

**Clinical Guideline for the diagnosis and management of work-related mental health conditions in general practice (Final Draft, August 2018):  
Methodological and Expert Review Comments**

Mandatory Requirements				
No.	Requirement	Methodological Reviewer Comments	Suggested Action	Developers Response (October 2018)
1	<b>B.4 Guideline population</b>	Search terms in the literature reviews included age groups 13-18 years (and individuals aged 80 years and over) for several of the clinical questions, however there is no reference in the guideline to the applicability of the recommendations to adolescents. This is relevant mostly in the care of 16-18 year-olds, who may be employed and suffer a work-related mental health condition. We recommended that the age rang to which the guidelines apply is clearly stated, as diagnostic and management issues are different for those under 18 years. This is also relevant to the use of self-report questionnaires, which may not have been validated for an adolescent population.	Please consider and address this comment in the guideline.	<p>A. This guideline is relevant for people of all ages who present in general practice with a potential work-related mental health condition. P 23 of the guideline states <i>“This guideline addresses the mental health conditions of depression, anxiety, adjustment disorder, posttraumatic stress disorder and substance use disorder in all people who present in general practice with a possible work-related mental health condition.”</i></p> <p><b>Added text Chapter 3, p24:</b>A new ‘Guiding principle’ has been added as follows:</p> <p>“The GP should ensure that young people receive appropriate care throughout recovery, and should work with the patient and relevant others to determine how best to provide this care.</p> <ul style="list-style-type: none"> <li>• The <a href="#">Guidelines for adults on how to communicate with adolescents about mental health problems and other sensitive topics</a><sup>1</sup> state that “each adolescent’s needs are different and decisions should be made according to what is believed to be in the best interests of the adolescent.”</li> <li>• The guidelines <a href="#">Communicating with an Aboriginal or Torres Strait Islander Adolescent: Guidelines for being culturally appropriate when providing mental health first aid</a><sup>2</sup> emphasises the importance of being aware of the impacts of culture and history including “Social, cultural and historical factors all have an impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. You should be aware of the adolescent’s cultural background, local cultural norms and the hierarchy of decision making power within their community. It is important to recognise that there are cultural differences among Aboriginal and Torres Strait Islander communities.”</li> <li>• The guidelines <a href="#">Depression in children and young people: identification and management</a><sup>3</sup> provide recommendations for appropriate management of depression in adolescents.</li> </ul>

B. The tools included in the guideline have been validated for adults but not young people. We found no screening tools for the detection of mental health conditions in young people that have been validated in the general practice setting.

P43 states *“The tools recommended here are feasible for a general practice setting, as they do not require specialist mental health training for their administration or analysis, and can be completed in an extended consultation. These tools can be used by the GP to rule out mental health conditions and to structure the clinical conversation. When assessing a patient with symptoms of a mental health condition, be alert for suicidal ideation.”*

P44 states *“There is limited information about the cultural appropriateness of the recommended screening tools and the comprehensive mental health assessment for use among the Aboriginal and Torres Strait Islander population and culturally and linguistically diverse individuals who may present with work-related mental health conditions. Therefore, individuals with complex mental health needs and who are from culturally and linguistically diverse backgrounds are the most likely to be at risk of misdiagnosis.*

*A GP should take into account cultural and language considerations when making a diagnosis, including exploring the meaning of illness and health to each individual patient<sup>31</sup>. To this end, it is recommended that GPs use experienced interpreters where possible, including telephone interpreters, or cultural consultants as translators<sup>32</sup>.”*

**Added text Chapter 5, Additional points for consideration, p44:**

“There is limited information about the appropriateness of the recommended screening tools and the comprehensive mental health assessment for use with young people who may present with work-related mental health conditions. Therefore, young people are at a risk of misdiagnosis.

A GP should take into account personal, social and environmental factors that can impact on a young person’s risk of a mental health condition. GPs

should refer to the [Depression in children and young people: identification and management](#)<sup>3</sup> to assist in making a diagnosis of a mental health condition in young people. If a GP is experiencing difficulties in diagnosing a condition in a young person they should seek advice from a specialist, such as a paediatric clinical psychologist and consider referring the patient to such a specialist without delay.”

**Edited text Chapter 5, When to refer the patient, p43:**

Original text:

Use of the tools described here is dependent on a GPs judgement and clinical expertise. If a GP is experiencing difficulties in diagnosing a condition, they should seek the advice of a specialist mental health clinician such as a clinical psychologist or psychiatrist, and consider referring the patient to such a specialist without delay.”

Revised text:

Use of the tools described here is dependent on a GPs judgement and clinical expertise. If a GP is experiencing difficulties in diagnosing a condition, they should seek the advice of a specialist mental health clinician such as a clinical psychologist, **paediatric clinical psychologist** or psychiatrist, and consider referring the patient to such a specialist without delay.”

