**Private General Practitioners / Family Doctor**

**Mental Health Scheme**

1. **Rationale**

Mental health problems are widespread with marked effect on patient morbidity and functioning.

The majority of patients are in the community and a considerable percentage should be followed up at primary care level. A further percentage of patients, who are more in need, can be followed up at primary care level in collaboration with secondary care. This programme services the latter group.

The importance of having accredited family doctors with special interest in mental health has also increased with the introduction of the new Mental Health Act, Community Treatment Order (CTO).

Having a number of private GPs across the island to follow up patients under their care who are also under secondary care will provide better care and support the continuous increasing demand on the mental health service.

Moreover GPs know their patients well and there is no stigma associated with patients visiting a GP.

However from our past service experience and from the literature to offer Joint Care, this requires close collaboration between the GPs and Mental Health Community Teams (MHCT) for continuity of care.

This programme is supported by the Department of Health and the Directorate General (Health Services)

1. **Scope**

This SOP applies to all private GPs who will be registered in the Mental Health GP scheme with the aim to manage patients with mental health disorders in the community more effectively.

1. **Definition of terms**

CTO – Community Treatment Order

GP – General Practitioners

MHCT – Mental Health Community Teams

1. **GP Scheme referral process**
	1. Patients will be referred to any private GP who wishes to participate in this scheme, by Consultant Psychiatrists who also agree to participate in this service.
	2. A standard referral form will be utilised to inform of relevant details.
	3. The consultant (or his delegate after consultation with the respective consultant) identifies patients that can be followed by GPs.
	4. The patient is then asked whether they have a preferred & personal private GP.
	5. If yes:

The patient will inform his/her GP whether he/she would like to follow him/her with regards to his/her mental health disorder.  An information leaflet/ application form including all the relevant information of how to proceed will be handed to the GP.

If the GP accepts, the patient will return the application form to the referring source by him/herself to the mental health service. (There are plans for there to be a link on the leaflet of how the GP can access all the information regarding this scheme, reimbursement etc and to submit acceptance electronically)

* 1. The referring source will then pass on to the GP all the information regarding the patient and proceed with the formal referral application (whether it will be electronically  or not), registration of GP in the scheme etc..
	2. Depot treatment: Regular depot treatment by parenteral injection (every two to four weeks) will continue to be given by community mental health services. Where patients prefer that their depot treatment is given by the GP, these visits for depot will not be covered by this scheme.
	3. Blood test monitoring: Access to routine haematology and biochemistry, TFT, lipid and mood stabiliser monitoring will be required. Frequency will also be recommended in the referral process.
1. **Method**
	1. The GP will review the patient four times a year
	2. Reimbursement will take place according to already established schemes and this will currently be at €20.00 per session
2. **Inclusion Criteria**
	1. Patients who have a private GP service. (Those patients who do not have a private GP will be followed up by secondary care or referred to the government primary care mental health clinics where available).
	2. Patients with long term and serious psychiatric disorder who have required secondary care in government services for a minimum of two years.
	3. Patients on Community Treatment Order
3. **Exclusion Criteria**
	1. Patients with disorders requiring only primary care except for visits for approval of free medication.
	2. Patients who are unstable and require frequent secondary care management.
	3. Patients on treatment with Clozapine.
	4. If patients become deemed to no longer require secondary care, they become discharged from this scheme. Renewal of free treatment permits will continue as per the current government secondary care service methods
4. **Training**
	1. Mental Health Malta will provide a 5 session training programme on the principles of care, safety and quality improvement, together with the services available to the GP’s who will be joining the scheme.
	2. Clear protocols and guidelines will be provided.
	3. This course will be mandatory, envisaged to start from mid-January 2020, with sessions of 60-90 minutes on weekday afternoons
	4. This training programme will be provided intermittently as new GP’s join the scheme and as needed
5. **Methods of communication**
	1. Referral by Consultant Psychiatrist.
	2. Where GP requires further support, he or she communicates with the Community Mental Health Team, key health care professional, his or her substitute or the Team Leader. Details of these will be in the referral form.
	3. Where there is yet no community team available, communication will be with the social worker of the secondary team, also identified in the referral form for this cohort of patients.
	4. Where necessary, following discussion of consultant psychiatrist or representative with the key health care professional, the consultant or representative will also communicate directly with the GP. Out of hours there will be further support from the developing 24 hour Mater Dei Psychiatric Crisis Team
	5. Where patients are stable, the medication list will not be provided on DH75 which requires yearly approval but on Schedule V approved for five years, to allow flexibility of prescribing
	6. Where changes in types (not doses) of treatment are approved by discussion between GP and Consultant Psychiatrist or representative, a form will be provided for the GP to communicate changes in writing for immediate updating of Schedule V by consultant.

Dr David Cassar

Consultant Psychiatrist

Lead Psychiatrist for Community Services

**Benefits of the proposed Partnership Private General Practitioner – Department of Health, Mental Health Scheme**

**Patients:**

Care from personal GP’s they know well and trust, and who know them well within their personal, past, family and community contexts

Continuity of care

**General Practitioner / Family Doctor**

Continuity of care for more vulnerable and needy patients, increasing and supporting the doctor-patient relationship and doctor-family relationship

Support provided to the Family Doctor by a Multi-Disciplinary Team of professionals with immediate access

Support from the Consultant Psychiatrist or his or her delegate when necessary

Development of professional networks which will have a generalizable effect on the care of other patients

Further training in the care of persons with mental health problems, with increasing professional development generalizable also to other patients, and giving a sense of increased competency to the Family Doctor

Access to relevant investigations

Access to the autonomy of flexible dosing of treatment

Access to rapid implementation of changes to treatment