

Submission to:

Senate Community Affairs Committee

**Commonwealth Funding and Administration of Mental Health Services
Inquiry**

Submission focus:

**Viability of a model of effective, integrated, primary
mental health service delivery in a rural setting**

From:

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Viability of a model of effective, integrated, primary mental health service delivery in a rural setting

This submission is written with the aim of increasing awareness and understanding of:

- Challenges associated with rural primary mental health service delivery,
- Benefits of an integrated accessible, efficient and quality assured model of care
- Ongoing threats to the sustainability of this model from funding insecurity

In particular this submission is a petition for the development of a Commonwealth funding model for primary mental health service delivery that is sustainable and that encourages efficient and quality assured service provision and workforce security.

Challenges in rural primary mental health service delivery

Primary care reality is that up to 60% of people attending primary care clinics have a diagnosable mental disorder. The successful integration of mental health services into primary care has been the goal and challenge of countries across the world. Depression was the fourth largest contributor to the global disease burden in 1990, and is expected to be the second largest by 2020 (WHO, 2003). Further, large gaps exist between available mental health resources, and the demand for these resources (WHO, 2001c).

These disparities are compounded in rural areas where workforce shortages are more pronounced and services may be a considerable distance from available service providers. Uptake of those services that are available can be further compromised by stigma, rural stoicism, negative attitudes to mental health services, lack of anonymity and fears of confidentiality breaches. Drought, bushfires and flooding have put further financial and social pressure on affected rural communities. Many communities have experienced cumulative impact from a sustained series of natural disasters.

In rural North East Victoria an innovative, model of integrated primary mental health service delivery has been developed in response to these issues. The **Integrated Primary Mental Health Service** provides free, accessible, non-stigmatized mental health services in the client's usual primary care settings. The service, in recognition of particular rural access difficulties has also developed the capacity to outreach to clients who unwilling to access primary care services.

Benefits of an integrated accessible, efficient and quality assured model of care

The Integrated Primary Mental Health Service Model of rural primary mental health care

The Integrated Primary Mental Health Service (IPMHS) is a formalised service partnership between the **Northeast Victorian Division of General Practice** and **Northeast Health Wangaratta**. The service currently receives funding from three initiatives which are similar in intent:

- *Victorian Primary Mental health and Early Intervention Initiative*,
- *Access to Allied Psychological Services* component of the *Commonwealth Better Outcomes in Mental Health Initiative* and the
- *Commonwealth Mental Health Services in Rural and Remote Areas Measure*.

Since 2003, the IPMHS has undertaken the challenge of integrating mental health services into primary care, creating a readily negotiated primary mental health care system through strong inter-sector partnerships, attention to consumer and primary care provider feedback, building of dual diagnosis capability and the valuing and support of the service's employees. Mental health clinicians directly employed by the IPMHS provide a comprehensive blend of GP and home based direct care, secondary consultation, professional and community education and mental health promotion services for the region. Care is provided in an accessible local environment that minimises social stigma.

Also forming part of the IPMHS are the *Families of Parents with a Mental Illness Service*, the widely recognised *Eastern Hume Dual Diagnosis Service* and a dedicated perinatal mental health service. The latter service was recently used by Victorian Department of health as the template model for the roll-out of perinatal mental health services across Victoria (Judd et al, 2011).

The IPMHS recognises that its employees are the key to operational sustainability. The service has recruited a strong team with backgrounds in psychology, mental health nursing and social work. A team psychiatrist provides clinical reviews in a multidisciplinary team setting, and provides primary and secondary consultation for referring general practitioners.

The IPMHS is committed to creating a positive and optimistic workplace culture and environment where the individual needs of employees are recognized and respected. There is ongoing encouragement and support for maintaining work-life balance, and clinical supervision and professional development is supported. In real terms, this means offering flexible work practices, encouraging clinicians to set their own pace clinically, providing opportunities for staff to review and improve self care strategies, and being responsive to changed clinical needs, e.g., adjusting practice hours to meet changing need.

Key achievements of the IPMHS – efficiency, quality assurance, access and employee support.

