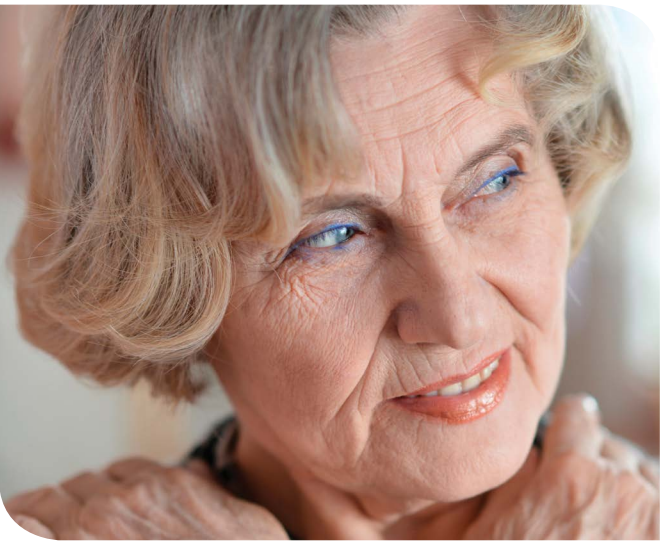
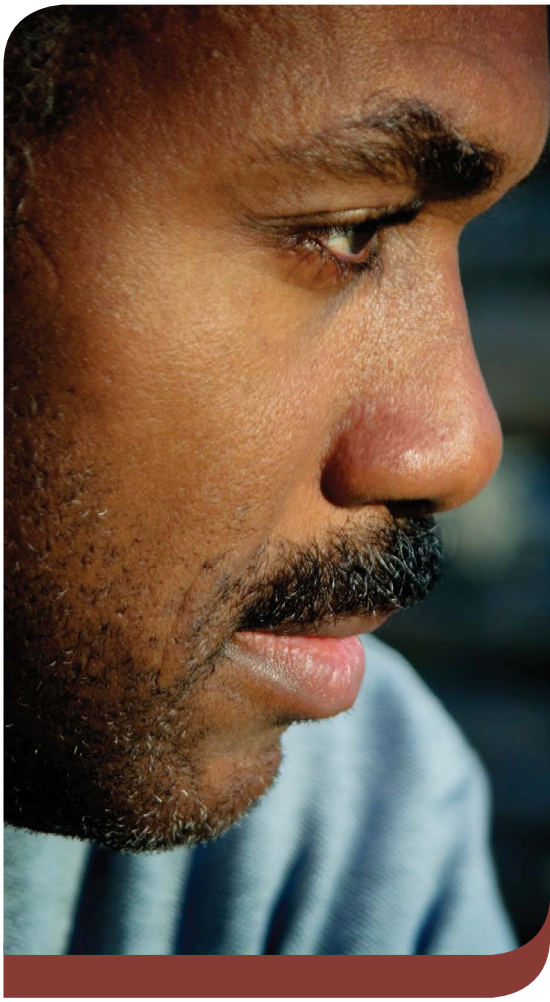
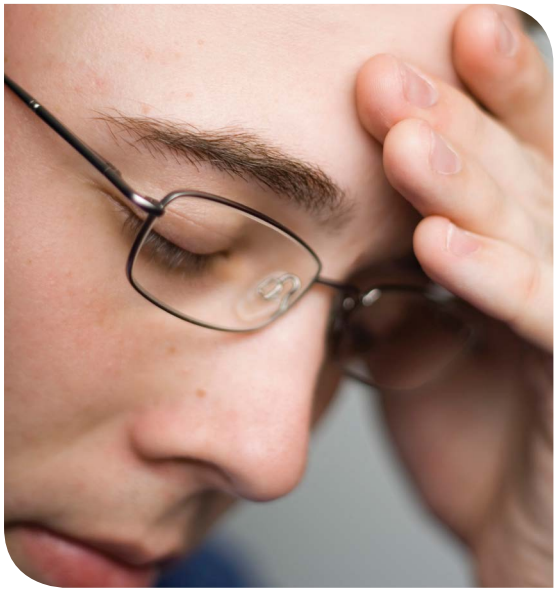
Advanced Specialised Training
Mental Health

