

Primary Mental Health Care Symposium

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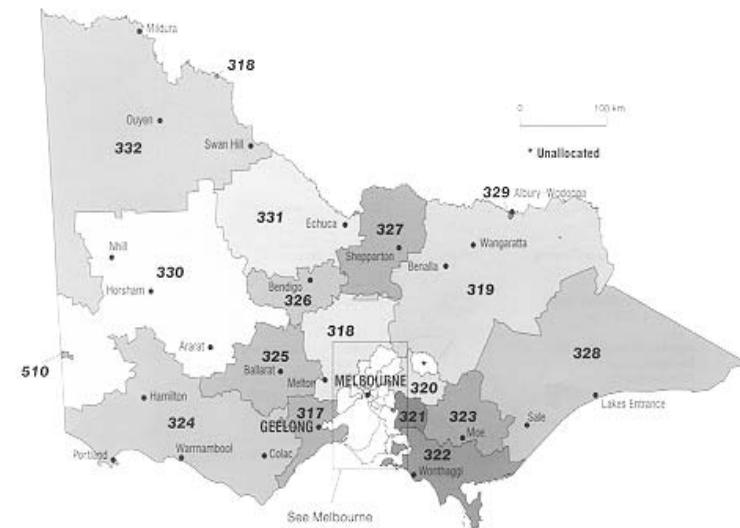
Mental Health Development and Liaison Officer

Victoria



Victorian Divisions

- Approx 5500 GPs
- 30 Divisions - 15 rural, 15 metropolitan
- GP membership varies - 450 GPs (Melbourne DGP) to 60 GPs (Mallee)
- Geographic area - 100,000 sq kms (Mallee) to 69 sq km (Monash)
- 23 Divisions have MH programs



State Primary Mental Health Teams

- PMHTs introduced in 2001/2002
 - support Primary Mental Health care agencies/staff including GPs
 - attached to 21 AMHS - fundholders
 - mixed reports of success to date
- Primary Care Partnerships
 - co-ordinate state health and community services for referral, planning, project implementation
 - AMHS not key players

Achievements – NPMHCI & BOiMHC

- 6 Education & training projects delivered by Divisions
- 7 Divisions funded for Peer Support projects
- 66 Familiarisation training sessions
- 83 Level 1 training sessions
- 661 (12%) GPs registered for Level 1
- Statewide GP-MH Reference group
- Quarterly Divisional MH Network meetings
- 15 Divisions involved in AH projects

Outcomes of NPMHCI + BOiMHC

For GPs:

- Enhanced access to education & training
- Peer support
- Increased capacity to refer to allied health
- Via SBO, representation to C'wealth & State
- Increased importance of mental health across primary care and other sectors

Outcomes of NPMHCI + BOiMHC

For Divisions:

- Created capacity for GP engagement in MH
- Enhanced capacity to deliver GP education & training
- Promoted MH to CEOs & Boards
- Provided opportunities for cross-sector partnerships
- Facilitated integration of MH with the CDI

Success Story - Allied Health projects

Round 1 Divisions

- Dandenong/GSE- voucher model across private and public AH providers
- NW Melbourne - stepped model with PMHT triage
- Knox - vouchers for CBT sessions
- Gippsland - on referral to private/public AH providers
- Bendigo - psychiatric nurses on site + psychologist supervision/treatment

Success Story - Allied Health projects

- Establishment of direct service
- Appropriate referrals with continuity of care
- Partnership with local AH providers
- Greater understanding of GP role in PMHC
- Positive patient feedback
- Positive GP feedback, bar paperwork

“The Nightmare Vision”

C'wlth/State parallel (competing?) AH programs :

- GP confusion re referral pathways for MAHS, AH providers, and PMHT clinicians
- Divisions involved in separate evaluation and data collection
- Potential for cost shifting
- Test site: combined service and pooled income (NE Vic)

Priorities for divisions

- Sustained funding
- Enhanced capacity to support integrated MH programs
- Reach – To overcome distance and demographics via e-health, outreach etc.
- Partnerships with AMHS/state services

Priorities for PMHC Reform

- A PMHC “system” via C’wlth/State negotiation and funding
- Psychiatric support/access- esp.rural
- Long-term plan for MH education/training at registrar level and continuing education
- Workforce distribution
- Practice nurse involvement
- Consumer expectations/access