

Advanced
Specialised
Training
Curriculum

Mental
Health



Australian College of
Rural and Remote Medicine

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1. Background

Completion of a minimum 12 months Advanced Specialised Training is an essential component of training towards ACRRM Fellowship. Registrars can select from ten advanced 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. These competencies are additional to the mental health skills and other training laid out in the primary curriculum. The basic knowledge and skills described in the Primary Curriculum are assumed as prior or concurrent learning and are not re-stated in this AST curriculum.

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 registrars.

2.2 Target group

This curriculum targets ACRRM registrars who are undertaking an Advanced Specialised Training (AST) year in mental health. An AST in mental health would be appropriate for any ACRRM registrar with an interest in mental health.

2.3 Duration

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. Registrars who choose these options will not be disadvantaged. Subject to prior approval by the ACRRM censor, registrars may request to undertake up to 6 months of this training in one or two sub-specialty areas.

2.4 Potential posts

Training for the Advanced Specialised Training year in mental health may be undertaken across one or more posts. An appropriate post or combination of posts must be prospectively approved by ACRRM.

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
- able to offer opportunities for acquisition and practise of appropriate skills
- focus on skills acquisition

The following features would be highly desirable:

- rural or remote setting
- dedicated psychiatric facility
- supervision from a GP with the appropriate skill set
- supervision from a psychiatrist

To achieve the curriculum outcomes, it may be necessary for a registrar to split his/her training between more than one post: It may also be necessary to undertake one or more short-term secondments to learn specific skills.

2.5 Prerequisites

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

- satisfactory completion of the Core Clinical Training component of ACRRM Fellowship training
- satisfactory completion of a minimum of one term in mental health
- satisfactory completion of an ACRRM-approved GPMHSC Level 2 Mental Health Skills course (pre- or co-requisite).
- satisfactory completion of the ACRRM “Introduction to Population Health” online learning module at www.rrmeo.com (pre- or co-requisite).

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 domains of rural and remote medical practice have been defined by ACRRM and provide a framework for organising the learning outcomes for this curriculum. The domains are:

1. Core clinical knowledge and skills
2. Extended clinical practice
3. Emergency care
4. Population health
5. Aboriginal and Torres Strait Islander health
6. Professional, legal and ethical practice
7. Rural and remote context.

As you read the following learning outcomes, your attention is drawn to the specified level of achievement for each outcome – e.g. ‘demonstrate awareness’, ‘demonstrate understanding’, ‘demonstrate competence and experience’, ‘demonstrate high-level skills’. These levels of achievement differentiate the requirements of this curriculum from those of the mental health component of the ACRRM Primary Curriculum.

4.1 Domain 1. Core clinical knowledge and skills

4.1.1 History taking

The registrar will demonstrate high-level skills in mental health history taking, including:

- awareness of history taking as the first process in engagement and management
- considering the community, family and social context
- taking a collateral history – family, carers, other witnesses, police, ambulance officers etc.
- taking a focussed history in 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
 - risk assessment – suicide, deliberate self-harm, harm to others
 - rape victims and abused women
 - survivors of child abuse.

4.1.2 Mental state examination

The registrar will demonstrate high-level skills in mental state examination, including:

- assessment of phenomenology
- assessment of affect
- cognitive assessment
- assessment of insight.

4.1.3 Mental health diagnosis

The registrar will demonstrate high-level skills in mental health diagnosis, including:

- understanding multi-axial diagnostic systems and dual diagnosis conditions, including physical co-morbidities, patients with persistent pain, and co-morbid substance use
- understanding and identifying the various forms of help-seeking behaviour including abnormal illness behaviour and manipulative behaviour
- experience and competence diagnosing common mental health conditions, including:
 - adjustment disorders
 - depression – minor and major
 - anxiety disorders – generalised anxiety disorder, phobic disorders, obsessive compulsive disorder, panic disorder / agoraphobia
 - sleep disorders
 - somatisation
 - personality disorders
 - psychogeriatrics – dementia, depression, delirium
 - substance use disorders and related behaviours – including alcohol, nicotine/tobacco, prescription opioids, and illicit drugs
 - ADD/ADHD in children and adolescents
- ability to recognise uncommon but serious mental health conditions, such as:
 - psychoses – affective psychoses, schizophrenia, schizo-affective disorder, delusional disorder
 - eating disorders
 - severe somatoform disorders
 - toxic and organic brain syndromes
 - acute stress disorder and post traumatic stress disorder (PTSD)
 - ADD/ADHD in adults.

4.1.4 Mental health management planning

The registrar will demonstrate competence and experience in negotiating appropriate management plans, including:

- applying relevant clinical practice guidelines
- involving patients and carers in management decisions
- working as part of a multidisciplinary team
- management of physical and other co-morbidities
- ensuring continuity of care throughout the treatment program.