Curriculum







FELLOWSHIP

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Version: 01/17

Acknowledgements

ACRRM thanks the following people for their time and expertise in the development of this curriculum:

- Prof Geoff Riley – Principal Writer – Head of School, the Rural Clinical School of Western Australia
- Dr Siva Bala – Regional Psychiatrist, Kimberley Mental Health and Drug Service, WA
- Dr Paul Corrigan – Consultant Psychiatrist, Bunbury Community Mental Health Service, WA
- Dr Mike Eaton – General Practitioner, Coast Road Medical Clinic, Crooked Brook, WA
- Dr Jenny Gunn – Urban Medical Educator, Adelaide to Outback, SA
- Dr Jeremy Hayllar – Clinical Director, Alcohol and Drug Service, Metro North Health Service, QLD
- Ms Debbie Hamilton – Consumer and Carer Advocate
- Ms Lynette Hinge – Consumer and Carer Advocate
- Dr Roland Main - Head of Clinical Service/Consultant Psychiatrist, North Metropolitan Health Service, WA
- Dr Murray Patton, President, the Royal Australian & New Zealand College of Psychiatrists
- Dr Stephen Proud – Psychiatrist, West Perth, WA
- Dr Christian Rowan - Addiction Medicine Specialist, Associate Professor & Medical Educator
- Dr Louise Stone – Senior Medical Advisor, Department of Health, Canberra, ACT.

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.

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1. Background

Completion of a minimum 12 months Advanced Specialised Training is an essential component of training towards ACRRM Fellowship. Candidates can select from a number of training areas which reflect rural and remote clinical practice needs. Mental health is a particular priority due to the major burden of mental illness in rural and remote communities, combined with the scarcity of specialist mental health services in these regions. For these reasons, rural and remote general practitioners often provide vital front-line and extended mental health care services.

This Advanced Specialised Training Curriculum sets out the advanced competencies required upon completion of an Advanced Specialised Training year in mental health. Many of the abilities and conditions are the same as described in the Primary Curriculum however by completion of this AST candidates should have developed higher level diagnostic skills and greater competency in management of complex and chronic mental health conditions.

2. Purpose and requirements

2.1 Purpose

The purpose of this curriculum is to assist in delivery of mental health services in rural and remote communities by fostering advanced mental health training among rural and remote general practice candidates. The curriculum defines the advanced skills that will enable GPs to offer enhanced mental health services to their communities, and provide an advisory resource in mental health to other GPs.

2.2 Target group

This curriculum targets doctors who are undertaking an Advanced Specialised Training year in mental health. It recognises that mental health skills are fundamental to all types of rural and remote general practice. Therefore, Advanced Specialised Training in mental heath is relevant to any doctors wishing to work in any rural or remote setting.

2.3 Training requirements

Clinical training

Advanced Specialised Training in mental health requires a minimum 12 months full time or equivalent part time training. The training program will take into account other professional, personal and family needs and will offer the flexibility for individuals to undertake this training on a part-time basis or in two or more blocks. Candidates who choose these options will not be disadvantaged. Subject to prior approval by the ACRRM censor, candidates may request to undertake up to 6 months of this training in one or two sub-specialty areas.

Education

Doctors undertaking an AST in mental health are required to satisfactorily complete the following courses:

- an GPMHSC approved Level 2 Mental Health Skills course and
- the ACRRM "Introduction to Population Health" online learning module at www.acrrm.org.au

It is strongly recommended that candidates undertake an academic program in mental health or addiction medicine to support the acquisition of appropriate theoretical knowledge. See the Potential Articulation section of this curriculum for suggestions on suitable courses.

