

Breakfast and learn: Managing suicidal ideation and high-risk patients in general practice

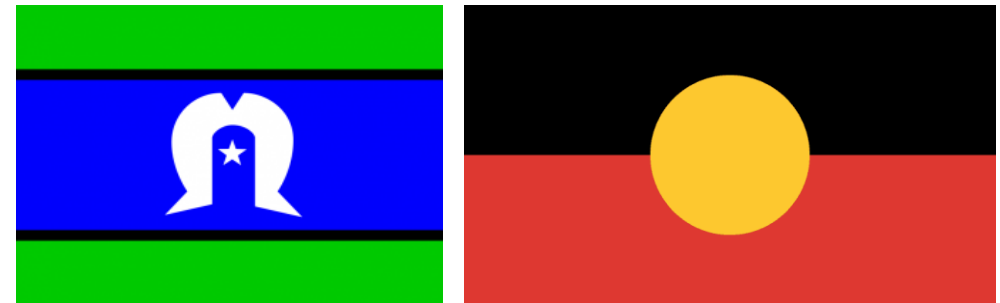
Tuesday 12 December 2023

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the peoples of the Kulin nation as the traditional custodians of the land on which we're meeting today.

We recognise their continuing connection to the land, waters and culture, and would like to pay our respects to Elders past, present and emerging.



Housekeeping

All attendees are muted

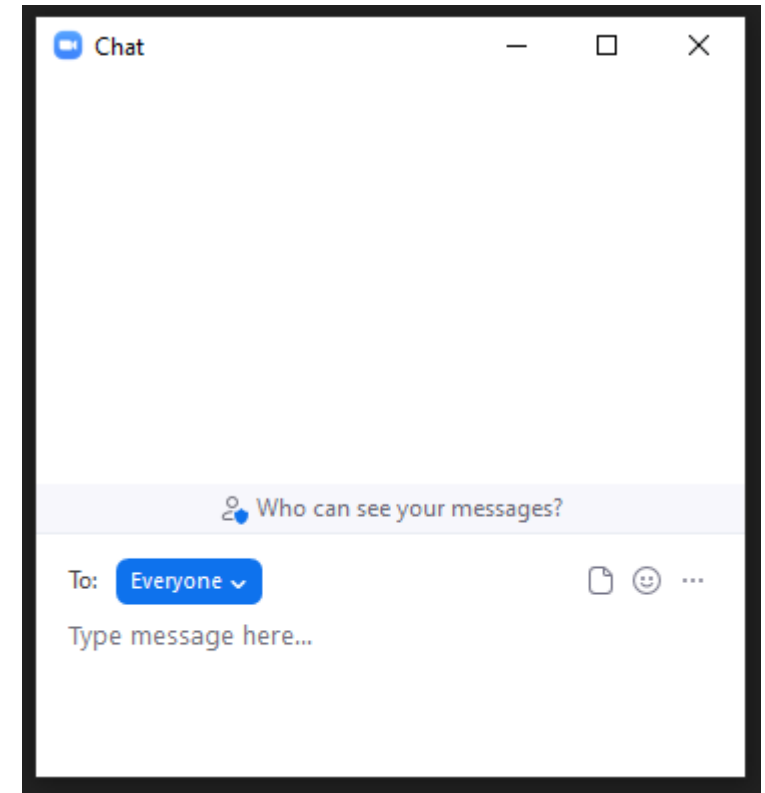
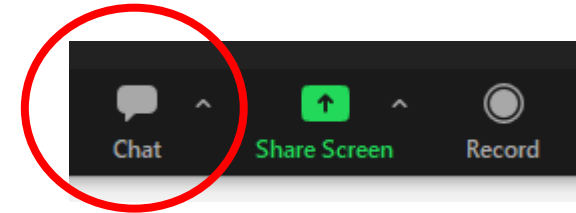
Please keep your microphone on mute

