



GP PSYCHOLOGY AND COUNSELLING

GP Focussed Psychological Strategies

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WHAT ARE GP FOCUSSED PSYCHOLOGICAL STRATEGIES?

IN BRIEF

GP-Focussed Psychological Strategies (FPS) is where a GP is providing counselling and psychology services to patients, either instead of or in addition to a counsellor or psychologist

GPs undertake the vast majority of mental health-related consultations and we have huge amounts of experience and knowledge in this area. Most GPs see patients for mental health consultations, but some may choose to do extra training and work in this field.

GPs can offer counselling and psychological therapy to our patients, in fact we do it every day without even realising, but sometimes we simply don't have enough time or experience to offer our patients the help they need, and we may need to refer the patient on to a counsellor or psychologist for example.

A GP who has undertaken extra training can offer psychological treatments and counselling to patients who either do not want to or cannot see a psychologist. This called GP-FPS.

COUNSELLING AND PSYCHOLOGY

GPs who have undertaken extra training can be approved my Medicare to provide this service to patients. Patients can then access the sessions through a Mental Health Care Plan (MHCP), or if needed, the usual GP Consultation items.

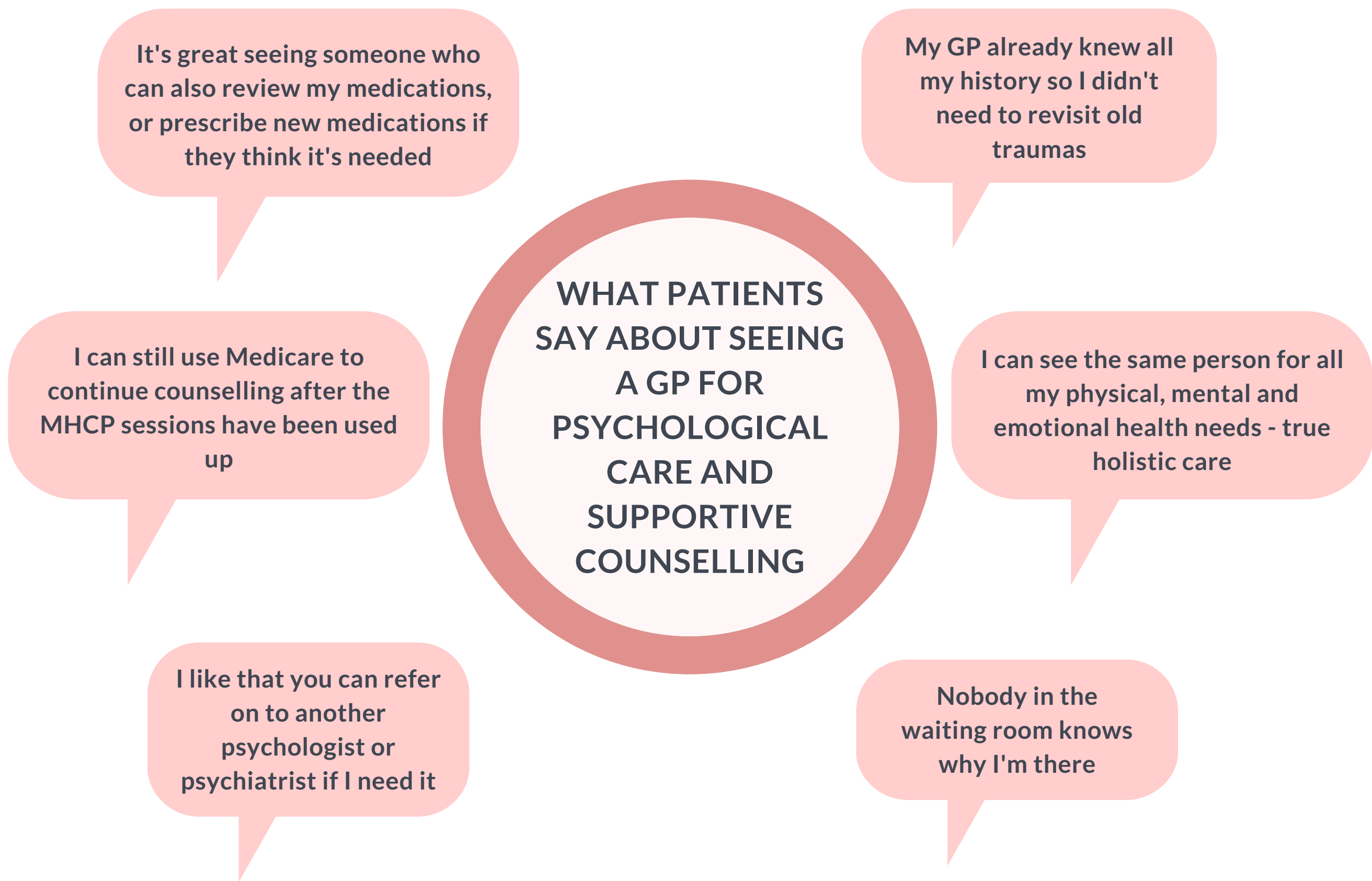
The sessions work in a similar way to the usual MHCP and Psychology referrals, although referrals are not actually required, only the MHCP. MHCP reviews with the usual GP are also not required, but it is still good practice to review the patient at regular intervals.