2.4 Potential posts

Training for AST in Remote Medicine must be undertaken in training posts accredited by ACRRM. To achieve the curriculum outcomes, it may be necessary for a registrar to split his/her training between more than one facility. 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
- able to offer opportunities for acquisition and practise of appropriate skills
- focus on skills acquisition

Facilities that may contribute to a teaching post may include:

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

A teaching 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 Standards for Supervisors and Teaching Posts in Advanced Specialised Training for further information.

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2.5 Prerequisites

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

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

There is an assumption that candidates already have basic mental health competence, as outlined in the ACRRM Primary Curriculum.

3. 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
- the high morbidity and mortality associated with mental health conditions
- the different case-mix of mental health conditions in rural and remote areas
- the 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.[1] 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.[2,3]

Mental Health morbidity is high in rural and remote areas and the patterns may vary from urban practice.[4] 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.

This curriculum has been developed with these factors in mind.

4. Learning outcomes

The curriculum defines the abilities, knowledge and skills for Advanced Specialised Training in Mental Health.

The seven domains of rural and remote general practice, defined by ACRRM, provide a framework for organising the learning abilities for this curriculum.

The domains are:

1. provide medical care in the ambulatory and community setting
2. provide care in the hospital setting
3. respond to medical emergencies
4. apply a population health approach
5. address the health care needs of culturally diverse and disadvantaged groups
6. practise medicine within an ethical, intellectual and professional framework, and
7. practise medicine in the rural and remote context

These levels of achievement include and build on the abilities, knowledge and skills in the ACRRM Primary Curriculum.

5. Domains

Domain 1: Provide medical care in the ambulatory and community setting

Themes: Patient-centred clinical assessment, clinical reasoning, clinical management

Abilities

1.1 Establish a doctor-patient relationship and use a patient-centred approach to care

1.2 Obtain a *comprehensive mental health history* considering the community, family and social context

1.3 Take a collateral history from carers, family, other witnesses, police, ambulance officers

1.4 Take a focussed history in *complex or difficult situations*

1.5 Conduct an accurate *mental health status examination*

1.6 Recognise the signs and symptoms of *common mental health disorders and mental health problems* with an emphasis on early detection

1.7 Recognise the signs and symptoms of *uncommon but serious mental health disorders*

1.8 Select and use appropriate standardised assessment tools

1.9 Apply *diagnostic classification systems* and recognise when diagnostic classification labels may not be appropriate

1.10 Demonstrate the correct data gathering technique, the correct identification of phenomena and the correct interpretation of findings

1.11 Differentiate between functional and organic causes of altered mental status

1.12 Communicate findings of clinical assessment effectively and sensitively to the patient and/or carer

1.13 Use *recovery concepts and ideas* when working with patients, families and other health care providers to develop mutually acceptable treatment and care plans and strategies for relapse prevention

1.14 Manage uncertainty and the need to evaluate the risks versus the benefits of clinical decisions

1.15 Consider the needs of those with mental health disorders as well as *existing co-morbidities*

1.16 Manage comorbid physical *complications of substance misuse and abuse* and screen for blood borne virus infections

1.17 Identify and use mental health clinical practice guidelines to assist in determining best practice patient management strategies

1.18 Diagnose and manage *mental health problems in specific age groups* and those from different socioeconomic and cultural backgrounds.

1.19 Provide mental health care using a range of *mental health care interventions* in collaboration with mental health nurses, other *health care professionals and community/government organisations*

1.20 Manage *pharmacotherapy for the full spectrum of mental illness* including monitoring and managing adverse effects of medication

1.21 Engage with and support patients and families to access self-help and carer organisations

1.22 Provide *follow up and long term care* for patients with mental health conditions

Domain 2: Provide care in the hospital setting

Themes: Medical care of admitted patients, medical leadership in a hospital team, health care quality and safety

Abilities

2.1 Manage admission of patients with *mental health conditions requiring inpatient care* in accordance with institutional policies

2.2 Develop, implement and maintain a relevant in-patient management plan for a range of mental health problems and conditions

