

GP LINK Lunches | Dr Murray Wright

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Ken McCroary – Good afternoon Sydney South West GP Link Members and fellow South Western Sydney General Practitioners. With the continued uncertainty regarding COVID-19 and the significant impact it is having upon the community, and particularly General Practitioners serving on the front line, I thought it would be a good time to explore COVID from a mental health angle.

I was able to contact the office of The Hon Bronwyn Taylor, Member of the Legislative Council of NSW, whose representation falls within the South Western Sydney region. She is currently the Minister for Mental Health, Regional Youth and Women.

To further explore the mental health issues relating to COVID-19 locally, I was introduced to Dr Murray Wright the Chief Psychiatrist at NSW Health and therefore joining me today is Dr Wright.

Good afternoon Dr Wright and thanks for joining us again. Would I first be able to ask you to tell us a bit about yourself and the organisation you represent.

Murray Wright - Yes thank you for inviting me. My name is Murray Wright and I am the NSW Chief Psychiatrist, a clinical advisory position that sits with the NSW Ministry of Health. My job really is to bring a clinical perspective to issues involving mental health across all NSW health services, both in terms of clinical issues and also policy. That includes advice to some of my colleagues working in the local health districts to the senior management in other parts of the ministry and also to government.

Ken McCroary – Thank you so much for that. The next question is a bit of a dual question asking about the mission or the goals of both yourself and your organisation and how you operate within South Western Sydney.

Murray Wright – Ok so again obviously as a psychiatrist I am in that job by virtue of my clinical and leadership experience and really if you want to describe the role it is about safety and quality most of all. So my mission is really to influence, in a kind of constructive and positive way, the way in which our services deliver for NSW, which obviously includes the community of South Western Sydney, and to improve people's access to services, to improve the quality of the services they receive, and the reliability of those services and to essentially contribute to the overall improvement of outcomes for members of our community.

Ken McCroary – Wonderful thanks for that. Being a local organisation ourselves, I am just wondering if you are aware of any particular issues and challenges that are facing the GPs working in South Western Sydney.

Murray Wright – I think I have a reasonable understanding of the challenges in South Western Sydney through the perspective of the Local Health District and I wouldn't be surprised if they overlapped considerably with the challenges for General Practitioners. As I see it, South Western Sydney has one of the largest growing populations across Sydney, some parts of Sydney are growing faster than others, and South Western Sydney as I understand it is one of the fastest growing areas. That means at times demand can outstrip supply when it comes to services. I think that means from a mental health perspective we are also dealing with a demographic that often has individuals who are suffering from socio-economic challenges and people who are under socio-economic stress are more likely to have mental health challenges as well. I am sure you are all familiar with the terms and social determinates and when it comes to particularly mental health and alcohol and other drug problems. The social determinates play a very large role in people's vulnerability and there are parts of the population in South Western Sydney where those sorts of challenges really come to the fore. My perspective from mental health is there is often more demand for services and the specialist services I represent than there is supply and I strongly suspect that contributes to pressure on general practices when you have patients who have mental health morbidity or comorbidity being adequately addressed in a timely fashion.

Ken McCroary – Thank you that does show quite a bit of understanding and familiarity with our local region thanks for that. Our final routine question is about our local General Practitioners and that is what do you think you, and your organisation, is able to do to help and support General Practice and General Practitioners in South Western Sydney?

Murray Wright – That is a really good question and I guess it starts with having dialogues like this and the more opportunities I get to talk with people within General Practice and the more opportunity General Practitioners get to talk to people like me and my colleagues in the district, the better we understand each other. I think our services complement each other and again I am sure you are aware that mental health services in the public sector in NSW are arranged across hospital and community so we have everything from acute inpatient services through to community follow up services. That means we really need to work very closely and collaboratively with all the other service providers including General Practice. So if someone with a mental health problem comes your way for instance, it is relatively straightforward and relatively reliable for you to be able to make referrals and get the advice the person might need so they can get treatment early - because there is no question that early intervention makes a huge difference with every single mental health problem I have ever encountered so delays with treatment or inconsistent access to treatment means the problems get bigger and more challenging for all of us - that kind of close working relationship between GPs and the community and the community based mental health services and also the inpatient services is absolutely vital.

I also appreciate this requires lots of attention and it is not something you can just kind of deliver and have sit comfortably for the future, there are always challenges in making sure access or pathways into care are, and also pathways back from the acute sector into General Practice, actually works effectively.

We certainly recognise across the state, and this is no different in South Western Sydney, that some of the most challenging parts of a patient's journey is what we call the transitions of care and that's when people need to step from one part of the care continuum, from general practice into a specialised mental health setting. It is quite challenging to make sure that happens in a reliable way and that all the information goes with the patient to the new services and that there is good liaison between the specialist mental health services and general practice and likewise when it is in the other direction.

