primary, secondary and specialty services. Building capacity and skills of the rural healthcare team. Development/review of relevant legislation and guidelines locally. Advocacy and promotion of future development of mental health services, building community resilience and social capital. Development of/participation in, community programs addressing specific community need, focused on prevention, reducing stigma and promotion of mental health literacy. Opportunities for additional scope of extended practice, including roles in management, education, and research. 	Private psychiatric/substance related specialists and facilities
			General Practice/Primary Care colleagues
Hospital	Community		Tertiary mental health service Consultant psychiatrist Psychiatry registrar Peer review group
Primary health care centre			Community mental health service Adult Child and youth Alcohol & other drugs Other subspecialities of Psychiatry as required
Committee	Colleagues		Multidisciplinary allied mental health services (e.g. psychology, social work, nursing)
Community Controlled Health Service			Community and government service providers Including emergency services QPS/QAS
Other	Health service/ practice		Indigenous/culturally relevant community stakeholders and care providers
			Community organisations and stakeholders (e.g. Police-Citizens Youth Club, Returned Services League, local council)



Examples of what the MH AST job might look like in practice:

What the job looks like will depend on your location/context, community need and your skills/interests, every RG who has a MH AST looks slightly different. The following examples provide an idea of what a week in the life of an RG with MH AST might look like but there are many different models and ways the role can work best for you and your community. It is what you make it.

Mixed hospital and primary care context

- 2-3 days ward/ED including on-call responsibilities
 - Using MH expertise where applicable to the patients in these contexts e.g. use of MH ACT 2016, consultation liaison skills for inpatients with complex presentations, AODS skills, basic counselling and rapport building, diagnosis and management of acute mental health/addiction presentations.
- 2-3 days primary care clinics with a MH/Addiction medicine focus including AMS/outreach/private GP
 - Diagnosis, management, therapeutics (e.g. Focused Psychological Skills, Opioid Substitution Program)
 - o Ongoing follow up and support of patients for their mental health and addiction medicine care
 - Close liaison with the local and visiting mental health teams and involved agencies and support networks
- Might also include facilitation of education and upskilling of your colleagues, supervision of junior staff in supporting mental health roles.

Primarily private GP

- 3-4 days private general practice with no specific case mix everything
- 1-2 days private general practice for mental health patients
 - Diagnosis, management, therapy (e.g. Focused Psychological Strategies, Opioid Substitution Program)
 - May include provision of specific psychological therapeutic interventions relevant to the clinician e.g. art therapy, psychotherapy, CBT, ACT, EMDR
 - Facilitation of education and upskilling of colleagues, supervision of registrars and medical students
- On call/ED responsibilities with local public health service centre
 - \circ Using full scope of mental health and addiction medicine skills as applicable in this context
- Established relationships with local and visiting mental health teams and associated services and relevant private providers including participation in Multi-Disciplinary Team meetings/Case Conferences etc.
- May include provision of group classes or therapy inside or outside the private general practice context as appropriate, e.g. facilitation of group art therapy