2.3 Apply relevant hospital checklists and clinical management pathways for mental health conditions

2.4 Monitor and regularly re-evaluate patient progress and problem list and modify the management plan accordingly

2.5 Perform effective clinical handover to team members and the primary care provider

2.6 Order and perform a range of diagnostic and therapeutic procedures

2.7 Maintain timely and accurate patient documentation in hospital records including drug prescription and administration

2.8 Communicate effectively with the health care team, patient and/or carer including effective clinical handover

2.9 Recognise and respond early to the deteriorating patient

2.10 Anticipate and judiciously arrange safe patient handover to other facilities, considering clinical indications, service capabilities, patient preferences, transportation and geography

2.11 Undertake early, planned and multi-disciplinary discharge planning

2.12 Contribute medical expertise and leadership in a hospital team

2.13 Provide direct and remote clinical supervision and support to nurses, junior medical staff and students

2.14 Recognise, document and manage adverse events and near misses

2.15 Participate in institutional quality and safety improvement and risk management activities

Domain 3: Respond to medical emergencies

Themes: Initial assessment and triage, emergency medical intervention, communication and planning

Abilities

3.1 Undertake initial assessment and triage of patients with acute or life-threatening conditions, including assessment of risk to self or others

3.2 *Respond to a mental health crisis* or emergency, including assessment of potential risks and adverse reactions of patients

3.3 Apply strategies to ensure safety of patient, health professionals, and family

3.4 Institute emergency management of patients with a mental illness, using the least restrictive option and, only as a last resort, the involvement of police, chemical and/or physical restraint

3.5 Recognise the indicators for an emergency psychiatric consultation

3.6 Appropriately administer *emergency pharmacotherapy*

3.7 Competently and appropriately *refer and transfer* patients for psychiatric care

3.8 Use the legislative framework for involuntary psychiatric care, guardianship/power of attorney and child protection correctly where relevant

3.9 Demonstrate *forensic mental health skills*

3.10 Demonstrate resourcefulness in knowing how to access and use available resources

3.11 Communicate effectively at a distance with consulting or receiving clinical personnel

3.12 Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing

3.13 Provide inter-professional team leadership in emergency care that includes quality assurance and risk management assessment

Domain 4: Apply a population health approach

Themes: Community health assessment, population-level health intervention, evaluation of health care, collaboration with agencies

Abilities

4.1 Identify local risk behaviours, prevalence of mental disorders and mental health problems and specific needs of local community for community education and mental health promotion

4.2 Undertake community education and health promotion activities to increase community awareness and understanding of mental health issues and mental health disorders and strategies for promoting and maintaining good mental health

4.3 Consider current national mental health priorities and policies and their application to rural/remote medical practice

4.4 Integrate systematic evidence-based screening, brief interventions and other mental health maintenance activities into practice

4.5 Use clinical information systems for the organised management and evaluation of mental health care in practice populations

4.6 Provide continuity and coordination of care for own practice population

4.7 Evaluate quality of mental health care for practice populations

4.8 Design and implement a *community mental health initiative*

4.9 Participate as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population mental health

Domain 5: Address the health care needs of culturally diverse and disadvantaged groups

Themes: Differing epidemiology, cultural safety and respect, working with groups to improve health outcomes

Abilities

5.1 Apply knowledge of the differing profile of mental health problems and disease among culturally diverse and disadvantaged groups

5.2 Communicate effectively and in a culturally safe manner, using interpreters, key community contacts and networks as appropriate

5.3 Consider strategies to address social and environmental determinants of mental health problems among culturally diverse and disadvantaged groups

5.4 Reflect on own assumptions, cultural beliefs and emotional reactions in providing culturally safe care

5.5 Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research

5.6 Harness the resources available in the health care team, the local community and family to improve outcomes of mental health care

5.7 Work with culturally diverse and disadvantaged groups to address barriers in access to mental health services and support services and improve the determinants of health

Domain 6: Practise medicine within an ethical, intellectual and professional framework