Please ask questions via the Chat box

This session is being recorded

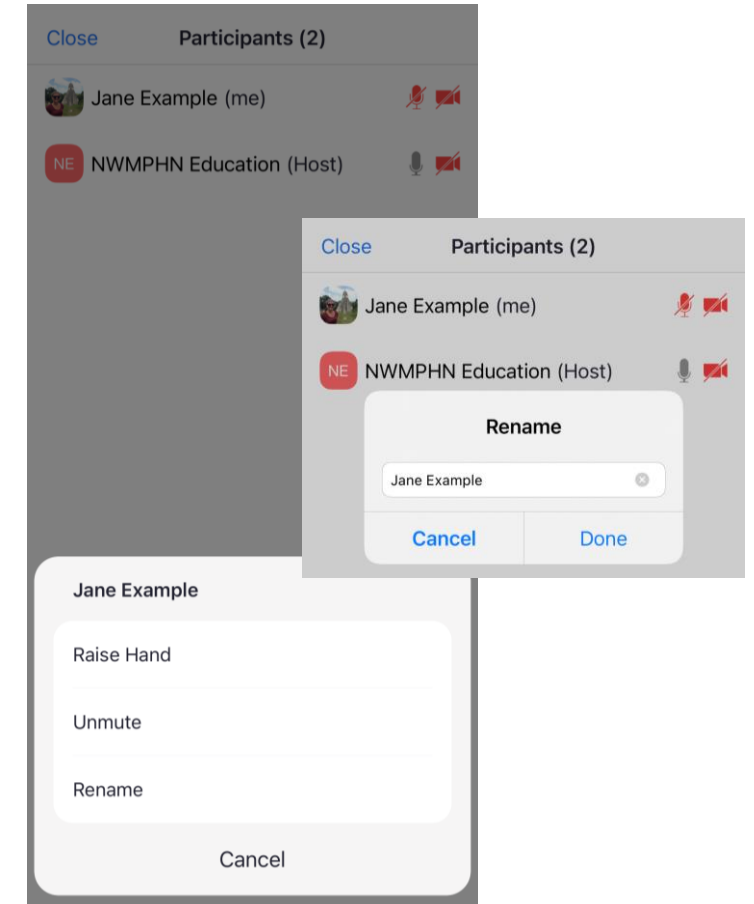
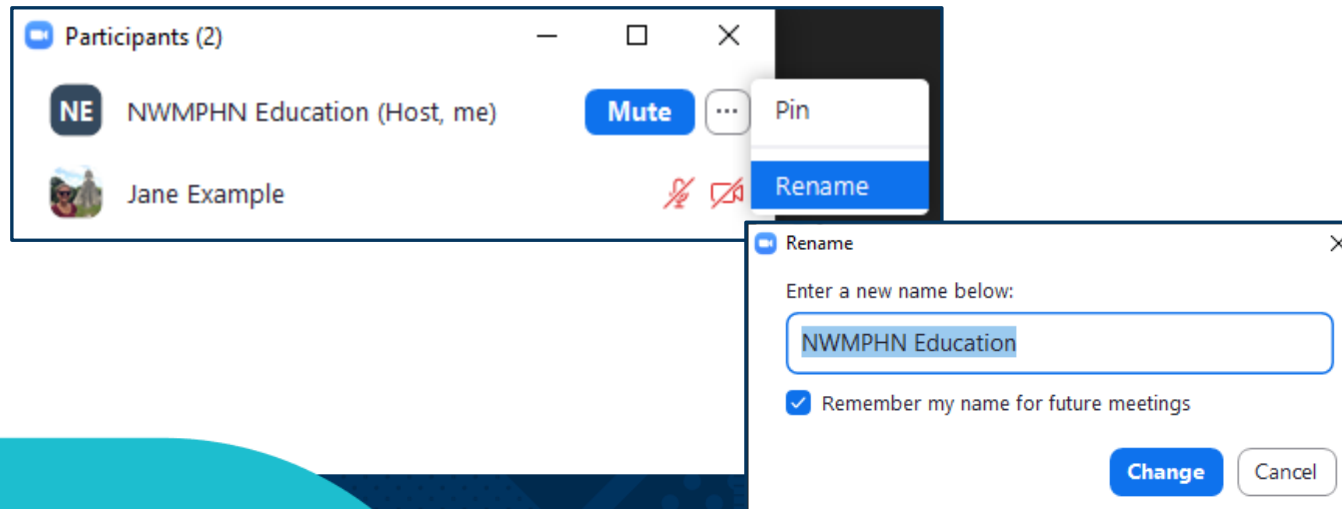
Please ensure you join the session using the name you registered with so we can mark your attendance

