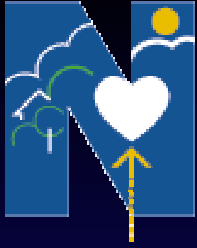


# *‘Northern Wellbeing’*

## *An Allied Health Project*

*Barbara Magin*

*Mental Health Programs Manager*



# Outline of session

Background

Process

Advisory Committee

Project Description

Referral Criteria

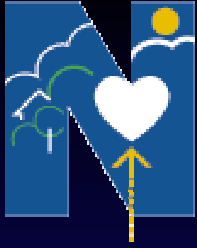
Timeline

Objectives

Outcomes

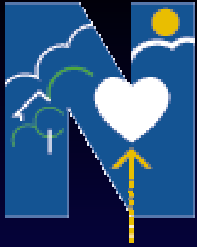
Barriers and Achievements

Model



## Background cont.....

- Early 1990's recognition of the extent of mental health problems in the community became apparent
- Partnerships were developed with local mental health services
- A mental health program was funded by the northern mental health service and the Division to promote 'shared care' for GPs and mental health services

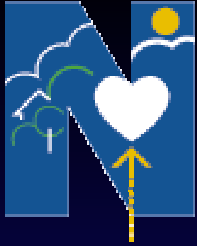


# Background

1995 Shared Care Program was established,

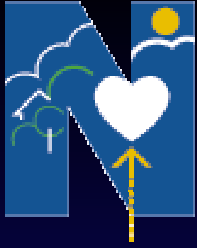
To assist GPs;

- in the early recognition and intervention with their patients with mental health problems
- To provide support to GPs in managing their patients with a mental illness
- To develop education and training programs on mental illness



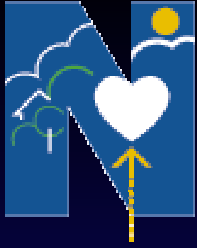
## Background cont....

- A Psychiatrist and Division mental health worker met in GPs surgeries using Enhanced Primary Care item numbers
- Care plan was developed
- Case conference
- Review
- Can be used for assessment, diagnosis or long term management



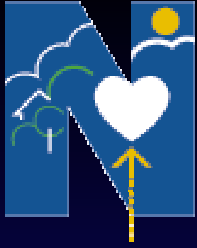
## Background cont.....

- Clinical attachments
- Monthly lunch time meetings
- Liaison with adult mental health services
- CAMHS/GP liaison
- We now have added
  - MindMatters Plus GP Initiative
  - Working with primary schools
  - Suicide Intervention Program



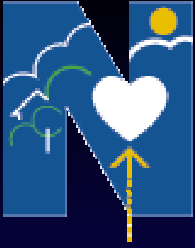
## Next Steps....

- Evidence indicated a need for further development of the mental health program
- Better Outcomes in Mental Health Care Initiative released 2002
- Applied for funding to pilot the allied health project
- Notification of success



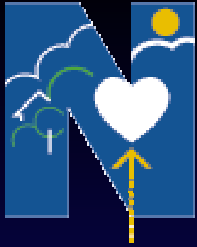
# Process

- Aims
- Advisory committee
- Project Description
- Referral Criteria
- Referral process
- Intervention
- Timeline
- Outcomes
- Types of referrals
- Barriers and achievements



# Aims

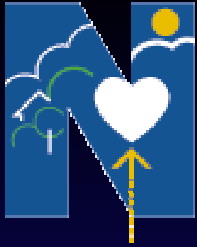
- Enable GPs to access therapeutic services for their patients
- Improve patients' psychological wellbeing
- Improve work satisfaction for primary care providers
- Greater cost-effectiveness in the health care system
- Strengthen collaborative links amongst GPs and allied health stakeholders



