

Better Outcomes in Mental Health Care Initiative

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Chair

Better Outcomes Implementation
Advisory Group

Guiding policy developments

A decade of evolution

- 1992: National Mental Health Strategy
- 1996: McKay report: specialist psychiatry workforce
- 1997: National Mental Health Survey
- 1997: JCC Report on Primary Care Psychiatry
- 1998: 2nd National Mental Health Plan: population health framework and primary care sector recognised
- A fusion of mental health and general practice policy: National Primary Mental Health Care Initiative (1999) and Better Outcomes in Mental Health Care (2001)

National Mental Health Strategy

JCC Report on Primary
Care Psychiatry
1998

National Primary
Mental Health Care
Initiative (1999 →)

National Depression
Action Plan

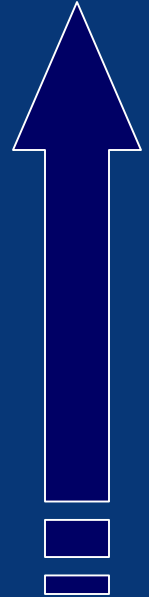
National Depression
Initiative

Australian Burden of
Disease Study

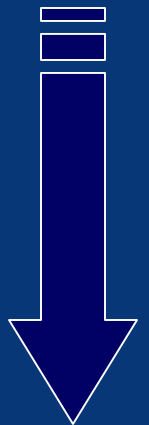
Review of Specialist
Psychiatry Workforce

Better Outcomes in
Mental Health Care

Federal Budget
2001-2002



General Practice Strategy



GP Perspective: where *do* people go for help?

- Around 90% visit the GP \geq once a year
- 1 in 5 Australians - mental health disorder
- < 40% with mental health problems seek professional help.
- 75% from a GP
- In 2000-01, \approx 11 million visits to GPs for mental health related conditions

GP Perspective: the nature of care

Mental health cannot be considered in isolation

- Those with chronic medical conditions - a co-morbid mental health disorder
- Mental health disorders - risk factor for physical disease

GP Perspective: the barriers

- Lack of **primary** mental health training
- Inadequate access to specialists
- Inadequate access to other services
- Inadequate remuneration
- Time constraints in general practice

GP Perspective: the *system* we need

- Improves access to **quality** care
- Integrates and promotes **shared care**
- Improves **access and support** by allied health professionals and psychiatrists in the primary care setting

Before *Better Outcomes*

Pre Primary Mental Health Care Initiative (PMHCI) Funding

- Isolated projects
- Lack of sustainability
- Loss of corporate knowledge
- Fragmentation

PMHCI funding

- Few Divisions with MH program officers
- Relationships created
- Partial buy-in from Divisions
 - MH network
 - Other stakeholders

but no ongoing funding commitment

Better Outcomes in Mental Health Care

- **Partnership and collaboration** between
 - Australian government
 - General practitioners
 - Specialists
 - Mental health organisations
 - Consumers and carers
- **Quality** mental health outcomes
- **Continuity** of care

Better Outcomes in Mental Health Care: evidence base

- GP mental health skills-based training results in better patient outcomes

(Kroneke, K et al *Interventions to improve provider diagnosis and treatment of mental disorders in primary care*, Psychosomatics, 2002; 41, 39-52)

- A system that combines primary care with specialist interventions in an integrated way delivers better mental health outcomes

(Katon W & Korff W et al *Collaborative management to achieve treatment guidelines: impact on depression in primary care*, JAMA 1995; 273: 1026-1031)