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How to change your name in Zoom Meeting

1. Click on **Participants**
2. **App:** click on your name
Desktop: hover over your name and click the 3 dots
Mac: hover over your name and click *More*
3. Click on **Rename**
4. Enter the name you registered with and click
Done / Change / Rename



Agenda

7.10	Welcome and housekeeping	Dr Jeannie Knapp	5 min
7.15	Managing suicidal ideation and high-risk patients in general practice	Dr Owen Harris	30 min
7.45	Referrals & HealthPathways	Dr Jeannie Knapp	10 min
7.55	IAR-DST	Amanda Porritt	5 min
8:00	Conclusion slides	Dr Jeannie Knapp	2 min

Facilitator - Dr Jeannie Knapp

- Practicing General Practitioner
- General Practice owner
- NWMPHN clinical advisor

Speaker - Dr Owen Harris

- Dr Owen Harris is a GP at Inner North Medical Clinic in Brunswick and completed his training at the University of Melbourne and the Austin Hospital.
- He has worked in various emergency departments and remote Aboriginal communities in northern New South Wales, Queensland and the Northern Territory before returning to Melbourne to complete his GP training.
- He enjoys the full spectrum of general practice with specific interests in child and adolescent health, sexual health, treatments for alcohol and other drugs, mental health and skin cancer treatment. He is also an expert in gender affirming care and LGBTIQ+ health.



1

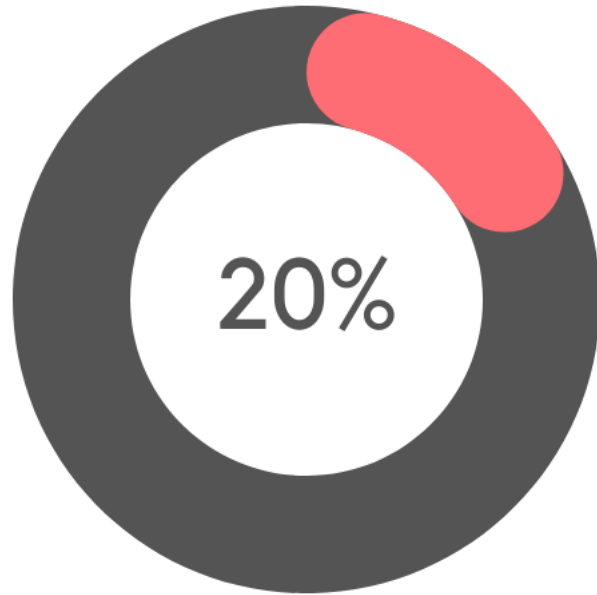
Managing high-risk patients in general practice