4.1.5 Pharmacotherapy

The registrar will demonstrate understanding of the principles of safe and effective pharmacotherapy, including:

- patient education
- patient adherence strategies and monitoring
- requirements for informed consent.

The registrar will demonstrate rational mental health prescribing skills, including:

- independent experience and competence in appropriate use and monitoring of:
 - antidepressants

- mood stabilisers
- anxiolytics / hypnotics
- antipsychotics
- prescribing for drug and alcohol indications, including methadone and buprenorphine therapy for opioid dependence
- experience in co-prescribing of:
 - clozapine therapy
 - stimulants
- understanding the 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.

4.1.6 Counselling and psychosocial therapy

The registrar will demonstrate 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.

4.1.7 Follow-up and long-term care

The registrar will demonstrate high-level skills in follow-up and long-term care, including:

- maintaining long-term engagement and continuity of care – including providing for transition of care
- 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.

4.1.8 Carer support

The registrar will demonstrate high-level competence and experience in engaging and supporting families, carers and others.

4.1.9 Mental health services and resources

The registrar will demonstrate skilful and appropriate use of external services and resources available to assist in management of mental health conditions, including:

- opportunities for shared care
- specialist services
- tele-psychiatry
- carer and self-help organisations
- advocacy services
- online services and resources.

4.2 Domain 2. Extended clinical practice

4.2.1 Standardised assessment tools

The registrar will demonstrate competence and experience in appropriate selection and use of standardised assessment tools.

4.2.2 Child and adolescent mental health

The registrar will demonstrate competence and experience in diagnosing and managing moderately complex child and adolescent mental health presentations, including:

- recognising the relevance of developmental stage on mental health
- understanding the importance of family issues/dysfunction and the broader social context.

4.2.3 Forensic mental health

The registrar will demonstrate the following forensic mental health skills:

- 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.

4.2.4 Referral and transfer

The registrar will demonstrate competence and experience in appropriate referral and transfer of patients with difficult or complex mental health conditions.

4.3 Domain 3. Emergency care

4.3.1 Psychiatric crisis management

The registrar will demonstrate the ability to competently manage psychiatric emergencies, including:

- situational crises
- deliberate self-harm
- acute psychoses
- toxic confusional states
- acute withdrawal states
- severe behavioural disturbance.

4.3.2 Initial assessment and stabilisation

The registrar will demonstrate the ability to conduct initial assessment and stabilisation of a patient experiencing a psychiatric emergency. This includes:

- conducting a situational assessment and providing for safe initial containment
- taking a focussed history
- conducting a mental state examination and risk assessment
- determining the need for emergency restraint or involuntary referral
- conducting crisis counselling
- providing appropriate initial pharmacotherapy.

4.3.3 Emergency pharmacotherapy

The registrar will demonstrate the ability to competently and appropriately administer emergency pharmacotherapy, including:

- understanding clinical practice guidelines
- understanding the legal requirements for involuntary administration of emergency pharmacotherapy.

4.3.4 Referral and transfer

The registrar will demonstrate the ability to competently and appropriately refer and transfer patients for psychiatric care, including:

- 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.

4.4 Domain 4. Population health

4.4.1 Community mental health needs

The registrar will demonstrate the ability to identify the social determinants of mental health and determine mental health needs in his/her local community. This would require completion of the “Introduction to population health” online learning module at www.rrmeo.com.

4.4.2 Community mental health programs

The registrar will demonstrate competence and experience in designing and implementing a 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.

4.5 Domain 5. Aboriginal and Torres Strait Islander Health

4.5.1 Cultural competence

The registrar will demonstrate cultural competence in management of mental health presentations.

4.5.2 Mental health attitudes, beliefs and customs

The registrar will demonstrate awareness of local Indigenous attitudes, beliefs and customs relating to mental health symptoms and treatment. This includes:

- awareness of traditional practices
- flexibility regarding traditional healing practices vs. biomedical treatments.

4.5.2 Cross-cultural communication skills

The registrar will demonstrate the ability to communicate with Indigenous community members in a culturally appropriate and medically effective manner regarding mental health problems and their management.

4.5.3 Barriers to mental health care services

The registrar will discuss the barriers to mental health care and services for Indigenous people in the community, such as:

- access to mental health services
- poor mental health literacy
- alienation by culturally inappropriate mental health services
- overt or structural racial discrimination
- health impact of dispossession
- administrative issues, such as entitlement cards and transport policies.

4.6 Domain 6. Professional, legal and ethical practice

4.6.1 Legal and ethical practice

The registrar will demonstrate adherence to the relevant legislative and ethical requirements governing mental health practice. 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.

4.6.2 Professional boundaries

The registrar will demonstrate an understanding of the particular importance of professional boundaries in rural and remote mental health practice and demonstrate appropriate application of these boundaries.

4.6.3 Life-long learning

The registrar will demonstrate a commitment to life-long learning in mental health.

