

Raising the profile of anxiety and depression.
The value and outcomes of service integration for
General Practice

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takingaction Divisions of General Practice Network Forum 2004



**Raising the profile of anxiety & depression.
The value & outcomes of service
integration for General Practice.**

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**Commonwealth
funded**

**State
funded**





The next 10 minutes...

- **Key issues: HPMHD**
- **Treatment system responses**
- **The North East Victorian model**
- **Outcomes**
- **Research**
- **Future directions...**

High-prevalence disorders

- **Anxiety, Depression, SUD's**
- **Burden of disease (2020)**
- **NSMHW (1997)**
- **Treatment barriers**
 - - GP's
 - - Primary care
 - - Mental health
- **Funding priorities**



Systemic responses



Policy context:

- 2nd National Mental Health Plan- 1998-2003

Initiatives:

- Divisions of General Practice:
 - BOiMHCI
 - MAHS
- Mental Health Branch, Victoria:
 - PMH&EII



Victorian Primary Mental Health & Early Intervention Initiative (2001)

Aims:
To enhance...

identification &
improve treatment response

access to quality
mh services

capacity of primary care providers

service coordination

early intervention services





Better Outcomes In Mental Health Care Initiative.

Primary Objectives

Education & Training for GPs

3 Step Mental Health Process
- SIP

Focused Psychological Strategies
- MBS

Access to Allied Health Services

Access to Psychiatrist Support





More Allied Health Service

Primary Objectives

Improve the health care of key Groups in rural communities through provision of effective Allied Health services

Increase quantity and range of AHP in rural communities

Provide and integrated approach to Health care

Provide opportunities for increase Uptake of EPC – MBS items





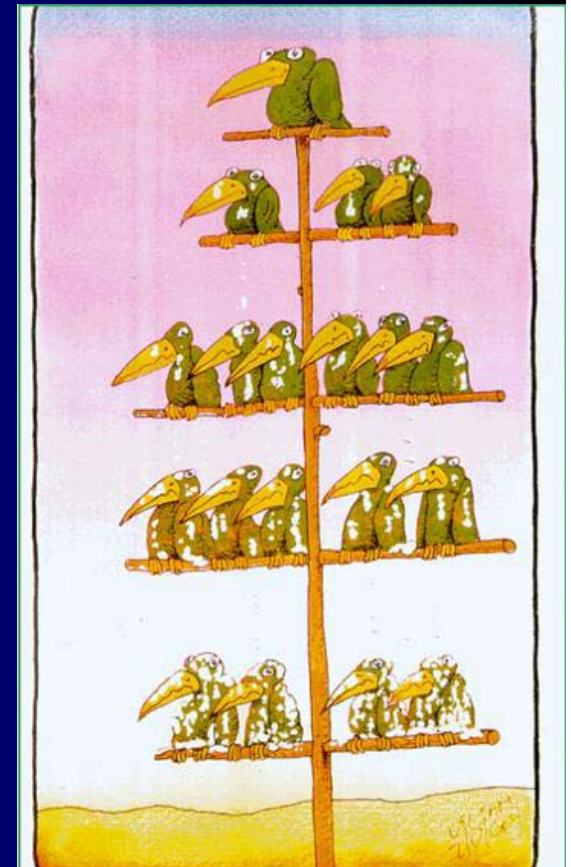
GP uptake

- **85 / 129 GPs attended familiarisation training between 2002-2004**
- **65/129 GPs level 1 accredited**
- **26/29 practices “enrolled” with Allied Mental Health program – North East Vic DGP**
- **5/13 practices “enrolled” with Allied Mental Health program – Border DGP**



Integrated management structure

- Manager IPMHS (NHW)
- Program manager (NEVDGP)
- Executive committees (AMHS/NEVDGP)
- MOU (Boards of management)
- Regional partners (EHPMHMC)



Staffing Profile – The Team!