Dr Owen Harris

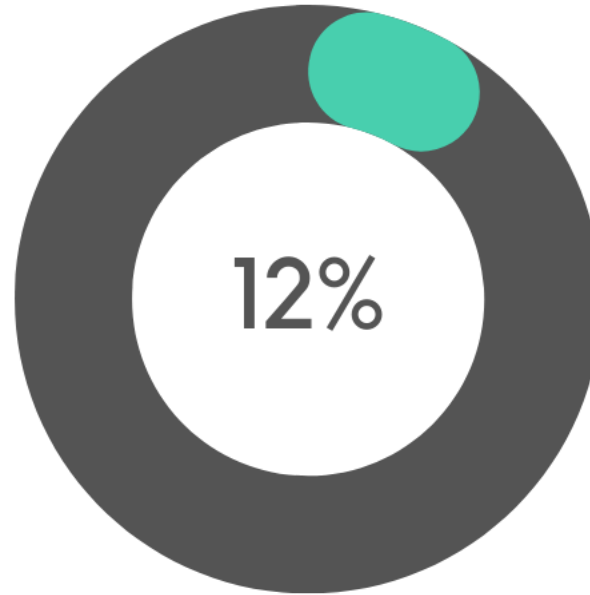
The image features a light gray background with decorative elements in the corners. The top-left corner contains a series of parallel diagonal lines in a teal color, with a curved line segment extending from them. The bottom-right corner features a large, thin teal arc and several parallel diagonal lines.

“WHAT DO
I DO NOW??

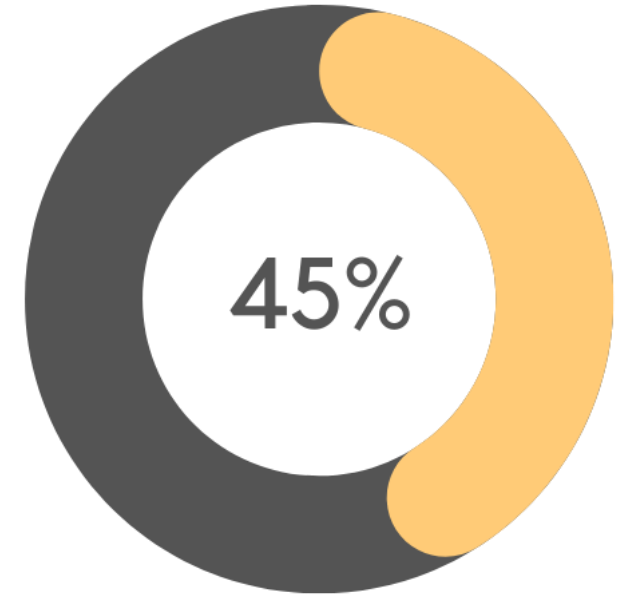
SOME NUMBERS...