Themes: Ethical practice, professional obligations, intellectual engagement including teaching and research

Abilities

6.1 Uphold the rights of people affected by mental health disorders or mental health problems, their family members and/or carers

6.2 Ensure safety, privacy and confidentiality in patient care

6.3 Maintain appropriate professional boundaries

6.4 Be aware of duty of care issues arising from providing health care to self, family, colleagues, patients and the community

6.5 Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements

6.6 Keep clinical documentation in accordance with legal and professional standards

6.7 Demonstrate commitment to teamwork, collaboration, coordination and continuity of mental health care

6.8 Work within relevant national and state *legislation and professional and ethical guidelines* related to the care and rights of people with mental illness

6.9 Apply protocols for media management

6.10 Provide accurate and ethical certification when required for sickness, employment, social benefits and other purposes

6.11 Manage, appraise and assess own performance in the provision of mental health treatment for patients

6.12 Develop and apply strategies for self-care, personal support and caring for family

6.13 Recognise and respond to the difficulty of maintaining confidentiality in small communities

6.14 Teach and clinically supervise health students, junior doctors and other health professionals

6.15 Engage in continuous learning and professional development

6.16 Critically evaluate and apply published literature and research pertaining to psychiatry and mental health issues

Domain 7: Practise medicine in the rural and remote context

Themes: Resourcefulness, flexibility, teamwork and technology, responsiveness to context

Abilities

7.1 Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic, social and professional isolation

7.2 Recognise the impact of rural and remote context on mental illness presentations

7.3 Recognise the differing availability of mental health resources in rural/remote communities and demonstrate the ability to improvise where necessary

7.4 Provide effective clinical care when away from ready access to specialist medical, diagnostic and allied health services

7.5 Arrange referral to distant services in concert with the patient and/or carer considering the balance of potential benefits, harms and costs

7.6 Provide direct and distant clinical supervision and support for other rural and remote health care personnel

7.7 Use information and communication technology to provide medical care or facilitate access to specialised care for patients

7.8 Use information and communication technology to network and exchange information with distant colleagues

7.9 Respect local community norms and values in own life and work practices

7.10 Identify and acquire extended mental health knowledge and skills such as psychotherapeutic techniques to meet health care needs of the local population

6. Definition of terms

A comprehensive mental health history includes	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
Complex or difficult situations such as	• co-morbidity – including physical illness, persistent pain or substance dependence • alcohol and other drug history • domestic violence history • previous childhood sexual abuse – managing disclosure • gambling • Aboriginal communities – grief / stolen generation effects in families • migrant and refugee patients • risk assessment – suicide, deliberate self-harm, harm to others • rape victims and abused women • survivors of child abuse.
Mental health status examination has the following general elements	General appearance, behaviour, mood and affect, speech and thought processing and content, insight and judgement, cognition & level of consciousness, abnormal beliefs and perceptions.
Common mental health disorders and mental health problems include	Depression (major and adjustment disorder), anxiety disorders (generalised anxiety disorder, social anxiety disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder), sleep disorders, somatisation, personality disorders, toxic and organic brain disorders including delirium, substance use disorders including misuse
Uncommon but serious mental health disorders include	• 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.
Diagnostic classification systems include	There are two internationally recognised manuals of mental health disorders; the Diagnostic and Statistical Manual of Mental Disorders, fifth Edition (DSM-V) and the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), which are both descriptive classification systems that provide prototypes of recognised mental health disorders
Recovery concepts and ideas	• 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 'social 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.
Existing co-morbidities include	Substance misuse, developmental disability, physical disability, personality disorder, trauma, acquired brain injury, physical illness with which mental illnesses are commonly associated - e.g. Parkinson's disease, hearing or sight impairment and co-existing psychiatric morbidities
Complications of substance	cardiac, renal, liver and gastrointestinal complications