At regular intervals, letters will be sent to the patient's regular GP to update them with ongoing progress and plans for further sessions.

Patients can see a psychologist and a GP for psychology, though there may be more out of pocket charges. This can be discussed with the patient and with informed financial consent, the patient can utilise usual GP consult rebates.

WHY SEE A GP FOR PSYCHOLOGICAL CARE?

NOBODY TRULY UNDERSTANDS, OR IS ABLE TO PROVIDE INTEGRATED, HOLISTIC CARE LIKE A GP CAN



There are many reasons why a patient may choose to see a GP for counselling and psychology, and GPs providing this care can be a fantastic resource for patients. Our training, knowledge, and experience is extensive and we deal with the vast majority of mental health work.

The patient is likely to be well known to the GP, and so often the social determinants of care are already known. The GP may also be more aware of pre-existing factors or exacerbating factors that may impact a person's mental health.

The GP can also recommend and refer to particular mental health resources if they are registered with them, such as ThisWayUp (I personally am a prescriber) which can be helpful to the patient.

Other benefits include:

- GPs often have a lot of experience helping patients with mental health conditions
- GPs can provide referrals, prescribe medications and other resources if required
- GP practices are generally considered 'safe spaces' where the patient can trust in confidentiality and anonymity
- GPs can use GP items or FPS items as the patient needs, and so have no real limit on how often or how long they can see the patient



HOW DOES IT ALL WORK?

IN BRIEF *TYPICALLY PATIENTS NEED A MENTAL HEALTH CARE PLAN, BUT NOT ALWAYS*

GP-FPS sessions typically require a patient to have a mental health care plan (MHCP), but they can also be seen using usual GP consult item numbers (eg 44)

Patients should usually see their regular GP initially for a mental health care plan (MHCP) and the plan should ideally be as detailed as possible.

A detailed MHCP is helpful because it can save the patient time and money by avoiding unnecessary duplication, but as a minimum the plan should meet Medicare requirements.

A patient can use the MHCP to see me and I can provide FPS for up to 10 sessions (20 with Covid) as long as there is a valid MHCP.

The patient does not require a recent MHCP, however, it is good practice that patients have their care plans reviewed and their information is up to date.

At the initial appointment, I will see the patient and either complete (preferred for the usual GP to do), or build on the supplied MHCP.

I then work with the patient to establish the goals of therapy, the likely timelines, and at the end of the initial appointment, I will complete an appointment plan so the patient has the follow-up appointments booked in advance.

This prevents the patient not being able to book follow-up visits which is a frequent complaint from patients.

Once the MHCP and initial goals of therapy are agreed, I will start working with the patient to practice some basic exercises that may help them such as breathing exercises, grounding exercises or progressive muscle relaxation therapy.