PREVALENCE OF MH ISSUES
IN COMMUNITY



% OF MENTAL
HEALTH CONSULTATIONS

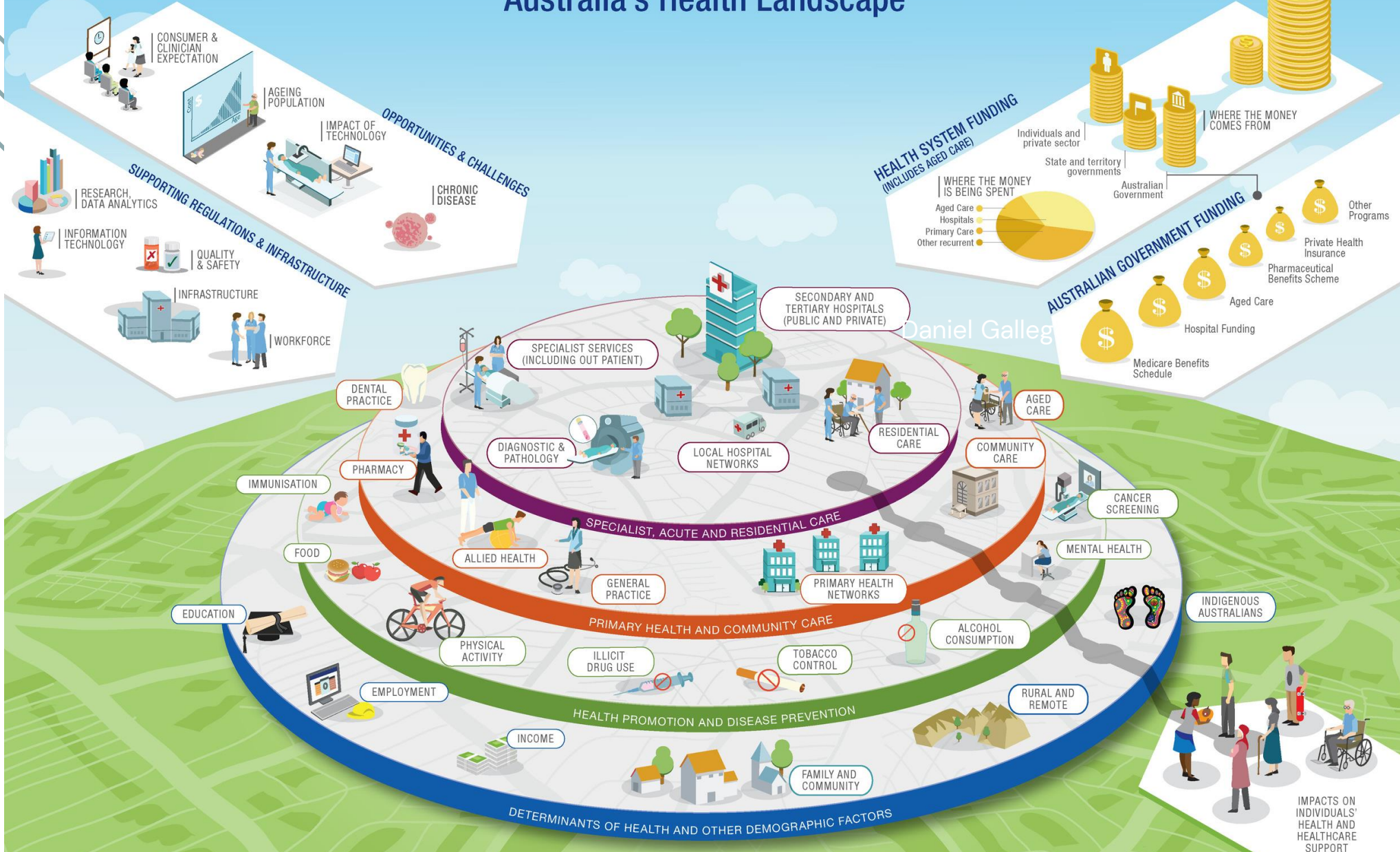


% OF PT WHO SUICIDE THAT
VISITED GP <1/12

HIGH RISK FACTORS

- Mental disorder with clear and immediate plan
- Impulsivity
- Substance Use
- Lack of supports
- Lack of protective factors

Australia's Health Landscape



MENTAL HEALTH LANDSCAPE AUSTRALIA

Created by
Terry Cornick

COMMUNITY SUPPORT



KIDS / YOUTH



OCCUPATIONAL



CRISIS



EDUCATION / AWARENESS



MEN



RESOURCES / SUPPORT



RESEARCH



ACTIVITY-BASED



PROFESSIONAL BODIES



SPECIALIST



CRISIS SERVICES

PUBLIC HOSPITAL

CATT

PRIVATE HOSPITAL

CARE IN MIND

PRIVATE PSYCH/PP

HEAD TO HEALTH

AOD SERVICES

COMMUNITY SUPPORT

SAFETY PLAN

BEYOND NOW APP

SOCIAL SUPPORTS

REGULAR REVIEW

- Lifeline: 13 11 14 | lifelineorg.au | 24/7 crisis and suicide prevention support.
- MensLine Australia: 1300 789 978 | mensline.org.au | 24/7 counselling support for men.
- Suicide Call Back Service: 1300 659 467 | suicidecallbackservice.org.au | Provides 24/7 support if you or someone you know is feeling suicidal.
- QLife: 1800 184 527 | qlife.org.au | 3pm–midnight daily; a peer-driven support service for LGBTIQ people and their friends and family.
- Kids Helpline: 1800 55 1800 | kidshelpline.com.au | 24/7 counselling support for your people aged 5 to 25.
- SANE: 1800 187 263 | sane.org | online forums, peer support and counselling