Staffing Profile: 10.4 EFT

Primary Mental
Health Team
(State)

1.0 Manager

1.0 Senior clinician

1.0 Clinician

1.0 Clinician

0.5 Psychiatrist

Better Outcomes
Mental Health
(Federal)

1.4 Clinician

0.1 GP Consultant

0.2 Program manager

NHW AMHS
(State)

More Allied Health
Service Initiative
(Federal)

1.6 Clinician

0.2 Program manager

1.0 Dual Diagnosis

1.4 EMP



The Model

- NEVDGP \$ → NHW AMHS
- Line management
- Clinical governance
- NHW AMHS outcomes → NEVDGP
- NEVDGP access → NHW AMHS



The Model

- 4 Clinicians co-located in & aligned to 28 GP practices
- Geographical coverage of 33,000 square kms
- Referrals Clinicians via GP
- GP engages 3 step mental health process
- GP Assessment document = clinician referral document
- Appointments via practice reception
- GP, Clinician & Client have input into plan
- Clinicians work from GP's computer package
- Dual file system operational (with consent)



Walking the walk



- MH professionals in 28 GP clinics
- Early Motherhood Program/Dual Diagnosis
- First presentation psychosis
- Psychiatrist/GP consultant
- Education, training & development
 - Community Sector
 - GP and practice sector



Research



Latrobe University/Charles Sturt

- Staff & client satisfaction
- Health outcomes for patients

University of Melbourne

- GP satisfaction (co-location)
- MHFA within rural context



Research findings



- High Client satisfaction
- High Staff satisfaction & Morale
- High GP satisfaction with model and staff
- ↑ Health outcomes (pre & post outcome measures)
- ↓ Stigma of clients accessing via GP surgeries