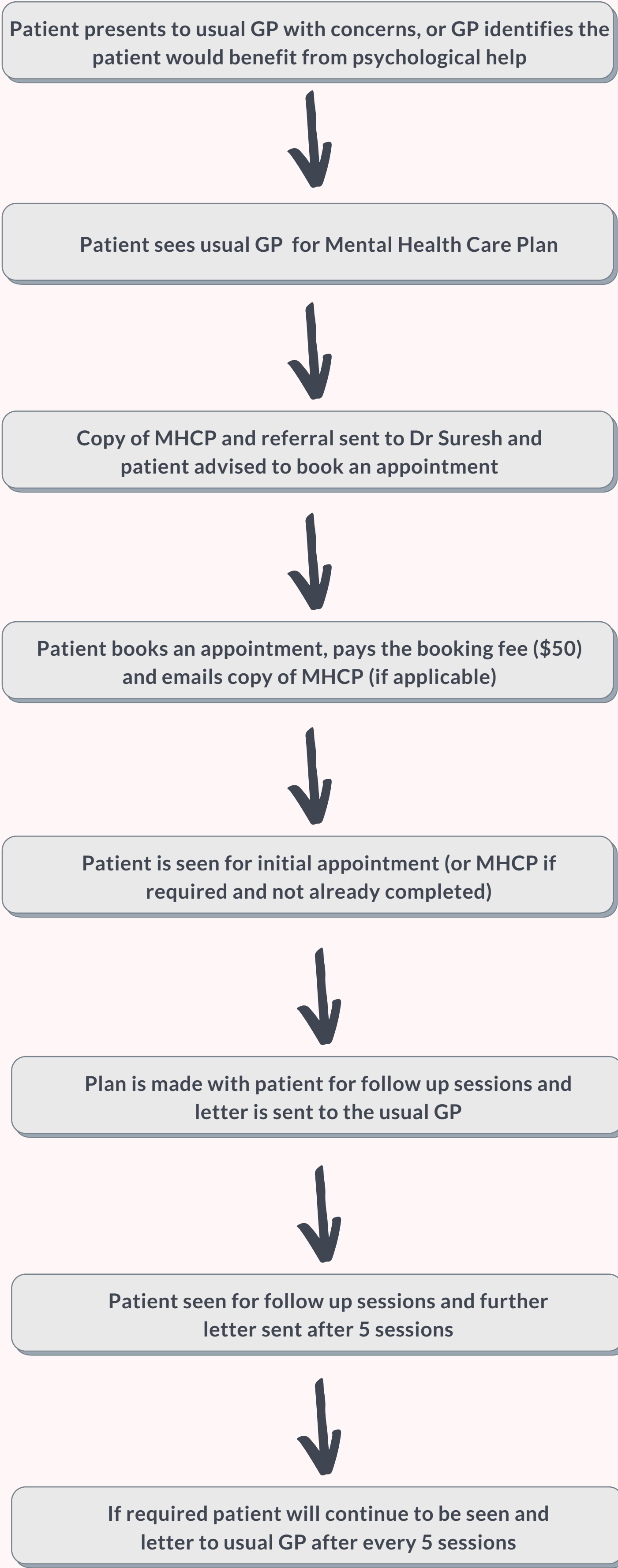
We will continue to work through the goals during the sessions, and at the end of each session, or if needed during the session, we will practice the exercises and perform some other relaxation therapies to ensure the patient leaves the consultation content and settled.

The patient will be given some exercises and 'home work' to do before the follow up session.

Unless the patient objects, a letter will usually be sent to the usual GP after session 1 and at regular intervals (typically every 5 sessions).

Whilst it is good practice for the usual GP to review the MHCP, unlike with a Psychologist, it is not a requirement.

RECOMMENDED PATHWAY



DO I NEED A MENTAL HEALTH CARE PLAN?

SOME PATIENTS MAY BE INELIGIBLE, OR WILL NOT WANT A MENTAL HEALTH CARE PLAN. THESE PATIENTS CAN STILL BE SEEN!

There's a number of reasons why a patient may not have, or want an MHCP. They may not even want to use Medicare. They can still be seen for psychological therapy.