The background features four decorative geometric patterns in the corners. The top-left and bottom-right corners contain a series of parallel diagonal lines in a light teal color, with a thin curved line segment at the outer edge of each. The top-right and bottom-left corners contain clusters of quarter-circles in solid colors: yellow, red, teal, and dark blue. The text "CASE STUDIES" is centered in the middle of the page in a dark blue, sans-serif font.

CASE STUDIES

CASE STUDY 1 - JD

24yo cis-woman with no known MH history presents acutely psychotic.

- lives in share house
- family is in regional NSW
- no SI
- poor insight



CASE STUDY 2 - RH

26yo cis-man presents with acute on chronic SI with plan, no intent

- prev suicide attempt
- lives in share house
- ADHD
- has private psychologist, unable to see prev PP



CASE STUDY 3 - TS

31yo cis-woman presents with manic episode

- polysubstance use
- works as sex worker
- eating disorder
- poor insight
- medical trauma



CASE STUDY 5 - RR

23yo trans-woman presents with SI

- PHx Depression/Anxiety
- currently seeing private psychologist
- limited support
- financial stress



CASE STUDY 5 - MG

20yo cis-woman presents with SI and self harm.

- PMDD
- Depression
- poor insight
- impulsive



CASE STUDY 6 - TB

26yo nurse p/w SI and self harm

- long history of Depression/Anxiety/BPD
- self harm++
- current plan, no intent
- good family supports
- isolated
- has private psychologist



CASE STUDY 7 - BF

28yo cis-man p/w SI and substance use

- Depressio/Anxiety/BPD
- AML in remission
- daily IV ice user
- living in unstable accomodation
- good insight



CASE STUDY 8 - AS

26yo cis-woman p/w SI

- Depression/Anxiety/CPTSD/AN
- prev self harm+++
- lives with supportive partner
- seeing psychologist weekly
- good insight



CASE STUDY 9 - KN

42yo cis-woman p/w SI

- Bipolar + BPD
- multiple presentations with intentional OD
- has private psych and PP
- supportive partner, 2 teenage kids



CASE STUDY 10 - EC

50yo man p/w depression, SI

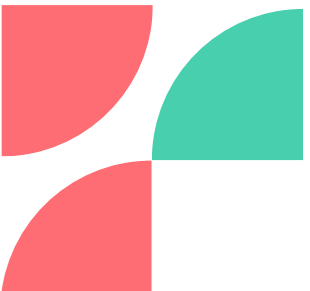
- CEO of large NGO
- no known MH history
- married, 3 kids



CASE STUDY 11 - OR

45yo man p/w overdose

- 1st presentation
- unclear history
- collapse in the clinic



CASE STUDY 12 - SK

31yo p/w SI and ?drug seeking

- 1st presentation
- demanding opiates, benzos and antipsychotic medication
- threatening self harm and suicide