4.6.4 Quality assurance

The registrar will demonstrate a commitment to and ability to conduct quality assurance activities in mental health including:

- clinical audit
- establishment and maintenance of appropriate quality systems and procedures
- supervision and peer review.

4.6.5 Staff training

The registrar will discuss appropriate strategies and techniques for teaching mental health approaches to junior doctors and other health professionals.

4.6.5 Self care

The registrar will recognise the need to establish a peer support network and to utilise this network to debrief in times of personal or professional stress.

4.7 Domain 7. Rural and remote context

4.7.1 Nature of rural and remote settings

The registrar will understand the implication of rural and remote settings for mental health practice, including:

- mental health epidemiology of rural and remote regions
- impact of stigma on help-seeking, presentation patterns and adherence to care
- implications of isolation and lack of access to mental health resources.

4.7.2 Mental health issues in rural and remote areas

The registrar will be able to discuss 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.

5. 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.
- *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 Rural and Remote Medical Education Online (RRMEO) and other sources.

6. Supervision and Support

Appropriate supervision and support arrangements are particularly important for registrars undertaking their Advanced Specialised Training in mental health. This will involve specific medical, cultural, professional and personal support and supervision.

This will include:

1. *Primary supervisor* – a local ACRRM accredited clinical supervisor who may, or may not, work in the same organisation as the registrar and assists with the clinical aspects of the registrar's practice. The supervisor should be a rural doctor who can put specialist information into community-based context.
2. *Specialist supervisor* – a psychiatrist or other mental health specialist who will support the primary supervisor and who may contribute to development of the registrar's learning plans.
3. *Mentor* – a person who is working, or has worked in a similar situation, and who provides pastoral care and opportunities to debrief or act as a sounding board about cultural or personal issues. This may be the same person as the primary supervisor.

7. 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.

Registrars 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
- *Formative mental health project* – a substantial project approximately 1500–2000 words in length or equivalent amount of work, fulfilling the criteria outlined below. The project must be submitted to ACRRM to demonstrate satisfactory completion.

Summative tasks:

- *Summative mental health supervisor feedback reports* – at 12 months
- *Summative mental health mini Clinical Evaluation Exercise (miniCEX)* – 9 mental health consultations

7.1 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 and this information and send to the College.

7.2 Mental health project

The mental health project is a formative task designed to guide the registrar's learning. The topic and format of the project must be prospectively approved by the registrar's supervisor and medical educator. The completed project must be submitted to ACRRM to demonstrate satisfactory completion.

The project must:

- address key learning objectives from the mental health AST curriculum
- demonstrate the registrar's 'in depth' understanding of the mental health issue(s) involved including the relevant literature
- explore issues relevant to population health, Aboriginal and Torres Strait Islander health, professional, legal and ethical practice, and the rural and remote context (i.e. domains 4 to 7)
- include a piece of written work.

The options for this project include but are not limited to:

- a set of 3 case commentaries, each 500–700 words in length, each discussing a complex case encountered by the registrar, and each dealing with a different clinical content area
- development of a funding or accreditation submission
- a clinical audit of practice against protocols,
- a research project
- submission and acceptance of an article for publication in a peer-reviewed journal
- a poster presentation or PowerPoint presentation.

7.3 Mental health miniCEX

The mental health mini Clinical Evaluation Exercise (miniCEX) is a practice-based assessment where a medical practitioner observes the registrar in his/her regular practice environment with his/her regular patients.

The formative miniCEX is to guide the registrar's learning and the summative exercise is to assess the registrar's clinical competence. The formative miniCEX can be performed by the supervisor or other medical practitioner and requires observation and feedback on a minimum of five patient consultations. The summative miniCEX is undertaken by an ACRRM appointed examiner. The examiner observes nine patient consultations and rates the registrar against six competencies:

1. communication skills
2. history taking
3. physical examination
4. clinical judgment/clinical management
5. rural and remote context/organisation/efficiency
6. overall clinical competence.

The registrar must also meet mandatory requirements for history taking and physical examinations.

8. Useful Resources

- Rural and Remote Medical Education Online (RRMEO) – www.rrmeo.org.au
- Oxford Textbook of Psychiatry
- John Davies. A Manual of Mental Health Care in General Practice – also online at www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-mangp-toc
- <https://www.ontrack.org.au/web/ontrack/programs> – consumer self-management programs.
- www.cci.health.wa.gov.au/resources/doctors.cfm – CBT resources
- www.beyondblue.org.au/index.aspx – consumer support and information
- www.youthbeyondblue.com – youth-focussed consumer support and information
- www.ehub.anu.edu.au – a collection of consumer self-help resources, professional resources, and research information
- www.sane.org – particularly useful for patient information
- www.headspace.org.au – consumer information and resources.

9. 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 registrars, supervisors, employers, medical educators from the regional training providers 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.

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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