There are many benefits to seeing a GP for psychological care, but one benefit is that as a GP, I can use not just the FPS item numbers (with your MHCP), I can also utilise the GP item numbers (44).

There is always the option of paying fully privately as well and forgoing your rebates to maintain total confidentiality, although this is generally not required.

There are other completely legitimate reasons why a patient may not want to use their MHCP or may not have one.

They may be utilising those sessions for a different counsellor or psychologist and so do not want to use them with me when they could use item 44 instead.

Likewise they may have already used their full session allowance from Medicare (and we all know 10 sessions is often insufficient), but they can continue to get psychological help by utilising GP item numbers instead without having to pay 100% out of pocket costs.

Unfortunately, due to legislative restrictions, patients cannot use private health insurance or NDIS funding for GP-FPS sessions and they have to be with a psychologist.

I HEARD THERE ARE SOME ONLINE OPTIONS?

SELF-DIRECTED THERAPY HAS BEEN SHOWN TO BE AS EFFECTIVE AS FACE TO FACE THERAPY IN MANY CIRCUMSTANCES

There's a number of fantastic online resources available for patients, mostly free of charge.

There are some links to resources at the end of the ebook, but there are options for self-directed therapy that some patients may find useful, and they are almost all free of charge. Some carry a small fee but this may be waived if I prescribe them (e.g. ThisWayUp).

Self-directed therapy may be especially useful for patients who are financially struggling, or are concerned about confidentiality or do not want face to face therapy for any other reasons.

SERVICES AVAILABLE

FPS TRAINED GPS CAN PROVIDE A NUMBER HELPFUL SERVICES TO PATIENTS, IN ADDITION TO THE USUAL CARE THEY PROVIDE

Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT) are the main therapies that are provided, however these encompass a vast number of possible services that patients may find helpful

CBT and IPT can be incredibly powerful therapies when used in the correct circumstances, but these are quite encompassing terms.

CBT for example can take many aspects and forms, from simple goal setting to more complex graded exposure programs or even psychosexual counselling.

I utilise both CBT, IPT and other forms of supportive counselling to help patients with their struggles, whether they have a mental health diagnosis or not.

Typical services that I offer are:

- Relaxation Therapies
- Breathing Exercises
- Progressive muscle relaxation therapy (PMR)
- Goal setting
- Thought monitoring and challenging
- Graded Exposure therapy
- Supportive counselling
- Isometric Contraction exercises
- Bereavement and Grief Counselling
- Anger Management therapy
- Parenting support
- Relationship counselling

There are many conditions which I may be able to help you with, not just 'mental health'. Counselling and psychotherapy are useful in many other chronic illnesses.

CONDITIONS

COUNSELLING AND PSYCHOTHERAPY CAN BE USED TO HELP PATIENTS WITH A WIDE RANGE OF MEDICAL CONDITIONS. YOU MAY NOT EVEN NEED A MENTAL HEALTH DIAGNOSIS.

Due to the extensive knowledge and training we have, GPs utilising psychological therapies can help many patients, with many conditions, some of which you may have never even thought could benefit from speaking to a counsellor

Psychological help is not just useful for treating 'mental health conditions'. It can be useful for treating conditions that you may have not even considered.

For example, erectile dysfunction is more often than not related to psychological issues or performance anxiety, and CBT is an ideal therapy for men who suffer from this.

Other issues like chronic pain can respond very well to structured CBT, although it does take time. This can be beneficial in reducing patients' pain medications which we know can have serious long term side effects and consequences.

Conditions that I may be able to help with include:

- Anxiety
- Depression
- Insomnia
- Bereavement and Grief Counselling
- Anger Management
- Parenting support
- Erectile Dysfunction
- Relationship difficulties
- Panic Attacks
- Chronic Procrastination
- Goal setting
- School or work avoidance
- Social anxiety
- Health Anxiety



COGNITIVE BEHAVIOURAL THERAPY

OUR THOUGHTS AND BELIEFS CAN GREATLY AFFECT OUR ACTIONS

IN BRIEF

CBT is all about recognising how our thoughts and feelings can affect our behaviours, and changing how we think can turn negatives into positives

Cognitive behavioural therapy can be used to treat many mental health issues but is particularly useful in treating low mood, depression, and anxiety.