misuse and abuse include	
Mental health problems in specific age groups include	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, 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 Aged: dementia, depression, delirium
Mental health care interventions include	Providing education and information, empathic listening, behavioural and counselling therapies, the full range of pharmacotherapy for mental illness
Health care professionals and community/government organisations including	• opportunities for shared care • specialist services • tele-psychiatry • mental health nurses or mental health practitioners • carer and self-help organisations • advocacy services • online services and resources.
Pharmacotherapy for the full spectrum of mental illness including	• 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
Follow up and long term care including	• maintaining long-term engagement and continuity of care – including providing for transition of care • 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.
Mental health conditions requiring inpatient care include	Alcohol detoxification, initiation of new medications in some circumstances, and crisis situations

Respond to a mental health crisis includes	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 Techniques for aggression management, acute situational crisis counselling, conflict resolution, violence interventions, debriefing
Emergency pharmacotherapy abilities include	• understanding clinical practice guidelines • understanding the legal requirements for involuntary administration of emergency pharmacotherapy.
Refer and transfer abilities include	• determining need for referral and transfer • understanding the legal and ethical requirements for involuntary referral and transfer • delivering treatment during transfer • being familiar with the Royal Flying Doctor Service or equivalent jurisdictional guidelines for restraint • communicating appropriately with the receiving hospital.
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.
Community mental health initiative for example	• 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.
Legislation and professional and ethical guidelines in particular	• patient confidentiality • competence and consent • reporting requirements – particularly mandatory reporting • commitment and involuntary treatment • involuntary transportation • involuntary treatment in the community without hospitalization • drug-affected people and manipulative drug-seeking.

7. Knowledge and skills

Essential knowledge required

- Knows an overview of the history of development of psychiatry and theories of personality
- Understands national mental health priorities and their application to rural/remote medical practice
- Knows the social, cultural, ethical, geographical, and environmental characteristics of rural/remote communities that have an impact on the presentation and management of mental health problems
- Basic understanding of the aetiology and pathogenesis of mental health disorders, including: depression (major and adjustment disorder), anxiety disorders (generalised anxiety disorder, acute stress disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder), sleep disorders, personality disorders, psycho-geriatrics (dementia, depression, delirium), psychoses (bipolar, unipolar, schizophrenia, toxic and organic brain disorders), substance misuse
- Understands the national and state legislation that relates to mental health
- Defines the nature, natural history, incidence and prevalence of mental health disorders across the lifespan and current psychiatric diagnostic classification systems
- Understands and has knowledge of multi-axial diagnostic systems and dual diagnosis conditions, including physical co-morbidities, patients with persistent pain, and co-morbid substance use
- Understands Recovery concepts and ideas;
    - 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 ‘social 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.
- Understands of the role of opioid substance treatment and its role with respect to illicit drugs, over the counter codeine containing medications and prescription narcotic misuse and abuse
- Understands and has knowledge of behavioural addictions for example gambling, internet and gaming
- Understands and identifies the various forms of help-seeking behaviour including abnormal illness behaviour and manipulative behaviour
- Describes a range of psychotherapeutic techniques appropriate for use in general practice
- Understands the major drug classes of pharmacotherapeutics for the treatment of mental health disorders
- Understands the principles of safe and effective pharmacotherapy, including:
    - patient education
    - patient adherence strategies and monitoring
    - requirements for informed consent.

- Knows 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.
- Sophisticated understanding of the range of counselling and psychosocial therapies available and high-level skills in selection of appropriate counselling and psychosocial therapeutic techniques and application of some of the following 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
- Recognises the relevance of developmental stage on mental health
- Understands the importance of family issues/dysfunction and the broader social context.
- Knows appropriate strategies and techniques for teaching mental health approaches to junior doctors and other health professionals.
- Understands the nature and management of mental health issues in rural/remote areas. For example:
  - suicide in farmers
  - indigenous mental health
  - drug/alcohol issues
  - fly-in fly-out workers.