Outcomes

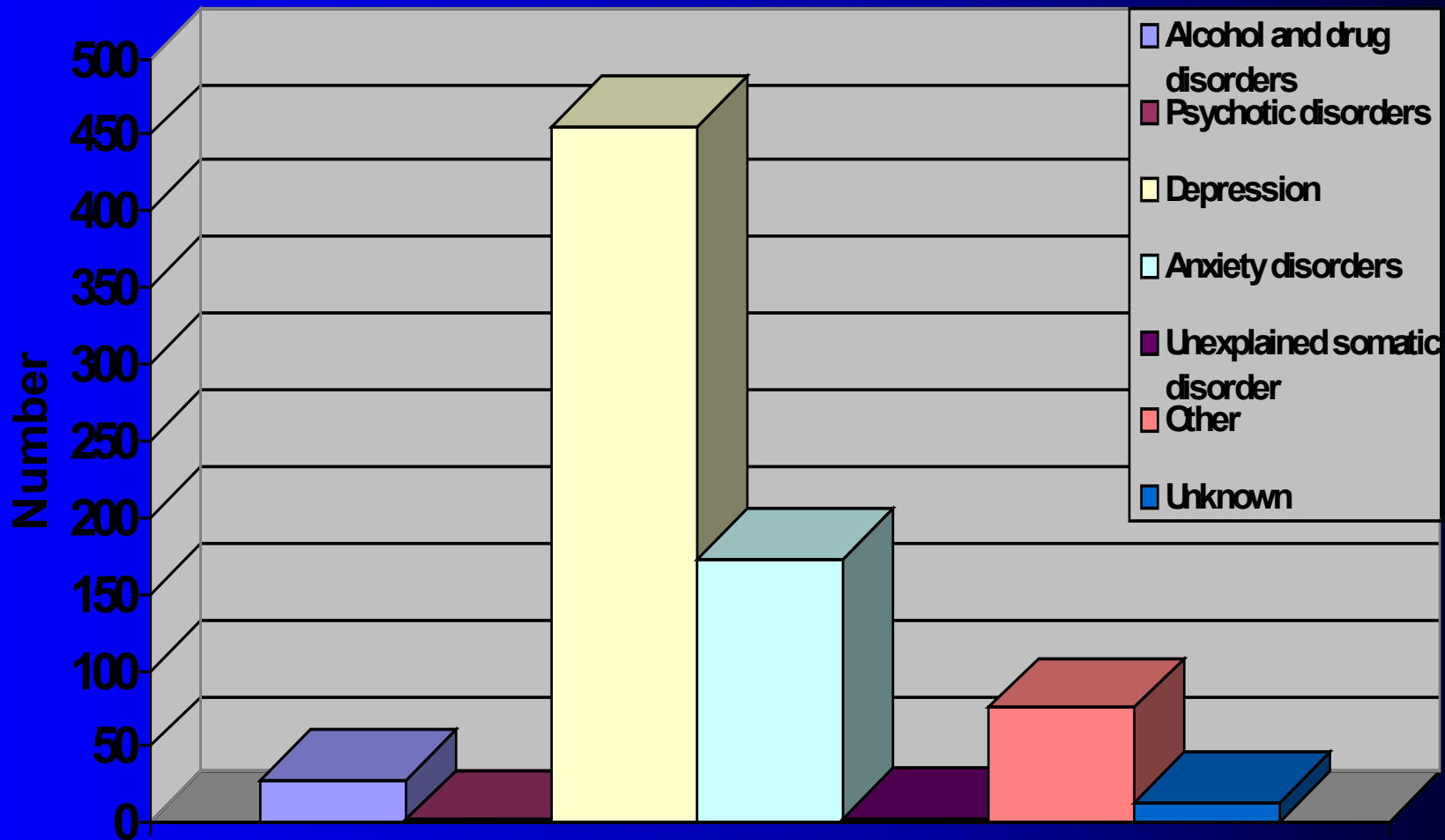


- 800 mental health assessments
- 3000+ occasions of service
- 20 new assessments per week
- Education, training & development
- 187 events 540 hrs & 3300+ participants
- Reduced referrals to adult mental health services by one-third (1/3).



Outcomes

Primary Diagnosis.