It is a form of psychotherapy and counselling that looks at how our thoughts and beliefs can affect our behaviours and actions, and hopefully learning how to change our thoughts so that we can have a positive response to a situation instead of a negative one.

CBT involves many different methods, but some common techniques include:

- Activity scheduling
- Goal setting
- Thought monitoring and thought challenging
- Graded exposure

Let's look at an example - a patient with low mood or depression and how their negative thought processes could further affect them.

If they made plans to meet somebody for dinner, but the other person is late for the meal. (situation).

They may think something like '*my friend is late, maybe they aren't coming. Maybe they don't really like me and that's why they aren't here?*' (thought).

This may result in them going home and then avoiding further social gatherings. (behaviour)

The knock-on result may be that they get invited to fewer meals or parties (situation), which leads them to think '*I never get invited anywhere, nobody likes me*' (thought), and the resulting behaviour - they stop talking to their friends.

You can see how a negative spiral can easily start to form, but by changing the thought process, we can positively impact the behaviour and change their emotions for the better.



INTERPERSONAL THERAPY

OUR THOUGHTS AND BELIEFS CAN GREATLY AFFECT OUR ACTIONS

IN BRIEF

CIPT is a form of psychotherapy that is based around the support we have, interpersonal relationships, and social interactions we make

Interpersonal therapy is often used to treat depression but can be applied to other conditions as well.

It is a form of psychotherapy and counselling that is based on the idea that mental health concerns are not necessarily due to previous trauma, or a 'chemical imbalance' in the brain, but that they are a result of the environment we live in and our experiences.

aims to explore the patients support network, personal relationships, and social interactions, and providing guidance and advice on how the patient can make changes and improve their interpersonal relationships and environment to ultimately improve their mental wellbeing.

IPT can be used to help patients with many conditions such as:

- Depression
- Anxiety
- Relationship difficulties
- Workplace issues
- Eating disorders
- Mood disorders
- Grief and bereavement reactions

Similar to CBT, it is a structured form of therapy, usually delivered over a number of sessions. Typically 15-20 sessions are required.

It is not a quick fix but can result in effective long-term improvement and change in patients' mental health and outlook.

Interpersonal therapy can be delivered alongside Cognitive Behavioural Therapy, but typically one therapy mode will be utilised to avoid confusion.

Sessions can be pre-planned or free-form.

Resources

THE FOLLOWING ARE WEBSITES OR APPS THAT I ROUTINELY RECOMMEND AND UTILISE WITH MY PATIENTS, ALTHOUGH OTHERS ARE AVAILABLE. SOME ARE VERY GENERAL 'COLLECTIVE' WEBSITES THAT LINK TO LOTS OF OTHER RESOURCES (E.G. HEAD TO HEALTH), OTHERS ARE MORE SPECIFIC LIKE BRAVE FOR CHILDREN WITH ANXIETY

- General information
 - Head To Health (<https://www.headtohealth.gov.au/>)
 - Beacon (<https://beacon.anu.edu.au/>)
- Anxiety and depression resources
 - Mindspot (<https://mindspot.org.au/>)
 - eCouch (<https://ecouch.com.au/>)
 - MyCompass (<https://www.mycompass.org.au/>)
 - Thiswayup (<https://thiswayup.org.au/>)
 - Moodgym (<https://moodgym.com.au/>)
 - Beyond Blue (<https://www.beyondblue.org.au/>)
- For Children / Adolescents
 - Brave (<https://brave4you.psy.uq.edu.au/>)
 - Bite Back (<https://www.biteback.org.au/>)
- Apps
 - Breathe
 - Smiling Mind
 - Beyond Now (suicide prevention)
- ATSI patients
 - Mindspot (<https://mindspot.org.au/indigenous-wellbeing-course/>)
- Addiction
 - Lifeline (<https://www.lifeline.org.au/get-help/information-and-support/substance-misuse-and-addiction/>)