

SYSTEMATIC REVIEW ON SERVICE LINKAGES IN PRIMARY MENTAL HEALTH CARE: INFORMING AUSTRALIAN POLICY AND PRACTICE

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POLICY CONTEXT

Australian policy calls for effective service linkages in primary mental health care in order to achieve comprehensive and continuous care. It is not clear, however, how these linkages are to be introduced, sustained and made to work effectively. This review explored service linkages in primary mental health care to consider how such linkages might be developed in Australia. Specifically the review examined: the link strategies found to be effective and the factors that enable the development and sustainability of these linkages.

KEY FINDINGS

EFFECTIVENESS OF LINK STRATEGIES

Service linkage studies for adults with a high prevalence disorder (usually depression) reported clinical benefits and improvements in service delivery, such as targeted referrals and client acceptance of treatment. Data on economic benefits was less conclusive. There was less evidence about linkages for the low prevalence disorders (eg schizophrenia) and virtually no evidence in the black literature about service links outside of the health sector (welfare, housing, education, employment, etcetera).

There was strong evidence for interventions that included one or more linkage components from (1) collaborative care, (2) guidelines and (3) communications systems strategies.

DEVELOPMENT AND SUSTAINABILITY OF LINKAGES

The factors that enabled the development and sustainability of linked services were the following:

- support (authority & resources) at the system level for integration
- organisational structure conducive to collaboration (practice size, staff accommodation, etcetera)
- facilitation of joint involvement in partnership formation including the development of compatible goals and role clarification
- recruitment and support of staff willing and skilled to work in primary care and mental health
- communication systems such as regular meetings and the use of a common care plan
- guidelines that document crisis plans, referral protocols and follow up arrangements
- feedback evidence about outcomes to service partners
- client involvement in care.

For more details, go to the [three page report](#)

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