# Advisory Committee

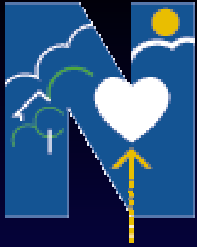
- General Manager of Adelaide Northern Division of General Practice
- Mental Health Programs Manager
- Coordinator employed for Northern Wellbeing
- GP representative
- Senior Psychologist Lyell McEwin Health Service, Mental Health Division
- Mental Health Midwife, Lyell McEwin Health Service, Mental Health Division
- Ass Prof Adelaide University, Department of Psychology and Psychiatry
- GP representative Adelaide University, Department of Psychology and General Practice
- Evaluation Coordinator, University of Adelaide
- Dr Ian Wilson Adelaide University, Department of General Practice
- 3 x Consumer/carer representatives

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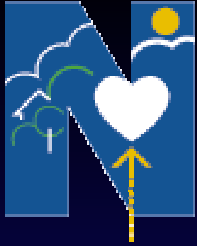
# Project Description

- Expressions of interest was sought from all GPs in the Division
- 15 were identified that was representative of the Division
  - Solos
  - Large practices
  - Rural
  - Urban



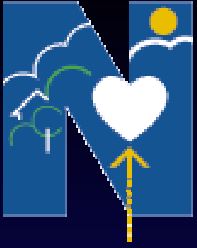
# Project Description

- GPs were required to practice from an accredited site
- All interested GPs were familiarised either in a group format or on an individual basis
- Level 1 training provided
- Referral process developed
- Staff were employed
- Service began



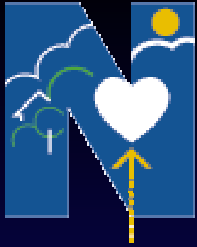
# Original Referral Criteria

- 16 years and above
- Diagnosed with anxiety and/or depression. Includes Obsessive Compulsive Disorder, Social Phobia, Agoraphobia, Specific Phobia, Panic Disorder, Post Traumatic Stress Disorder, Acute Stress Disorder, Generalised Anxiety Disorder, Major Depressive Disorder, grief and loss
- Co-morbid presentation stabilised for period of time (eg, psychosis). Co-morbid medical condition



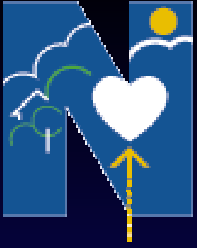
# Exclusion Criteria

- Significant cognitive impairment
- Primary substance abuse problem
- Involved in medico-legal proceedings



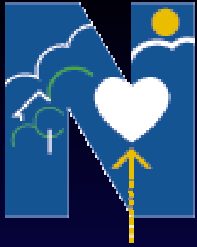
# Referral Process

- GP identifies patient as having a mental health problem and discusses process with patient gaining signed consent
- GP completes assessment (STEP 1) and outcome tool (DASS) with patient and makes another appointment to plan intervention
- GP completes Plan (STEP 2)
- The consent form, assessment, DASS and plan is sent to the Division for processing



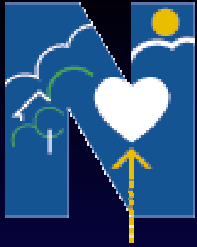
## Referral Process cont....

- Admin person dedicated for 20 hours per week processes referral and makes 1<sup>st</sup> appointment with patient directly
- The surgery is sent a list 2 days prior via Fax of expected patients
- The surgery phones the patient the day before to remind them of the appointment



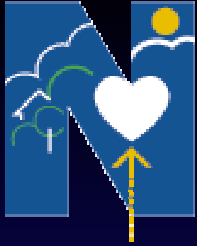
# Intervention

- Provided by mental health clinicians
  - Social workers, cognitive behavioural psychotherapists and psychologists
- Clinicians are allocated regular practices- ie they will attend same practice on the same day each week
- Provide 6 sessions in the first instance using Cognitive Behaviour Therapy
- GP reviews patient (STEP 3)
- Further sessions can be provided if required up to 11 in total



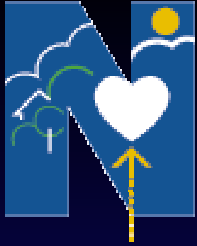
# Timeline

- **July – August 2002** - project set up, recruitment of GPs, familiarisation, level 1 training, recruitment of allied health workers, additional 9-hours educational seminars for GPs on detection and early intervention for mental health disorders
- **September - March 2003**: referrals made, collection of consumer symptom and disability data, services delivered
- **December 2002–May 2003**: Mental health plan reviews and collection of follow-up psychological and disability data, satisfaction data



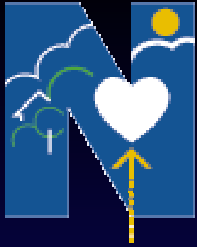
## Timeline cont....

