

July 2006

THE NEWSLETTER OF ADGP'S MENTAL HEALTH PROGRAM**Inside this issue**

| | |
|---|----|
| HIGHLIGHTS | 1 |
| BETTER OUTCOMES IN MENTAL HEALTH CARE INITIATIVE | 3 |
| OTHER ADGP PRIMARY MENTAL HEALTH CARE ACTIVITIES | 6 |
| OTHER DEVELOPMENTS OF INTEREST | 7 |
| UPCOMING EVENTS | 9 |
| ADGP CONTACTS | 10 |

The Primary Mental Health Care eBulletin is designed to inform Divisions of General Practice, general practitioners, policy makers, and other health and community stakeholders about developments in primary mental health care.

HIGHLIGHTS**National developments in primary mental health care**

Recent announcements have been made regarding mental health and will contribute to a vastly different mental health care landscape. These announcements and policy directions will support expansion of collaborative primary care teams and integrated primary-specialist services, and provide significant opportunities for the Divisions network to play a key role.

■ COAG Mental Health Budget : \$1.9 Billion over 5 years

The 2006 – 07 budget delivered a welcome injection of funding to improve services for people with a mental illness, their families and carers via a whole of government package. These comprehensive and multifaceted measures are the Australian Government's commitments to the COAG mental health package announced by the Prime Minister and provide a solid place for mental health care in primary and community based systems of care. Specific measures include:

- Better Access to psychiatrists, psychologists and general practitioners through the Medicare benefits scheme (\$538 million over 5 years, commencing November 2006)
- Mental health services in rural and remote areas (\$51.7 million over 5 years, commencing November 2006)
- New funding for mental health nurses (\$191.6 million over 5 years, commencing July 2007)
- Expansion of suicide prevention programmes (\$62.4 million commencing July 2006)
- Improving capacity of workers in indigenous communities (\$20.8 million over 5 years)
- Improved services for people with drug and alcohol problems and mental illness (\$73.9 million over 5 years, commencing July 2006)
- Alerting community to the links between illicit drugs and mental illness (\$21.6 million over 5 years, commencing July 2006)
- Funding for telephone counseling, self help and web bases support programmes (\$56.9 million over 5 years, commencing July 2006)
- Support for day to day living in the community (\$46 million over 5 years)
- New early intervention services for parents, children and young people (\$28.1 million over 5 years, commencing September 2006)
- Increased funding for the Mental Health Council of Australia (\$1 million over 5 years)

■ COAG Meeting and National Action Plan on Mental Health 2006 – 2011

The Council of Australian Governments (COAG) held its 18th meeting in Canberra on the 14th July 2006. The Council, comprising the Prime Minister, Premiers, the Chief Ministers of the Australian Capital Territory and the Northern Territory and the President of the Australian Local Government Association, had detailed discussions on significant areas of national interest.

COAG has agreed to a national action plan on mental health involving a joint package of measures and significant new investment by all governments over five years that will promote better mental health and provide additional support to people with mental illness, their families and their carers. The plan sets out agreed outcomes, specific policy directions for action that emphasize coordination and collaboration between government, private and non-government providers in order to deliver a more seamless and connected care system. Implementation of the plan will be overseen in each state and territory by a COAG Mental Health Group involving all key major stakeholders. The success of the plan will be monitored against nationally agreed progress measures and subject to independent review after 5 years.

The emphasis on integrated primary-specialist service delivery offers tangible opportunity for the Divisions network to further partnerships in service delivery and to ensure implementation of locally appropriate models of care.

For more information see:

- COAG communiqué at <http://www.coag.gov.au/meetings/140706/docs/coag140706.pdf>
- Mental Health section of COAG discussion <http://www.coag.gov.au/meetings/140706/index.htm#mental>
- National Action Plan on Mental Health http://www.coag.gov.au/meetings/140706/docs/nap_mental_health.pdf

Many Divisions have been asking what the announcement means for the *Better Outcomes in Mental Health Care* program. Our advice from the Department of Health and Ageing is that the program has been funded to June 2009 and Divisions have received a 3 year contract for access to psychological services programs. Divisions are encouraged to consider all the measures under the COAG mental health package, and opportunities for integration with these new measures.

While we do not yet know the detail around the measures, there is a clear recognition that the Divisions are well placed to support the roll out of these measures on a national basis.

ADGP's overview and analysis of the budget measures can be found on the website at www.adgp.com.au.