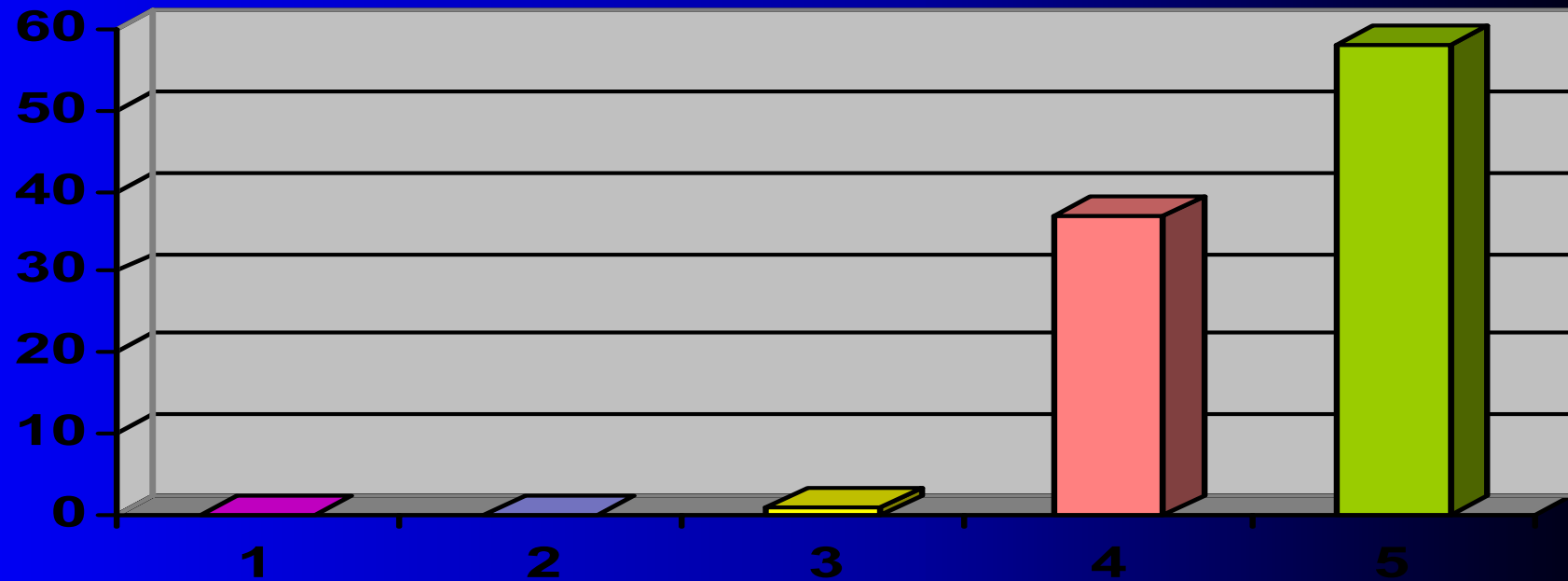


Outcomes



The Location of my counsellor was satisfactory.

Rating scale: 1 = strongly Disagree, 2 = Disagree, 3 = Unsure, 4 = Agree, 5 = Strongly Agree



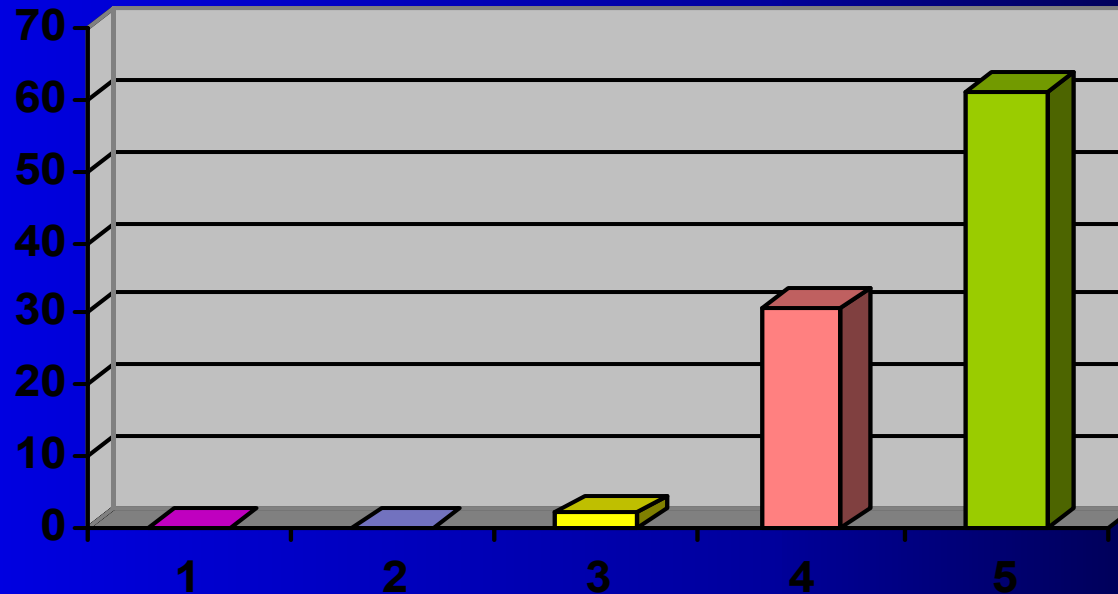


Outcomes



The counselling I received was helpful.

Rating scale: 1 = strongly Disagree, 2 = Disagree, 3 = Unsure, 4 = Agree, 5 = Strongly Agree