**Added text Chapter 5, Useful resources, p44:**

- [Depression in children and young people: identification and management 2017 NICE](#)<sup>3</sup>

**Added text Chapter 8, Useful resources, p68:**

- [Guidelines for adults on how to communicate with adolescents about mental health problems and other sensitive topics 2013 Fischer et al.](#)<sup>1</sup>
- [Communicating with an Aboriginal or Torres Strait Islander Adolescent: Guidelines for being culturally appropriate when providing mental health first aid 2014 Chalmers et al.](#)<sup>2</sup>

**Added text Chapter 9, Useful resources, p78:**

- [Depression in children and young people: identification and management 2017 NICE<sup>3</sup>](#)
- [Guidelines for adults on how to communicate with adolescents about mental health problems and other sensitive topics 2013 Fischer et al.<sup>1</sup>](#)
- [Communicating with an Aboriginal or Torres Strait Islander Adolescent: Guidelines for being culturally appropriate when providing mental health first aid 2014 Chalmers et al. <sup>2</sup>](#)

**Chapter 15 p116**

Original text:

**Culturally and linguistically diverse populations and people living in rural and remote Australia**

Of great importance, we note that there is an absence of high-quality research that focuses on outcomes for culturally and geographically diverse populations in Australia. In particular, although our evidence review search strategies were broad, we did not identify any studies that focused on mental health conditions and work in the general practice setting for Aboriginal and Torres Strait Islander populations, people living in rural and remote Australia, or culturally and linguistically diverse populations in Australia. These groups should be given high priority for research within the aforementioned topic areas.

To support the research areas outlined here, funding bodies might consider specific calls for research that address these issues.

Revised text:

**Young people, culturally and linguistically diverse populations, and people living in rural and remote Australia**

Of great importance, we note that there is an absence of high-quality research that focuses on outcomes for young people and culturally and geographically diverse populations who seek care for work-related mental health conditions in general practice. In particular, although our evidence review search strategies were broad, we did not identify any studies that focused on mental health conditions and work in the general practice setting for young people, Aboriginal and Torres Strait Islander populations, people living in rural and remote Australia, or culturally and linguistically

				diverse populations in Australia. These groups should be given high priority for research within the aforementioned topic areas. To support the research areas outlined here, funding bodies might consider specific calls for research that address these issues.
2	<b>B.4 Guideline population</b>	Although there is reference to “working age people” on page 20, there are no explicit inclusion/exclusion criteria mentioned. The legal age of employment in Australia is typically 13 years, therefore this is relevant in the case of adolescents (13-17yrs) who could be employed and suffer a work-related mental health problem but where assessment, diagnosis and treatment issues may vary from adults.	Please clarify guideline population age range and target population for recommendations as suggested.	This guideline is relevant for people of all ages who present in general practice with a potential work-related mental health condition.
3	<b>D.7 Evidence debate</b>	There is no discussion of points of disagreement among members of the Guideline Development Group as such. Statements are made that indicate the Group collectively decided to present information in a certain way e.g. “The Group did not feel confident in including the factor...” (p.106).	The reviewer has interpreted comments in the guideline as referring to major debate. If this is correct please consider adding comments where the guideline development group disagreed.	The guideline development group reached consensus on all decisions. The majority of disagreement, including the example on page 106 referred to disagreement with the literature, which has been included in the subsections titled “Issues to consider when assessing the evidence” and “Additional points of consideration”.
4	<b>F.3 Consultation</b>	There is no indication of consultation with the Director-General, Chief Executive or Secretary of each state. However, the consultation process was comprehensive and far-reaching (see F4), so this requirement is not critical.	Please confirm that the Director-General, Chief Executive or Secretary of each state or territory health department was	The Director-General for the states of South Australia and the Northern Territory were invited to comment on the draft guideline. The Director-General, Chief Executive or Secretary of each state and health department will be invited to comment on the implementation of the guideline.

			invited to make comment on the guideline.	
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[1] Fischer JA; Kelly CM; Kitchener BA; Jorm AF. 2013. Development of guidelines for adults on how to communicate with adolescents about mental health problems and other sensitive topics: A Delphi study. *Sage*. 1-15. <http://journals.sagepub.com/doi/pdf/10.1177/2158244013516769>

[2] Chalmers KJ; Bond KS; Jorm AF; Kelly CM; Kitchener BA Williams-Tchen AJ. 2014. Providing culturally appropriate mental health first aid to an Aboriginal or Torres Strait Islander adolescent: development of expert consensus guidelines. *International Journal of Mental Health Systems*.

**8:6.** <https://ijmhs.biomedcentral.com/articles/10.1186/1752-4458-8-6>

[3] National Collaborating Centre for Mental Health for the National Institute for Health and Clinical Excellence. 2017. *Depression in Children and Young People: Identification and management in primary, community and secondary care*. The British Psychological Society & The Royal College of Psychiatrists. Great Britain.