■ National Youth Mental Health Foundation

The Australian Divisions of General Practice (ADGP) is a member of a consortium who will establish and operate the National Youth Mental Health Foundation on behalf of the Australian Government. Other members of the consortium include the ORYGEN Research Centre (University of Melbourne), the Brain and Mind Research Institute (University of Sydney) and the Australian Psychological Society. This is an exciting opportunity for the divisions' network to continue to play a leadership role in mental health reform, in conjunction with other key partners, both nationally and locally.

The Foundation's key challenge is to reduce the burden of disease in young people aged 12-25 years caused by mental health and related substance use disorders through early identification and effective, evidence-based interventions delivered by primary care and specialist providers working together.

The Foundation was formally launched on 18 July in Sydney and will commence implementing its key programs in the second half of 2006:

- the establishment of a Centre of Excellence – to promote evidence-based practice in youth mental health and drug and alcohol issues
- a Service Provider Education and Training Program – to develop and disseminate evidence-based education and training and resources to build the skills and confidence of general practitioners and other service providers working with young people with mental health and drug and alcohol problems
- a Community Awareness Program – to foster community awareness of youth mental health and drug and alcohol issues to increase the mental health literacy of young people and to promote young peoples' help-seeking behavior
- a Service Enhancement and Coordination (Grants) Program – to support local, integrated approaches to enhance and facilitate the coordination of services for young people with mental health problems including those with associated drug and alcohol problems

A large proportion of the \$54 million funds available to the Foundation will be directed to the Grants Program. Through an expression of interest and application process, coalitions of local agencies will be encouraged to participate in the Grants Program to establish and operate 'communities of youth services'. It is anticipated that these coalitions will include interested divisions, mental health services, drug and alcohol services, youth homelessness services, and job network providers. We will keep the network posted as soon as the call for expressions of interest are made and of any other developments in relation to the Foundation.

ADGP's role will be to lead and coordinate the development and delivery of the Service Provider Training Program in conjunction with the APS, to foster and support the participation of divisions and to facilitate linkages with other relevant primary mental health care programs.

For further information, contact Leanne Wells on (02) 6228 0854 or lwells@adgp.com.au

BETTER OUTCOMES IN MENTAL HEALTH CARE INITIATIVE

Update

- Divisions have been offered a three year funding contract for ATAPS services from 2006 – 2009. These funding agreements should offer greater stability for contracting and employing allied health staff through the Divisions, and provide a more stable platform for service development and delivery.
- In February 2006 the Department of Health and Ageing announced that the CAP on the total number of SIP payments claimed by each GP (previously a maximum of 67 completed 3-step mental health processes in 12 months) has also been removed.

A new fourth edition of the '**Familiarisation Training Manual for GPs and Practices**' has now been produced and is available on the ADGP website at <http://www.adgp.com.au/site/index.cfm?display=378>

Better Outcomes – Questions and Answers

■ Can Allied Health professionals instigate a referral to themselves through ATAPS using a Better Outcomes GP?

Referrals to ATAPS programs must be initiated through the three step mental health process of assessment, care plan and review. This must take place with the agreement of the patient and the GP. While patients may request that GPs undertake this process, it is a joint decision between the patient and the GP to make a referral through ATAPS programs. Some Divisions have included this aspect of referrals in the contracts with allied health professionals, though there are no rules governing this in the initiative.

■ A patient is able to access up to 12 sessions in a 12 month period. When does the 12 month period begin?

Patients care entitled to receive 6 – 12 sessions of Focused Psychological Strategies (FPS) per calendar year. The calendar year starts at the first session of mental health assessment with the GP.

■ Is a GP working from a branch office that is not accredited (but the main practice is accredited) eligible to claim the 3-step mental health SIP?

Practice branches providing 3,000 or more services a year need to be accredited or registered for accreditation in their own right, in order for the services of that practice to be included in PIP calculation payments. Practices should review their Medicare Australia practice statements which include service levels for each practice, and assess whether this affects any of the practice's branch locations.

Practice branches providing 3,000 or more services may choose not to gain accreditation, if so, Standardized Whole Patient Equivalent (SWPEs) from those practices will not count in the PIP SWPE calculation for the main practice.

Practice branches with less than 3,000 services are not required to gain separate accreditation for the purposes of PIP

SWPe is used by the PIP to measure practice size. The SWPE is a measure of practice size that is independent of the actual number of services provided to patients, with standardization applied for age and gender.