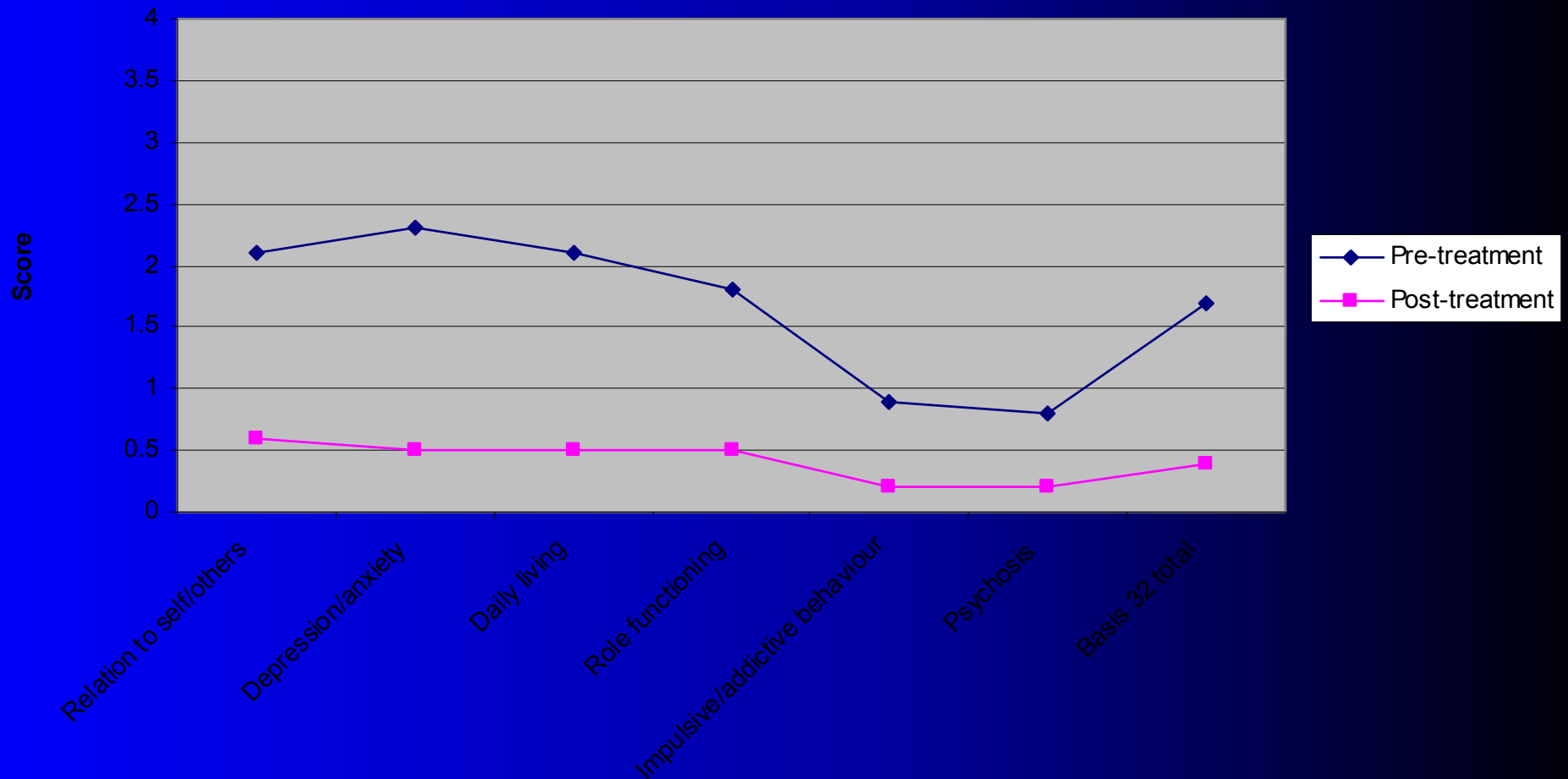




Outcomes



Pre & Post Client Rate Outcomes.