- February 2003- June 2003: Monitoring of HIC data re health service use and costs, ongoing data entry and analysis. Explore meeting the educational needs of GPs and participating stakeholders to extend the benefits of the pilot
- June-July 2003: final report writing



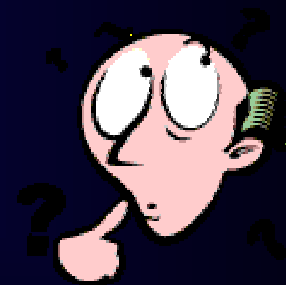
# Outcomes

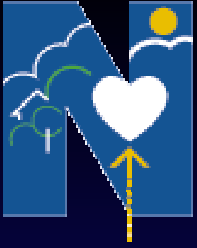
- From Sept 2002- June 2003, 310 referrals were received from 15 practices (28 GPs)
- From July 2003-June 2004, 377 referrals were received from 18 practices (33GPs)



# Types of referrals

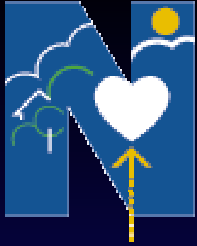
F1-Alcohol	3
F2-Psychotic	0
F3-Depression	377
F4-Anxiety	246
F5-Somatic	4
F-Unknown	0





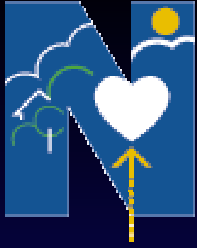
# Barriers

- Administration requirements – need to develop more simplified methods to fulfil the requirements of the Commonwealth Governments administration process.
- Age limitation-need to explore ways to expand the service to include children under 14 years of age and older people



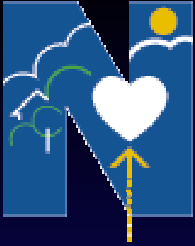
## Barriers cont....

- Funding limitations-The Divisions need to be recognised for the number of patients seen and funded accordingly
- Need to expand the service to include co-morbid drug & alcohol disorders with mental illness
- Problems getting GPs to fill out demographics information