Efficiency

- IPMHS has successfully integrated mental health services into primary care. The WHO has described successful integration as *'the most viable way of ensuring that people have access to the mental health care they need'* The WHO also states that this model *'generates good health outcomes at reasonable costs'* (Chan, van Weel, 2008).
- Direct referral of clients. As described in the 'Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program Eighth Interim Evaluation Report': *'Projects implementing direct referral systems are tending to achieve greater levels of consumer outcomes. In addition, there were non-significant trends toward employment of allied health professionals being predictive of greater consumer outcomes and delivery of services from allied health professionals' own rooms being predictive of lesser consumer outcomes.'* (Dept. of Health & Ageing, 2006)
- Cost per session for the Access to Allied Psychological Services Component of the IPMHS has been \$120 - \$130 over time. This compares favourably with other Access to Allied Psychological Services projects where costs per session range of \$57 to \$631. Note also that the IPMHS model costing includes clinical supervision, team clinical review processes and ongoing professional development.
- Recruiting and retaining a highly skilled multidisciplinary team in a rural area.
- Average wait for service is 28 days, reflecting the high service demand and wait list management strategies.

Quality Assurance:

- IPMHS service delivery is built around a model of weekly multidisciplinary clinical review with team psychiatrist. This review ensures clinical practice accountability, learning and support and quality assurance – factors which may be more difficult to incorporate in the private practitioner model. The multidisciplinary nature of the team provides access to the variety of adolescent, older adult, dual diagnosis, perinatal and family focused specialist expertise within the team.
- The IPMHS clinicians enter clinical notes directly into the client's file at the primary care setting. This ensures that the notes are immediately accessible to the general practitioner- ensuring in-built, optimum care communication and coordination.

- Consistently strong positive consumer outcomes, as measured by client and clinician rated health outcome measures.
- Consumer participation through direct employment, participation in staff selection and policy development and through ongoing satisfaction surveys.
- Consistently high levels of client, staff and primary care provider satisfaction, as measured by ongoing client satisfaction survey, and annual staff and GP satisfaction survey.
- Bi-annual chart auditing to ensure record keeping is of high standard.
- Access to psychiatrists is particularly limited in Northeast Victoria. The IPMHS team psychiatrist provides direct and consultative support to both the IPMHS clinicians and general practitioners.

Access

- Private practitioners supplying Better Access services are limited in the Northeast of Victoria. Additionally, many clients find the co-payment prohibitive. IPMHS clinical services are provided at no cost to clients.
- IPMHS clinicians outreach to all areas of the catchment, ensuring that services are provided close to home, with least interference to the client's daily activities, in a service setting of their choice. IPMHS clinicians are co-located in 26 regional general practices and 2 community health centres.
- A home based outreach for difficult to access clients (such as isolated male farmers and women in the postnatal period) is provided.
- A mobile outreach service is provided to facilitate access for difficult to engage groups, such as isolated male farmers.
- IPMHS has delivered *Mental Health First Aid* programs across rural and remote communities for the past 7 years. These programs raise community awareness of mental health issues, increase confidence in supporting people with mental health problems, and reduce stigma. More than 2,000 participants have completed this program locally.

Ongoing threats to the sustainability of this model from funding insecurity

Since IPMHS commenced in 2003, Commonwealth funding has been for 3-year periods. The current funding round is only for a 12-month funding period. Funding is not routinely increased to cover increased salaries, travel and administration costs.

The static nature and short term time frames of the funding models lead to insecurity in a body of skilled multi-disciplinary mental health workers. In a rural setting teams of this calibre are a rarity that should be valued. Central efforts should be made to support the retention of these valuable, hard to recruit workers.

The IPMH service has been acclaimed as an '*island of excellence*' by the then chairman of the National Mental Health Advisory Council. The service is highly valued by clients, staff and primary care providers but, at the same time, there is a sense among staff of not being recognised or valued by the funding body.

Recommendations

1. The IPMHS has, since 2003 provided effective, quality care for primary mental health clients. The effectiveness of the model has been proven through external evaluation. We recommend that the Commonwealth examines, replicates and adequately funds such primary mental healthcare models.
2. Primary care providers are critical to primary mental health care. We recommend that
 - the Commonwealth recognises and adequately remunerates general practitioners for their role
 - the Commonwealth further develops a flexible referral system which does not restrict client access.
3. The growth of the *Better Outcomes in Mental Health Initiative Access to Allied Psychological Services* program and the *Mental Health Services Rural and Remote Areas Measures* have clearly demonstrated their value in improving the mental health of Australians. We recommend that the Commonwealth provide predictable, long term funding to these programs, with routine increases in annual funding.

References

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