Essential skills required

- Communicate with patients in a respectful, empathic and empowering manner
- Use effective active/empathic listening
- Interpret non-verbal language
- Conduct a mental health status examination
- Assess suicide risk

8. Teaching and learning approaches

The emphasis for Advanced Specialised Training in mental health will be on acquisition of relevant clinical experience and skills.

Teaching approaches will include, but are not limited to:

- *Clinical experience based learning* – The majority of teaching and learning should take a case based experiential format. This is the most valuable approach to learning specific clinical skills.
- *In-house professional development programs* – provided by the registrar's employer organisation(s)
- *Academic study* - University courses or programs relevant to the curriculum
- *Small group tutorials* – These may be face-to-face, via videoconference or using online tele-tutorial technology.
- *Face to face education meetings* – These may be linked with regional training providers, undertaken by teleconference or video conference, or opportunistically through relevant conferences.
- *Distance learning modes* – These are available via the internet, using ACRRM online learning
- *Self-directed learning activities*

9. Supervision and support

Candidates undertaking Advanced Specialised Training in Mental Health will require specific medical, cultural, professional and personal support and supervision arrangements.
This will include at least:

1. *Specialist supervisor* – a doctor holding Fellowship of the College of Psychiatrists, or recognised equivalent qualification, who is overall responsible for the clinical and educational supervision of the registrar.
2. *General Practitioner mentor* – a general practitioner who is working, or has worked in a similar situation to where the registrar intends to use their advanced skill. The mentor provides pastoral care and opportunities to debrief or act as a sounding board about cultural or personal issues. The supervisor should be a rural doctor who can put specialist information into rural context. This role may be filled by a specialist supervisor who fits these criteria.

See Standards for Supervisors and Teaching Posts in Advanced Specialised Training for further information.

10. Assessment

The assessments required for Advanced Specialised Training in mental health are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking Advanced Specialised Training in mental health are required to complete the following additional formative and summative assessment tasks.
Formative tasks:

- *Formative mental health supervisor feedback reports* – at 6 months
- *Formative mental health mini Clinical Evaluation Exercise (miniCEX)* – minimum 5 mental health consultations

Summative tasks:

- *Summative mental health supervisor feedback reports* – at 12 months
- Summative mental health Structured Assessment using Multiple Patients Scenarios (StAMPS)

10.1 Mental health supervisor feedback reports

The registrar's supervisor will complete feedback reports half way through the training term (i.e. 6 months for a full-time registrar) and again at the completion of the training term (i.e. 12 months for a full-time registrar). The first feedback report will be completed as a formative activity to guide further registrar learning and development. The second feedback report will be a summative exercise used to determine the registrar's competence.

These reports are a collation of the feedback from staff that have supervised or worked alongside the registrar during the period of training. Feedback will be obtained from at least two consultants or colleagues, including the registrar's supervisor. It is the responsibility of the supervisor to obtain this information and send it to the College and the training organisation.

10.2 Formative MiniCEX

A miniCEX can be conducted at the instigation of the candidate with their supervisor or by any medical practitioner of their choosing, as long as the assessor is a fully trained general practitioner, hospital based senior candidate or consultant.

The five formative miniCEX consults may be undertaken consecutively by one reviewer however the process will be more valuable if conducted at different sessions or locations by different of reviewers.

In each formative miniCEX consultation the assessor provides written and oral feedback to the candidate during and after each consultation using a standardised format. Formative miniCEX forms can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment

To assist candidates and assessors in this process, an online training module is available on the College's online learning platform available from www.acrrm.org.au.

10.3 Mental Health Structured Assessment using Multiple Patient Scenarios (StAMPS)

Structured Assessment using Multiple Patient Scenarios (StAMPS) is an OSCE / VIVA-type examination consisting of eight scenarios, each of 10 minutes duration. StAMPS examinations may be delivered via videoconference or face-to-face. Candidates remain in one place (at their videoconference facility or room) and the examiners rotate between the candidates.

The examiners observe and rate each candidate across five competencies:

1. Overall Impression
2. Develop appropriate management plan that incorporates relevant medical & rural (community profile) contextual factors
3. Define the problem systematically
4. Communication
5. Flexibility in response to new information.