*The **PIP Information line 1800 222 032** can be called to obtain advice regarding individual cases. Cases will be assessed to determine whether GPs working in a particular model of practice fall within the meaning of 'working out of an accredited practice'. If the PIP Information line cannot help, case will be referred to the Practice Incentives and Alternative Funding Section for a ruling.*

■ How can a patient be assisted in locating a GP registered with the Better Outcomes program?

Due to privacy legislation Divisions are not able to divulge the names of GPs registered with the Better Outcomes program unless a GP has given specific consent. The Better Outcomes program was designed around patients consulting with their usual GP. The best course would be for the patient to ask their usual GP if they are registered with the Better Outcomes and how the GP can assist the patient in accessing appropriate treatment for their mental illness. Beyondblue does however have a consenting practitioners list which gives the names of GPs and other primary care providers who are willing to be identified as practitioners with an interest in mental illness. As of 9 February 2006, over 700 Better Outcomes trained GPs across Australia with interest/expertise in the treatment of depression, anxiety and related substance use disorder have registered to be included on the list. The list can be found at http://www.beyondblue.org.au/index.aspx?link_id=3.448 and for further information contact consenting.practitioner@beyondblue.org.au

Evaluation of the Access to Allied Psychological Services Projects:

Consumer Outcomes: The impact of different models of psychological service provision

Belinda Morley¹, Fay Kohn¹, Lucio Naccarella¹, Jane Pirkis¹, Grant Blashki¹, Philip Burgess²

1. Program Evaluation Unit, School of Population Health, The University of Melbourne

2. Queensland Centre for Mental Health Research, The University of Queensland

Recently, the Program Evaluation Unit, from The University of Melbourne released the eighth in a series of interim evaluation reports. The evaluation reports to date indicate the success of the ATAPs programs in improving high quality psychological care for people whose access might otherwise have been restricted by barriers such as cost.

The Eighth Interim Evaluation Report examined whether Access to Allied Psychological Services Programs are having a positive impact in terms of consumer outcomes (eg level of functioning, severity of symptoms and or quality of life) and specifically focused on the differing models of service delivery and varying levels of consumer outcomes. Consumer outcomes data was taken from the minimum data set to enable this analysis.

In summary, projects overall are achieving good consumer health outcomes and that projects are effective in improving the mental health of consumers. Results suggest that projects do not differ markedly in terms of consumer outcomes they are achieving despite their differences in models of service delivery. Only one variable emerged as significant: 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.

In interpreting these findings it is suggested that elements of different models tend to occur in tandem. Allied Health Professionals who receive direct referrals most commonly do so in the context of being co-located with GPs, and this often occurs under a direct employment model. By contrast allied health professionals who operate from their own rooms are more likely to be retained under contract, and are more likely to receive referrals via systems other than direct referral. The report considers the link between consumer outcomes and collocation of the provider with the GP as an important one given the recent developments of Psychologists services to be listed on the MBS from November 2006, who will be more likely to provide services from their own rooms. The report calls for continuation of ATAPs alongside the new measures for access to psychologists with the two initiatives being complimentary rather than duplicative.

The Eighth Interim Evaluation report, like its earlier counterparts, is available on the Primary Mental Health Care Australian Resource Centre (PARC) website

<http://som.flinders.edu.au/FUSA/PARC/alliedhealthmain.htm>

For more information on the evaluation findings contact Lucio Naccarella: l.naccarella@unimelb.edu.au
Evaluation queries from Divisions in Victoria, South Australia, Tasmania and Northern Territory can be directed to Belinda Morley and Divisions in New South Wales, Queensland, Western Australia and ACT can be directed to Fay Kohn via the email address: ahpilots@strategicdata.com.au

OTHER ADGP PRIMARY MENTAL HEALTH CARE ACTIVITIES

Australian Primary Health Care Research Institute

ADGP, in partnership with the Centre for Mental Health Research is undertaking a research project funded by the Australian Primary Health Care Research Institute, examining the most effective models for delivery of mental health services within primary care. A consultation forum was held at Parliament House in Canberra on 13 June to disseminate initial findings and obtain feedback from key leaders in the field. Some very useful feedback was provided at the forum, and it is believed that this research will inform the reforms currently occurring in the mental health arena. The final project report will be submitted to APHCRI in September 2006. Following this, findings will be distributed more widely.