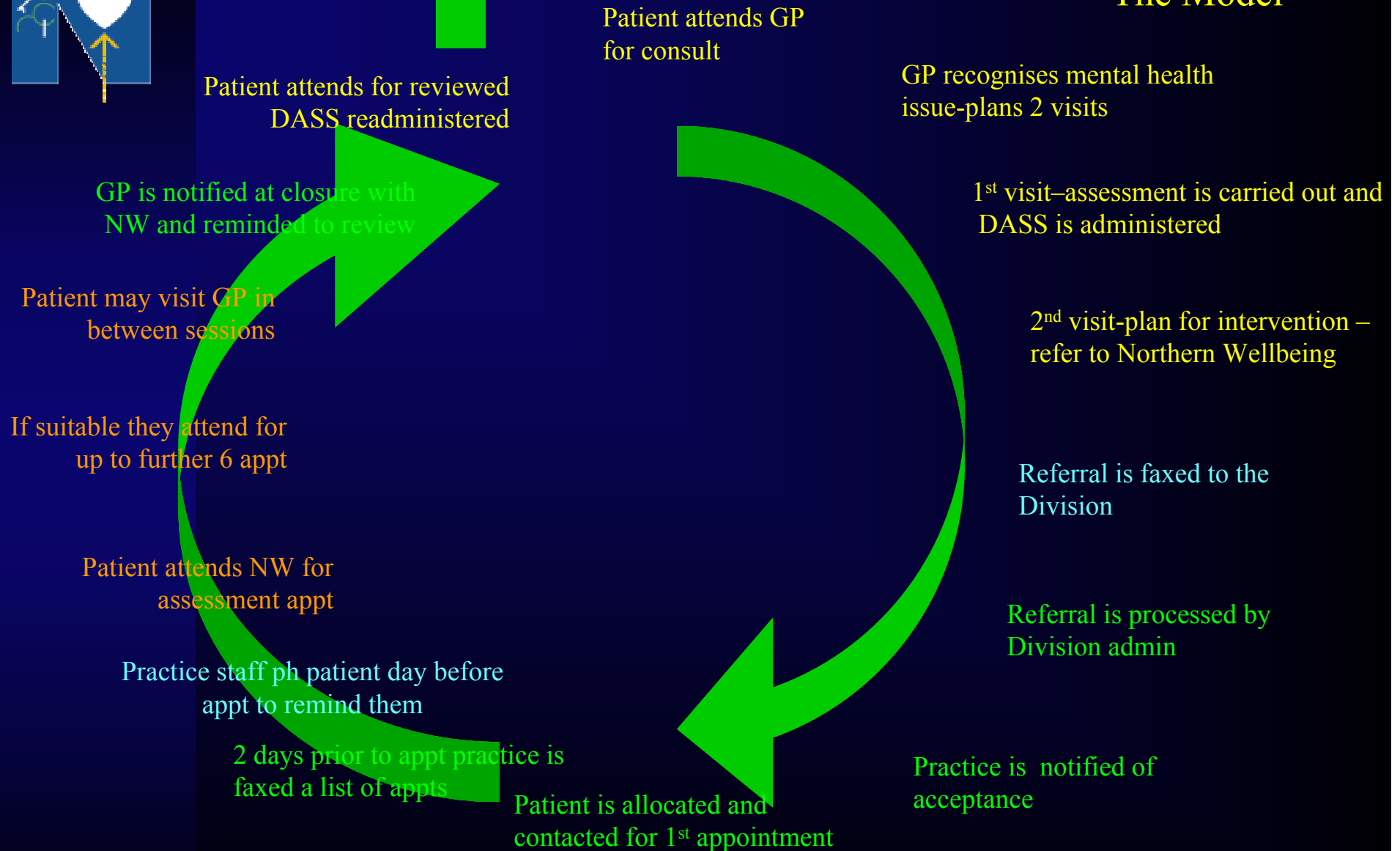


# Achievements

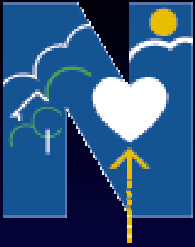
- DASS scores show significant improvements in depression and anxiety symptoms
- GPs and patients report high satisfaction with the service they receive
- GPs report higher confidence in treating patients with a mental illness
- GPs attend mental health CPD sessions more often
- Builds the capacity of practices