11. Potential articulation

There are several university programs that provide links with this Advanced Specialised Training post and offer candidates academic support and remote academic content. Candidates are encouraged to consider undertaking this post at the same time as they complete these distance education programs or their equivalent. Using their AST clinical time towards these programs will enhance registrar understanding in this area.

Possible courses include but are not limited to:

- Master of Mental Health – University of Queensland: https://www.uq.edu.au/study/program.html?acad_prog=5151
- Master of Mental Health Science - Monash University: https://www.monash.edu.au/study/coursefinder/course/4508/
- Master of Mental Health Sciences - Flinders University: http://www.flinders.edu.au/courses/rules/postgrad/mmhs.cfm
- Masters of Science in Addiction Studies - University of Adelaide: https://www.adelaide.edu.au/addiction
- Masters of Health Studies (Addiction Sciences) - University of Queensland School of Public Health http://www.sph.uq.edu.au/
- Masters of Psychiatric Medicine Framework - NSW Institute of Psychiatry Psychiatric Medicine http://heti.edu.au/psychiatric-medicine

12. Learning resources

Recommended texts and other resources

- The Mental Health Professionals Network (MHPN) http://www.mhpn.org.au/Webinars.aspx
- Semple D, Smyth R. *Oxford Handbook of Psychiatry*, 3rd Ed, Oxford Press, 2013
- Davies J. *A Manual of Mental Health Care in General Practice*, National Mental Health Strategy, Commonwealth of Australia, 2003. http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs
- Mental health services in Australia - http://mhsa.aihw.gov.au/home/
- Beyond Blue - http://www.beyondblue.org.au/
- Consumer Self-management programs - https://www.ontrack.org.au/web/ontrack/programs
- CBT Resources - http://www.cci.health.wa.gov.au/resources/doctors.cfm
- Youth Beyond Blue – youth focused consumer and support information - http://www.youthbeyondblue.com/
- Consumer self-help, professional resources and research information - http://www.ehub.anu.edu.au/
- Patient information - http://www.sane.org/
- Consumer information and resources - http://www.headspace.org.au/
- Royal Australian College of General Practitioners. *Guidelines for preventative activities in general practice (Red Book)* - http://www.racgp.org.au/your-practice/guidelines/redbook/
- Australian Indigenous Mental Health - http://indigenous.ranzcp.org/index.php

- Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-f-plan09
- ACRRM Online Learning: www.acrrm.org.au
- Boardman J, et al. Recovery is for all- Hope, Agency and Opportunity in Psychiatry; A position Statement by Consultant Psychiatrists, South London and Maudsley NHS Foundation Trust, London, 2010.

13. Evaluation

The Advanced Specialised Training curriculum in mental health will be evaluated on an ongoing basis using both qualitative and quantitative methods. All stakeholders involved in the process will be asked to provide feedback regarding the content, feasibility, rigor and outcomes in preparing doctors to take on these roles. Stakeholders will include candidates, supervisors, employers, medical educators from the training organisations and others who may have been involved such as Rural Workforce Agencies, the Remote Vocational Training Scheme, universities and health service providers. The information gathered will be collated by ACRRM and will feed into a 3-5 yearly review of the curriculum.

14. References

1. Usten TB & Sartorius N (Eds). Mental illness in general health care: An international study (1995). Wiley: Chichester
2. Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJ. Global and regional burden of disease and risk factors, 2001: Systematic analysis of population health data. Lancet 2006; 367(9524): 1747-57.
3. Lawrence D, Holman CDJ, Jablensky AV (2001) Preventable Physical Illness in People with Mental Illness. Perth: The University of Western Australia. Available at www.dph.uwa.edu.au
4. Kelly BJ, Stain HJ, Coleman C *et al*. Mental health and well-being within rural communities: The Australian rural mental health study. Aust J Rural Health 2010; 18(1): 16-24.

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