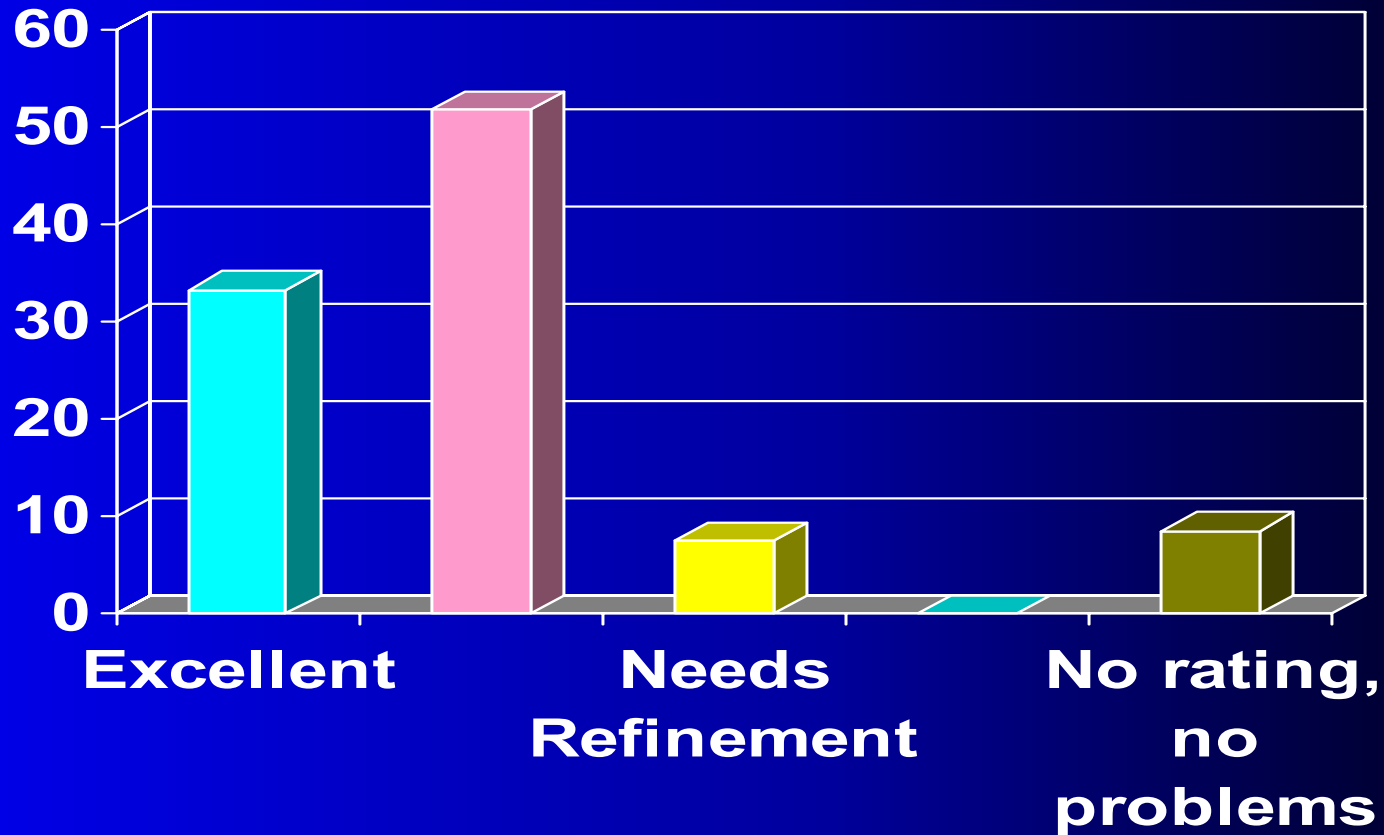




Outcomes



GP satisfaction with worker & program





Outcomes



- Demonstrated application federal & state policy
- Braided funding initiatives & services
- Delivered on the State & Federal objectives
- Economies of scale
- AMHS co-located with GP clinics
- Continuum of care
- Service expansion (Commonwealth \$)
- Research



Future directions...



Where to from here????





Future directions...

Sustain & grow model

Security of Commonwealth Funding beyond 2005.

Waiting lists: two weeks → four months

Transportability of model

Expand partnership - Border Division GP

Sustain & expand research

Co-locate with community health



Future directions...

- HPMHD (inclusive of substance use)
- Co-morbidity is the reality
- Improve detection, assessment & treatment
- Universal screening (GP clinics)
- Clinical pathways



Future directions...

- Sustain reduction in pressure on MHS
- Transfer \$ from SMHS to IPMHS
- Resources: Acute → Prevention ???
- Intermediary step in change process



QUESTIONS?



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