I am sure many of your colleagues have had the experience of referring someone into a mental health service and not really getting much information or interaction with the mental health service then the patient turns up again somewhere down the track the treatment has changed but you don't have much detail, we are working very hard to try and make sure that firstly when someone comes into the service who has been seen by a general Practitioner, that there is very close collaboration between our service and the GP to make sure we include your perspective in the treatment planning and likewise when someone leaves a higher acuity setting and is back under the care of a general practitioner that you get comprehensive information about what has happened and what might have changed in terms of the treatment plan. Along the way there are always glitches in those kinds of arrangements and that is because of the complexity of the situations that we are often dealing with, but we are aiming to make that much more reliable over time.

In fact, in terms of what I would like to see in the future, this is probably my biggest goal because I think a much better outcome for the patient, and I think in terms of safety and quality, that makes a huge difference. It is a simple concept but it is not that easy to manage day-to-day on thousands and thousands of occasions with the numbers of people that we all see.

Ken McCroary - I agree, and I am feeling actually quite reassured hearing you talk about the importance of communication and collaboration between primary and the tertiary psychiatric sector in terms of trying to help our vulnerable and mentally challenged residents. I might just if I could segue a little bit here to the ongoing pandemic of COVID-19, just wondering if you have any particular advice for local GPs going forward during COVID and obviously the mental health issues related with the disease and ourselves please.

Murray Wright - Well I think how long have you got? I think there are so many facets to this which I think are important from a mental health perspective and again I apologise if I am telling you things which are self-evident and known to you and all of your members, but I think the reduction in presentations that we all experienced were really quite troubling because there were two main reasons that I saw for people with pre-existing mental health problems not turning up to either emergency departments or to their GPs and one of them was that they were fearful they would catch Coronavirus. So they were fearful for their own health and I think that was a fairly sensible motivation but the other one was that many people with pre-existing problems were staying away from their health care

providers as they did not want to be burdensome because the message they were seeing in the newspapers and on the television all the time was that the health systems were buckling under from excess demand and that they needed to focus on keeping people alive. This then meant that people with complex problems, whether physical health or mental health problems, effectively had the risk of deterioration before they presented, and certainly in the mental health field that kind of deterioration then leads to problems which are much harder to treat.

So our messaging has been, for goodness sake regardless of what has been happening around you if you have got a health issue it is important to stay in regular contact with your treating professionals whether that is your GP or your specialist or your physio or your dentist because the consequences of putting that off could be really problematic.

I think the other thing is that people who have been badly affected by the economics of the pandemic are at risk of mental health problems, and I am talking here particularly about people who have been laid off or lost their business or lost their income, and so a lot of people working in the hospitality industry have really suffered a massive reduction in income or they have lost their jobs and those people may never have had a psychological problem in their entire lives but they are at risk of developing mental health problems as a result of those stressors. The difficulty for them is identifying they are not having a normal stress reaction and that they are actually developing a mental health problem and they could do with some advice and so I think it is reasonable for any GPs to ask, if given that the pandemic has affected the whole world, I think it is a reasonable question to ask every single person "how are you coping with this?" because it has been a stressful year for all of us.

Having a set of screening questions you can ask people about their sleep, their levels of exercise, their levels of social activity, whether they are worrying about their future, are there any particular additional stresses, and what are they doing about it, I think that will help identify people who need simple practical advice. Sometimes they might need further assessment or even counselling of some kind, again the earlier we identify those people, the less likely things are to get out of hand for them.

As for all of us health professionals, that advice applies to us as well. I think depending on how things pan out over the next 12 months, all of our lives are different to what we anticipated 12 months ago. We are constrained in all sorts of ways. Some of us are cut off from our families. Some of us are working in situations which place us at increased risk and also then place our families at risk and so if you do have contact with people who might be at increased risk of the coronavirus that puts you at risk and then puts your own families at risk - we have got to accept that that kind of risk create the conditions for us to develop the psychological consequences.

So we all need to self-monitor and we need to keep track of things like, am I getting enough exercise? Am I sticking to a reasonable diet? How much am I using alcohol? Am I getting enough sleep? All of those sorts of things. So it is a case of monitor your own health, and do something about it if you are strained in some way because I think the pandemic has dominated our lives for all of this year and I think to a greater or lesser extent I am expecting it to continue to have a strong influence on our lives and a strong restrictive influence on what we are able to do for most of next year as well.

Ken McCroary - Thank you so much that is extraordinarily sensible and pleasing advice that we should be on a look out for mental health issues in all of our patients not assuming necessary that they have a history but also looking out for our colleagues as well who may also be having significant issues during this time do you agree?

Murray Wright – Absolutely, and thanks for reminding me we do have to kind of self-monitor but I think that the importance of tapping our close colleagues or our friends or our neighbours on the shoulder and saying look you seem to be a little bit stressed at the moment do you want to talk about it? That doesn't do harm and sometimes it does an enormous amount of good to just give people that opportunity and it can arise in a workplace and I think we all have a responsibility in that regard.

Ken McCroary - Agreed thank you so much really appreciate your time today that was Dr Murray Wright Chief Psychiatrist from NSW Health.