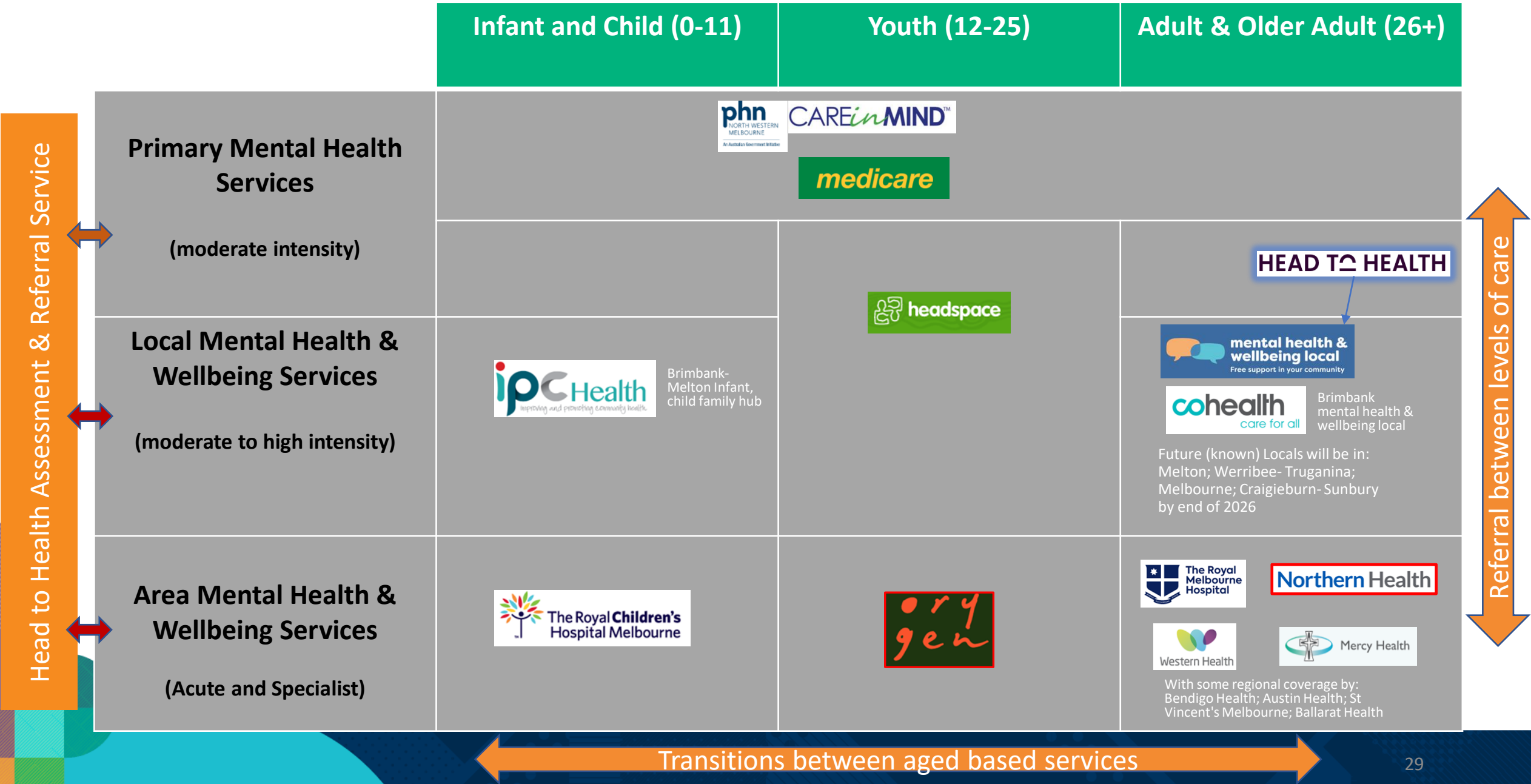


2

Referrals & HealthPathways

Dr Jeannie Knapp

Key services on the ground in North Western Melbourne that support the staged care model



NWMPHN Mental health referral and access

GPs and other health and community service professionals can refer anyone experiencing mental ill health to our referral and access team.

- Our clinicians review referrals and allocate them to the most clinically appropriate service – regardless of who funds or provides it.
- Our team includes experienced mental health nurses, psychologists and social workers.
- Referring is simple – there is a **single form** to complete.
- For advice on any aspect of a referral, speak with the referral and access team by calling us directly on **(03) 9088 4277**, between 9am and 5pm on business days.
- Referrals can be made by GPs, psychiatrists, paediatricians, mental health nurses, psychologists, social workers, allied health professionals, school principals, counsellors and wellbeing officers.