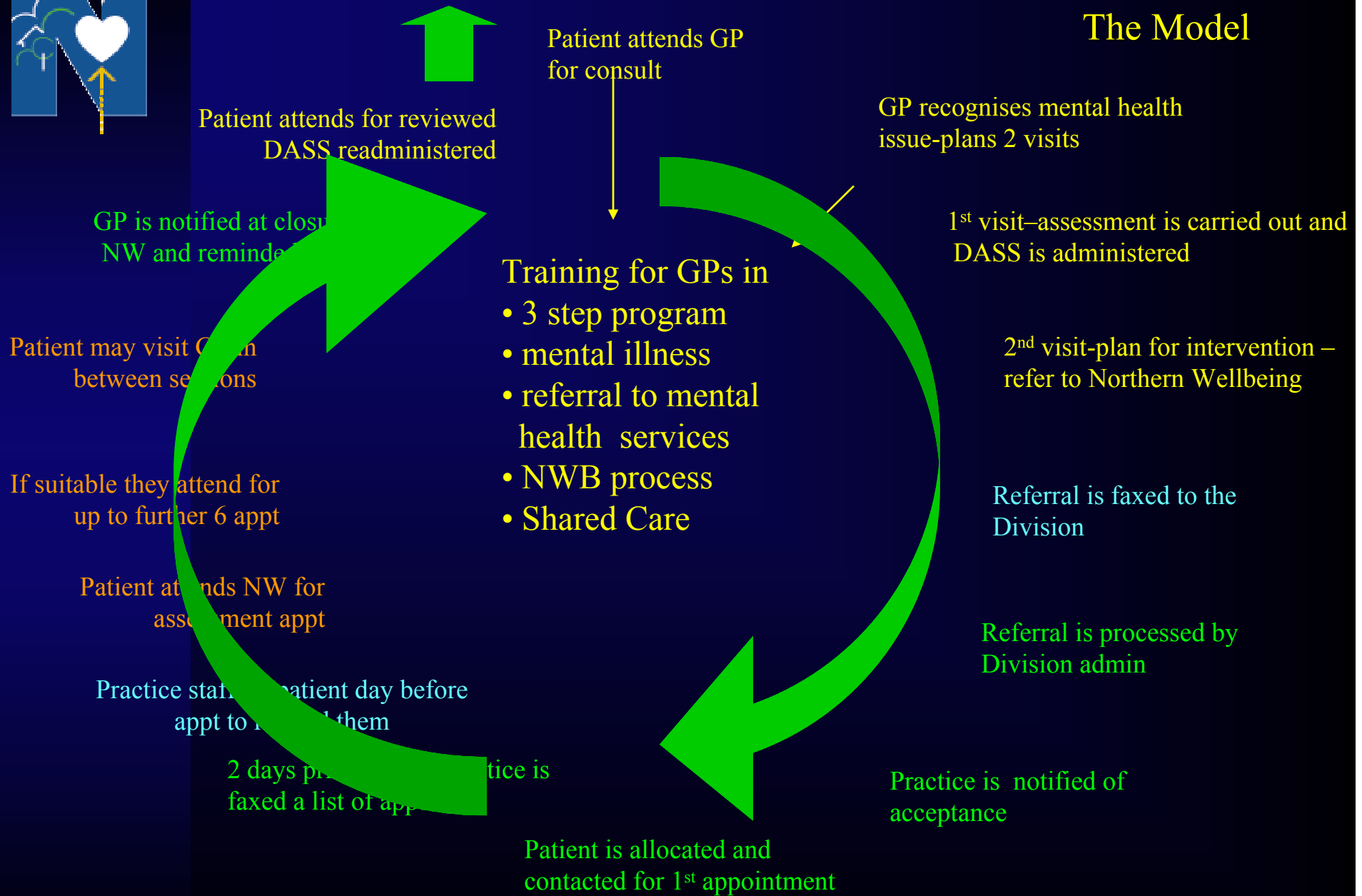
## The Model



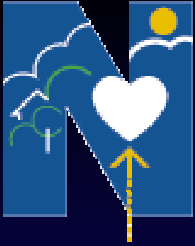
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## The Model



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# The Model

Practice staff

Patient attends GP for consult

GP recognises mental health issue-plans 2 visits

1<sup>st</sup> visit—assessment is carried out and DASS is administered

2<sup>nd</sup> visit—plan for intervention – refer to Northern Wellbeing

Referral is faxed to the Division

Referral is processed by Division admin

Practice is notified of acceptance

Patient is allocated and contacted for 1<sup>st</sup> appointment

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Training for practice staff in

- 3 step program
- mental illness
- referral to mental health services
- NWB process
- Shared Care

Patient attends for review and DASS readministered

GP is notified at closure of NW and reminder

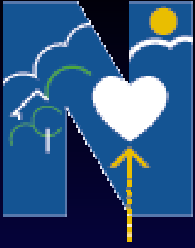
Patient may visit GP in between sessions

If suitable they attend for up to further 6 appt

Patient attends NW for assessment appt

Practice staff contact patient day before appt to remind them

2 days prior practice is faxed a list of appointments



# The end



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