INTRODUCING THE 'CAN DO' INITIATIVE: MANAGING MENTAL HEALTH AND SUBSTANCE USE IN GENERAL PRACTICE.

For further information contact Meriel Schultz: Coordinator, 'Can Do' Initiative on 02 62280846 or mschultz@adgp.com.au

Managing the Mix : Level one on line training available

As this project draws to a close, ADGP is pleased to announce two key resources which will be available shortly on the ADGP Website.

■ Resource Kit

The Resource Kit highlights the tools, resources and models developed by Divisions over the course of the project. Hard copies and CD Roms of the Kit have been disseminated to all Divisions and other key organisations. All the resources will be freely available through the ADGP website. Visit www.adgp.com.au and follow the links to the Managing the Mix : Your Mental Health and Alcohol page.

■ Online training

To mark drug action week in June ADGP launched an innovative new on line training package *Your mental health and alcohol: Managing the Mix*. This free on line level one training opportunity is available to GPs, and other professionals through the ADGP Website. To gain access to the package participants must register and have installed flash drive software to work through the modules. Participants are provided with feedback on their progress throughout each module, and are required to achieve appropriate levels of competency before proceeding to the next module.

The package has been endorsed for QA & CPD Points through RACGP and ACCRM, and Level 1 Mental Health Skills Training under the BOiMHC program. The package is also endorsed by Royal Australian College of Nursing, The Australian Psychological Society and Department of Veterans Affairs.

To access the package visit www.adgp.com.au and follow the prompts to the Managing the Mix: Your mental health and Alcohol page. For more information, please contact Sarah Bradfield, Acting Senior Mental Health Program Officer on (02) 6228 0844 sbradfield@adgp.com.au

Youth Mental Health Training for GPs and Practice Staff

ADGP has been funded by *beyondblue: the national depression initiative* to develop a training program for GPs, practice staff and allied health professionals working in the primary health care setting focusing on skills development in the diagnosis, management and treatment of high prevalence mental health disorders commonly occurring in young people.

At this stage, the training package will be based on the RACGP and ACCRM accreditation criteria for Level One Better Outcomes in Mental Health Care initiative and will be available in both face-to-face and on-line formats.

ADGP is currently undertaking a literature review of effective methods of continuous professional development education and training for GPs and practice staff and a needs analysis survey of the training needs of GPs and practice staff. Results from these will be used, in conjunction with input from an advisory committee to inform the development of the new package.

For more information, please contact Johann Sheehan, Project Officer, 02 6228 0817 jsheehan@adgp.com.au

OTHER DEVELOPMENTS OF INTEREST

Beyond Blue launches Rural Advertising Campaign to tackle depression in Men

In Australia approximately one male farmer dies of suicide every four days. Depression is a high risk factor for suicide. The campaign aims to get the message out to that this is an illness not a weakness, and that men shouldn't be ashamed to ask for help.

From July 1 2006, **beyondblue** advertisements aimed at raising awareness among men will be seen on television, radio, in cinemas and newspapers in rural areas across Australia. The ads portray a middle aged farmer, a twenty something young man at country footy ground, and an indigenous man on a rural property. All of the men talk about their experience of depression and the message is '**Men do get depression. Find out more. Call the beyondblue info line 1300 224636.**'

For more information or to obtain copies of factsheet 12 : Depression in Men, visit the website at www.beyondblue.org.au

Life line launches tool kit for survivors of domestic violence

More than 23% of women in Australia have experienced domestic violence. Domestic violence occurs in all socioeconomic and cultural groups. It affects old and young people, those in same sex relationships and those with a disability. Children who witness domestic violence are also affected.

This tool kit available on line is aimed at informing and supporting people through situations of domestic violence, and managing the mental health issues that arise following this kind of experience. The kit is available on lifelines website www.justask.org.au

National Illicit Drug Strategy Community Partnerships Initiative: Fifth Funding round, expressions of interest

- ***Can you help prevent or reduce illicit drug use in your community?***
- ***Can you achieve this by developing a prevention or intervention project?***
- ***Would you like to develop a project in partnership or with the support of other groups in your community?***

The Australian Government Department of Health and Ageing is seeking Expressions of Interest (EOI) from incorporated community groups or organizations who can demonstrate the ability to develop a project, with the support of other groups in the community to prevent or reduce illicit drug use in the community. An upper limit of \$80,000 plus GST (per grant) for up to two years has been set for individual project proposals. For organizations wishing to collaborate and submit a combined proposal, an upper limit of \$120,000 plus GST (per grant) for up to two years has been set for each combined project proposal.