A single form for
all primary mental
health services.

Available on these software platforms:



Best Practice
An evolution in medical software



MedicalDirector



Access the forms here:

nwmpnhn.org.au//mental-health-referral-and-access

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**

Melbourne

Search HealthPathways

HealthPathways

Melbourne

Mental Health

ADHD in Children and Youth

ADHD in Adults

Alcohol and Other Drugs

Anxiety in Adults

Autism in Adults

Bereavement, Grief, and Loss

Bipolar Disorder

Borderline Personality Disorder (BPD)

Child and Youth Mental Health

Depression in Adults

Disaster Mental Health in Adults

Eating Disorders

Pregnancy and Postpartum Mental Health

Physical Health and Mental Illness

Problem Gambling

Psychosis

Self-harm

Suicide Prevention

Home

/

Mental Health

/

Suicide Prevention

Suicide Prevention

This pathway is for adults and children who are at risk of suicide.

Red flags

Uncontrolled alcohol or substance abuse

Poor social supports

Recent bereavement, particularly from suicide

Sudden calm feeling or presentation in patient with depression

Background

About suicide prevention

Assessment

1. When assessing for suicide risk, be aware that:

- asking directly about suicidality does not increase or create a risk.
- it is not possible to predict with certainty which patients will ultimately die by suicide.
- around 44% of people who die by suicide may present to primary care in the previous month. ²

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Sources

Page information

Topic ID: 530389

Melbourne

Search HealthPathways

HealthPathways

Melbourne

Mental Health

ADHD in Children and Youth

ADHD in Adults

Alcohol and Other Drugs

Anxiety in Adults

Autism in Adults

Bereavement, Grief, and Loss

Bipolar Disorder

Borderline Personality Disorder (BPD)

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Physical Health and Mental Illness

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Psychosis

Self-harm

Suicide Prevention

Management of all other patients

Referral

- If high risk:
 - and the situation is urgent, call **000** and request an ambulance to transport to the emergency department. If there is a significant risk to others, also request police.
 - phone the **adult or child and adolescent** psychiatric triage service to arrange prompt review.
- If low to moderate risk:
 - Refer to **adult or child and adolescent** psychological therapy and counselling (see Suicide Prevention Services listing on relevant page).
 - contact patient's **treating mental health professional** or case manager.
 - consider contacting **adult or child and adolescent** psychiatric triage service for further advice if ongoing concerns about risk.
- If chronic risk:
 - ensure ongoing support and follow up with **treating mental health professional** and case manager is in place.
 - consider contacting non-acute **adult or child and adolescent** psychiatric services for further advice.
- If substance abuse problems, consider requesting **substance use intervention**.

Information

For health professionals

SEND FEEDBACK

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3

IAR-DST

Amanda Porritt

Paid CPD training for GPs



NWMPHN and EMPHN are providing training for GPs, mental health clinicians and nurses interested in learning about the Initial Assessment and Referral Decision Support Tool (IAR-DST).

The IAR-DST provides a standardised, evidence-based and objective approach to assist GPs and mental health clinicians with mental health care recommendations.

- 2 RACGP Education Activity CPD hours
- Online or face-to-face at your practice
- \$300 GP incentive payment

The tool is designed to provide advice relating to initial assessment and intake, across 8 diagnostic domains:

- | | |
|------------------------------------|--------------------------------------|
| • symptom severity and distress | • treatment and recovery history |
| • risk of harm | • social and environmental stressors |
| • impact on functioning | • family and other supports |
| • impact of co-existing conditions | • engagement and motivation. |

**Register your interest for
IAR training**



Session Conclusion

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

<https://nwmpnhn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

<https://nwmpnhn.org.au/resources-events/resources/>

We value your feedback, let us know your thoughts.

Scan this QR code

