

Availability of mental health secondary consultations for general practitioners and paediatricians

Good practice point

Key Points

CCOPMM identifies an opportunity for dedicated psychiatry secondary consultation services within tertiary child and adolescent mental health services to enable general practitioners (GPs) and paediatricians to access timely advice and support, particularly when children and young people had been referred and were subject to considerable waiting time for an initial appointment with a psychiatrist or tertiary mental health service. Such services could also assist with waiting list management and triaging of referrals by allowing clinicians to care collaboratively for their patients with appropriate support while waiting for mental health care.

The model of Collaborative Care developed by the University of Washington, USA, in which mental health conditions are managed through a coordinated team with access to a psychiatric consultant, has a growing body of evidence (Evidence Base for Collaborative Care, 2000) across the USA and several other countries as a way to improve clinical outcomes, and increasing access to limited mental health resources and may be worth exploring in Victoria.

Aim

The aim of this good practice point is to provide guidance on the need for secondary consultations for general practitioners and paediatricians for mental health conditions in children and young people.

Background

There has been an increase in mental health conditions in children and young people across Victoria. Young people and their parents face considerable waiting periods and other barriers to accessing timely mental health care in Victoria (Mulraney et al., 2021). Many children and young people see GPs or paediatricians, but previous studies show that in Victoria, very few (0-5%) receive care from a psychiatrist (Hiscock et al., 2020). Suicide and self-inflicted injury continue to be a leading cause of morbidity and mortality for young people aged 15-17 years in Victoria (Safer Care Victoria, 2024).

CCOPMM case reviews of deaths by deliberate self-harm have found that in many cases, children and young people with complex mental health needs were being cared for by GPs or paediatricians who had identified that the patient required a review by a psychiatrist for advice on diagnostic formulation, service navigation and advice on appropriate referral within the mental health system, or medication management.

References

Evidence Base for Collaborative Care Foundational Evidence Base and Reviews available at:
https://aims.uw.edu/wordpress/wp-content/uploads/2023/11/1-Evidence-Base_Foundational.pdf

Hiscock, H., Mulraney, M., Efron, D., Freed, G., Coghill, D., Sciberras, E., Warren, H. and Sawyer, M., 2020. Use and predictors of health services among Australian children with mental health problems: a national prospective study. *Australian Journal of Psychology*, 72(1), pp.31-40.

Mulraney, M., Lee, C., Freed, G., Sawyer, M., Coghill, D., Sciberras, E., Efron, D. and Hiscock, H., 2021. How long and how much? Wait times and costs for initial private child mental health appointments. *Journal of Paediatrics and Child Health*, 57(4), pp.526-532.

Safer Care Victoria, 2024. *Victoria's Mothers, Babies and Children 2022 Report*. Department of Health, Victoria.