Better Outcomes in Mental Health Care: components

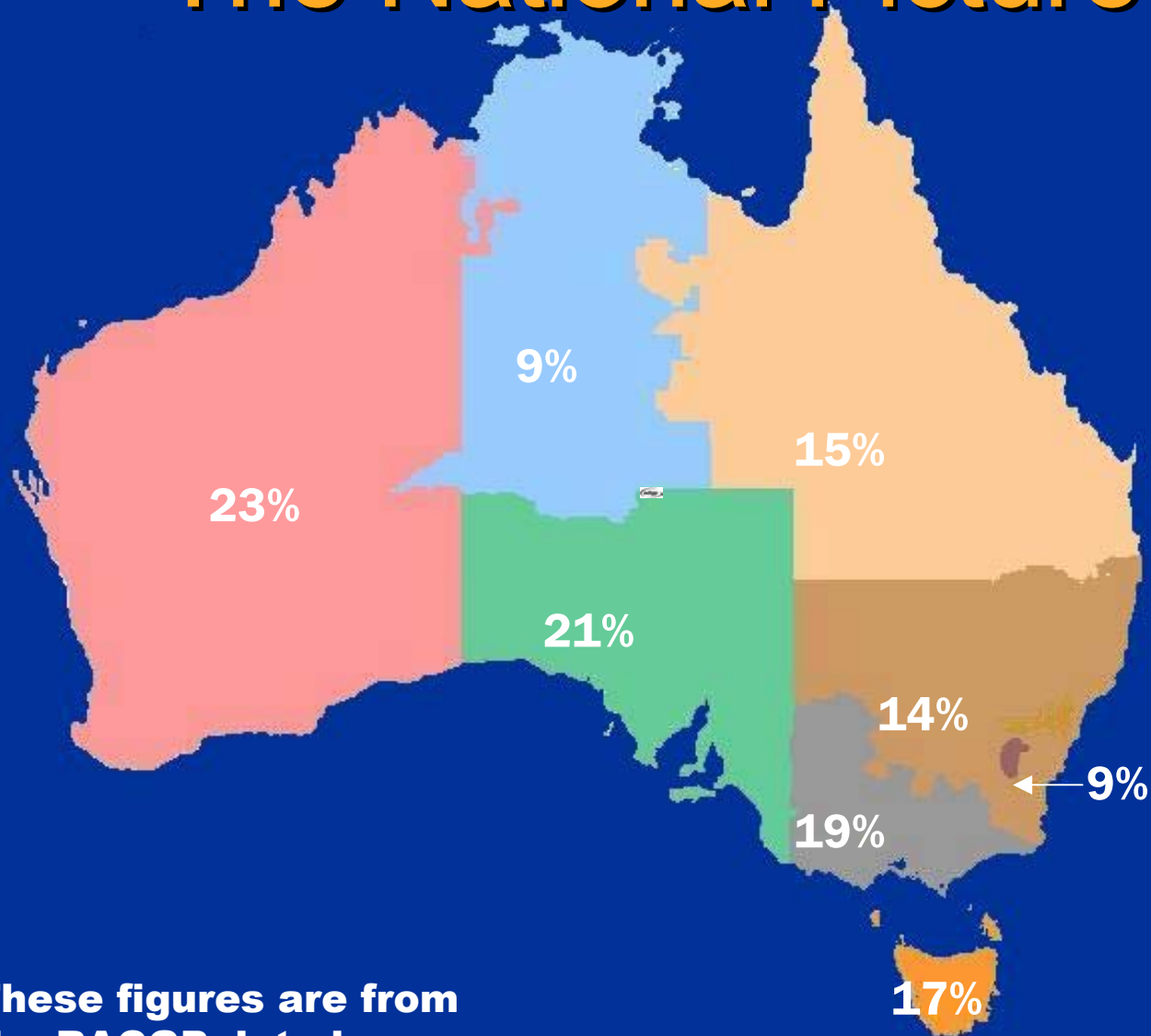
The beginnings of a *system*

- Education and training for GPs
- 3-step mental health process
- Focused psychological strategies
- Access to allied health services
- Access to psychiatrist support

Better Outcomes in Mental Health Care: uptake

- Almost 1 in 6 GPs nationally
- 1 in 4 in some states
- 19% of these GPs - level 2 registered
- 105 allied health services (109/120 Divisions)
- Psychiatry advice in urgent situations: 3 national pilots

The National Picture



**These figures are from
the RACGP data base**

What we have learnt

- Variation in local level support
- Uptake more robust in Divisions with mental health interest, capacity, history, and priority
- NPMHCI vital to keeping mental health on agendas and providing a focal point

Enablers – the supports for the Initiative

- ✓ Epidemiology and population level need
- ✓ Policy mandate
- ✓ Partnerships in program advocacy and development
- ✓ Consumer and carer activism
- ✓ Program design/philosophy: systems orientation
- ✓ Commitment to quality vs. universality

Enablers – the supports for the Initiative

- ✓ Systematic, national implementation
- ✓ Divisions, SBOs and ADGP: key infrastructure and agents of change
- ✓ Allied health component
- ✓ Peer support – incentive funding
- ✓ GP leaders and champions
- ✓ Pharmaceutical industry (training)

Barriers

- × GP workforce, workload, work patterns
- × 'Redtape': administrative burden
- × Training affordability and accessibility
- × Division infrastructure and capacity
- × Financial barriers

Barriers

- × GP champions: 'burn out'
- × Staggered implementation
- × Rural and remote issues
- × Accreditation
- × Privacy considerations

Systems reform needs effective change management

“The quality chasm in health care....trying harder will not work, changing systems will”

(Institute of Medicine, Crossing the quality chasm: a new health system for the 21st century. Washington DC, National Academy Press, 2001)