This is an exciting opportunity for Divisions to consider working with local stakeholder groups and build on the successes of national co-morbidity programs like Managing the Mix: Your mental health and Alcohol

For more information or to make an application visit the website
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/community-partnerships-initiative>

Applications will close at 5pm Eastern Standard Time, on Friday 11 August 2006 in Canberra.

UPCOMING EVENTS

16th Annual TheMHS conference: 'Reach out Connect'

The 16th Annual TheMHS conference will be held at Townsville, Queensland from 29 August to 1 September 2006. Keynote speakers include: **Xavier Amador**, Adjunct Professor in Clinical Psychology at Teachers College Columbia University, New York, USA; **Merinda Epstein**, Policy Officer in the Mental Health Legal Centre, Melbourne, Victoria; **Jon Jureidini**, Child Psychiatrist, head of the Department of Psychological Medicine, Women's and Children's Hospital, Adelaide, South Australia; **Nicholas Proctor**, Associate Professor and Academic Integrity Officer, School of Nursing and Midwifery, Flinders University, South Australia; and **Anne Helm**, advisor at Otago's hospital-based Mental Health Services. Register online for the conference at www.themhs.org

"Child and Adolescent Mental Health: Nurturing Diversity"

The 17th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions is to be held at the Melbourne Convention Centre from 10 – 14 September 2006. The theme, "Nurturing Diversity" opens for exploration the rich variety of issues and new knowledge critical in the mental health field today. For more information and registration go to www.iacapap2006.com

Perspectives Conference 2006: 'Peer Support and Innovative Practices in Recovery'

The perspectives will be held in Melbourne on 03 – 04 October 2006 featuring key themes of Defining Peer Support and Recovery, and consumer participation as Australia's future. International Key Note speakers include

- Shery Mead (USA): the author of 'Peer Support: an Alternative Approach' and co-author with Mary Ellen Copeland of 'Wellness Recovery Action Plan and Peer Support'. Shery will be presenting on Peer Support as social action and social change and Consumer Operated Services, specifically Peer run crisis alternatives;
- Ron Coleman (UK): influential in the development of the Hearing Voices Network in the UK, Ron now works under the banner of 'Working to Recovery' (training and consultancy work in mental health). Ron will speak on his experience of recovery based services.
- Larry Fricks (USA): Larry is Director, Office of Consumer Relations Georgia Department of Mental Health. He is a founder of the Georgia Mental Health Consumer Network, Inc, a founder of the Georgia Consumer Council, a founder of Georgia's Peer Specialist Training and Certification and a founder of the Georgia Peer Support Institute. Larry will speak on the need for training and support for peer workers.

For further information contact 07 3844 3009

National Primary Mental Health Care Symposium: A One day capacity building experience for the Divisions Network

Following the success of the Inaugural National Primary Mental Health Care Conference of 2005, ADGP will be holding a one day mental health event free to members of the Divisions network. The program will feature a plenary session with keynote speakers addressing a range contemporary primary mental health topics including the launch of the 'Can Do' Initiative , National Youth Mental Health Foundation, Co-morbidity as a complex Presentations in Primary care, COAG Mental Health Measures and an introduction and analysis of the MBS measures launched in November 2006. The afternoon sessions will focus on capacity building workshops. The four streams will provide targeted networking opportunities for Divisions program officers, to highlight examples of best practice, and support skills building in key areas such as evaluation and partnerships building. Registration will be available through the ADGP Website, but hurry as places are limited! To register for the Primary Mental Health Symposium, visit www.adgp.com.au

ADGP CONTACTS

Ms Leanne Wells, Manager, Policy and Development
Phone (02) 6228 0854
Email: lwells@adgp.com.au

Ms Sarah Bradfield, Acting Senior Project Officer, Mental Health
Phone (02) 6228 0844
Email: sbradfield@adgp.com.au

Dr Johann Sheehan, Senior Project Officer, MindMatters Plus GP
Phone (02) 6228 0817
Email: jsheehan@adgp.com.au

Ms Meriel Shultz, Coordinator, Managing Mental Health & Substance Use
Phone (02) 6228 0846
Email: mshultz@adgp.com.au

Ms Mandy Bruce, Program Support Officer, Mental Health & Practice Nursing
Phone (02) 6228 0823
Email: mbruce@adgp.com.au