How HealthPathways can help GPs navigate the mental health system.

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About HealthPathways

• A online portal designed for GPs and written by a local team of GP clinical editors.

• Regularly reviewed and updated with new clinical guidelines.

• Workshops held between hospitals, specialists, GPs and consumers to optimise care pathways.
We have now completed 500 localised pathways!

You can get involved by attending workshops of interest to you, our educational events or providing us with feedback 😊

Next workshop: Transgender Health and Gender Diversity (Aug/Sept 2019)

Register at waproject.healthpathways.org.au/Events.aspx
Bipolar Disorder

This pathway is about bipolar disorder in adults.

Assessment

Making the diagnosis

The diagnosis of bipolar disorder is complex, can be time-consuming, and is ideally made by a psychiatrist.

Consider the phase and type of bipolar disorder:

- **Acute mania or hypomania**
- **Acute bipolar depression**
- **Mixed episode**
- **Rapid cycling**

Acute assessment
1. Acute mania is often a medical emergency as the patient is at risk of causing damage to relationships, work, or financial situation. Advise the patient to consider taking time off work and avoid socialising while unwell, to preserve reputation and reduce stimulus.

2. If the patient is at risk and lacking insight, consider non-voluntary hospital admission for assessment. See the Mental Health Act Amendment 2015.

**New Mental Health Act forms**

- Form 1A – Referral for examination by a psychiatrist (valid for 72 hours).
- Form 1B – Variation of the above referral
  - May be used to change the place of examination, or
  - in non-metropolitan areas, extend a Form 1A by a further 72 hours.
- Form 3A – Detention Order
  
  If a patient needs to be detained for up to 24 hours, to enable the examination.

- Form 3B – Continuation of a detention order
  - Up to a total of 72 hours, or
  - 144 hours in non-metropolitan areas.

- Form 4A – Transport Order
8. If safe to manage in the community, manage according to the patient's stage of illness:
   - Acute mania or hypomania management

   General principles:
   - If onset of acute manic episode, stop any antidepressant medication.
   - First-line treatment options:
     - Olanzapine – initially 5 mg orally at night, increasing to 10 mg (30 mg maximum).
     - Risperidone – initially 0.5 to 1 mg orally at night, increasing to 2 mg (6 mg maximum).
     - Patients usually require a mood stabiliser. Mood stabilisers take about 1 week to work, and approximately 3 months to take full effect.

   Consider using an adjuvant e.g., antipsychotics or benzodiazepines, to calm, treat psychosis, and manage sleep difficulties whilst the mood stabiliser takes effect.

   Mood stabiliser options:
   - Lithium
   - Sodium valproate
   - Carbamazepine

   Adjuvant options:
   - Benzodiazepines
   - Antipsychotics

   Lithium
   See lithium carbonate – note that brands are not interchangeable as they have differing strengths.
   - Avoid in pregnancy – if required, request obstetric medicines advice.
   - Acute – start 750 mg to 1000 mg a day, divided into 2 to 3 doses or a single dose at night.
   - Usual range when stable is 400 mg to 1200 mg.
   - Aim for serum drug levels of 0.6 mmol/L to 0.8 mmol/L. Measure levels 5 days after dose change or initiation.
   - Levels are measured 10 to 14 hours after the dose.

   Follow-up
   - Monitor:
Adult Community Mental Health Services

1. If existing or former patient, address the referral to their case manager (if the case manager's details are known).

2. Refer using telephone, fax, letter, or electronic referral form.

3. Select your local service. See list of suburbs – North Metropolitan Community Mental Health Catchments.
   - City East Community Mental Health Service

City East Community Mental Health Service (CECMHS)

Initial assessment, care planning, and case management.

Location – 70 Murray Street, Perth WA 6000.

- Phone (08) 9224-1720
- Fax (08) 9224-1702

Opening hours:
- Monday to Friday, 8.30 am to 4.30 pm
- After hours, phone Mental Health Emergency Response Line.
Attention Difficulties in Children
Alcohol and Drugs
Anxiety in Adults
Mild to Moderate Anxiety Management for Adults
Severe Anxiety Management for Adults
Medications for Moderate or Severe Anxiety in Adults
Bereavement
Bipolar Disorder
Borderline Personality Disorder
Deliberate Self-harm
Depression in Adults
Mild to Moderate Depression Management for Adults
Severe Depression Management for Adults
Medications: Depression in Adults
Eating Disorders
Anorexia Nervosa
Binge Eating Disorder
Bulimia Nervosa
Pica
Eating Disorders Requests
Metabolic Syndrome
Physical Health Check for Mental Health Patients
Pregnancy and Post-partum Mental Health
Perinatal Mental Health
Medications for Depression and Anxiety (Pregnancy and Breastfeeding)
Perinatal Mental Health Services
Supports for Perinatal Depression and Anxiety
Mothers and Babies Practical Support
Psychosis
Suicide Risk
Suicide Prevention Services
Suicide Support Services
Mental Health Act
Mental Health Requests
Acute Mental Health Assessment (seen within 30 days)
Acute Child Mental Health Assessment
Non-acute Mental Health Assessment (seen within 60 to 90 days)
Mental Health Advice
Alcohol and Drug Treatment Requests
Child and Adolescent Mental Health Services
Eating Disorders Requests
Family and Carer Support
Family Therapy Requests
First Episode Psychosis Programs
Mental Health Community Support
Adult Mental Health Respite Care
Mental Health Treatment Plan (MHTP)
Mothers and Babies Practical Support
Online Mental Health Therapy for Adults
Online Mental Health Therapy for Children and Youth
Perinatal Mental Health Services
Suicide Prevention Services
Suicide Support Services
Supports for Perinatal Depression and Anxiety
Youth Mental Health Services

HealthPathways for Mental Health
Accessing HealthPathways
wa.healthpathways.org.au

Username: connected
Password: healthcare

Events and Workshops
waproject.healthpathways.org.au