AUSTRALIAN PRIMARY HEALTH CARE
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WHAT IS THE PLACE OF GENERALISM IN MENTAL HEALTH CARE IN AUSTRALIA: A SYSTEMATIC REVIEW

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POLICY CONTEXT

According to the 2007 Australian National Survey of Mental Health and Wellbeing, about one in five Australians meet the criteria for a mental health disorder in a 12 month period and almost half (45%) have suffered a mental health disorder at some point in their lives. Of these, 35% accessed services for this disorder during the last 12 months. Sixty per cent of those experiencing a mental health disorder in the previous 12 months who did not use services reported an unmet need.

If mental health needs are to be met in Australia it would seem that generalists are likely to be a big part of the solution. In a stream 6 APHCRI systematic review published in 2007 we addressed the question: What is the Place of Generalism in Mental Health Care in Australia?

KEY FINDINGS

In Australia generalists provide the following elements of care: recognition and case finding; assessment and care planning; patient education; pharmacotherapy; psychological therapies; other therapies; ongoing management; physical care; and referral.

GPs provide all elements of care but practice nurses and allied health staff provide a relatively narrow range of elements largely determined by the design of funding programmes.

The roles of practice nurses, social workers and psychologists and the associated funding programmes could be expanded to include, assessment and care planning, patient education and ongoing management in collaboration with the GP where they have been shown to be effective as long as appropriate supports are provided. Such multidisciplinary teamwork could be supported through team care or other policy and funding arrangements.

A stepped care approach would ensure that care is provided using the least intensive and expensive providers rather than more expensive, equally effective providers in the first instance.

GPs could be provided with assistance from other generalists to provide elements of care such as medication management where they are most effective but encouraged to share or delegate care such as psychological therapies which can be provided effectively by other generalists.

GPs were more effective in achieving health and service outcomes when they worked closely with other generalists or with specialist mental health workers. Such "teamwork" could be supported through team care arrangements or other mechanisms.

These findings were supported in visits to The Netherlands and the UK undertaken as part of the APHCRI Traveling Fellowship. Additional findings include the following:

The development and agreement of multidisciplinary care pathways and protocols as seen in The Netherlands can form the basis on which non-GP generalists can provide a broader range of care within primary health care settings. These agreed pathways can form the basis of funding and performance management of primary mental health services.

Meeting the unmet need described above will require the development of generalist providers working to evidence-based guidelines in collaboration with GPs and other primary care providers. The Increasing Access to Psychological Therapies pilot studies and their evaluations should be monitored as they become available in 2010 to see whether they provide cost-effective solutions to the high prevalence conditions seen in primary health care settings which are the cause of considerable distress and disability.

GPs with a Special Interest in mental health can provide support to other generalist providers and may provide a local referral option. It is important however that they work in close collaboration with specialist services and that mechanisms are in place for developing, assessing and perhaps accrediting their skills.

Addressing unmet mental health needs requires a population health perspective which does not fit well with Australian primary care as currently organized. A population health approach is essential if the needs of general and special populations are to be met. New solutions are needed for hard to reach populations such as the homeless.

POLICY OPTIONS

GPs could be encouraged to make more use of the Access to Psychiatrist Support items, and Telemedicine provisions to enable consultation and feedback from psychiatrists which is a key support to their pharmacotherapy role.

Coherent programmes of training in mental health medications could by provided for GPs by Divisions of General Practice or through the National Action Plan.

Further development of the Better Access/ Better Outcomes initiatives might enable GPs to make greater use of generalists in providing psychological therapies and a broader range of elements of care including assessment, care planning, patient education and ongoing management.

Chronic disease self management programmes could be extended to include self management education for mental illness.

GP management plan and team care arrangements could be extended to include mental health.

A new mechanism could be provided for the clinical supervision of practice nurses through a new item or through the Divisional programme.

Use of the Team Care arrangements could be encouraged to facilitate teamwork between GPs and other generalists and with mental health workers

Additional options following the Traveling Fellowship include:

- Promoting the development of multidisciplinary care pathways and protocols to facilitate the provision of care by non-GP generalists in primary care settings.
- Providing new training options for low intensity therapists to provide evidence based care for patients with high prevalence needs in primary care settings.
- Considering the possibility of developing a group of GPs with a special interest in mental health to support other generalist providers and perhaps provide another referral option.

OPTIONS FOR IMPROVING LINKAGE AND EXCHANGE

The current model of linkage and exchange has been particularly successful in building relationships amongst the research community but there is scope for stronger linkages between researchers, policy makers and service providers.

Policy makers, service providers and clinicians could be offered appointments, short term fellowships and other roles within research groups and Universities as part of the process of building strong relationships.

Research groups should be encouraged to adopt active dissemination strategies using plain language descriptions of their findings and targeting distribution to policy makers and providers with an interest in the findings.

Researchers, policy makers and providers should collaborate on longer term collaborations in addressing some of the more intractable problems in primary mental health care starting with problem definition and moving to the development and testing of solutions.

Universities might sponsor joint masterclasses between researchers, policy makers service providers and clinicians to build networks and promote stronger relationships and communication across boundaries.

AIMS OF THE TRAVELLING FELLOWSHIP

A/Prof David Perkins visited the University of Utrecht in the Netherlands and the Universities of Manchester, Southampton and Bristol in the UK with the following aims:

1. To see how the findings of the systematic review about the effectiveness of the generalist primary healthcare workforce relate to policy and practice in the UK and The Netherlands.
2. To understand how the relationship between policy makers, service providers and researchers contributes to developments in service quality and changes in the roles and effectiveness of generalist staff in primary care settings.
3. To examine more closely evidence about the roles of generalist staff in the care of those with mental disorders with particular focus on the roles of staff, their place in multi-disciplinary teams and supports that are provided to them and needed in their role.
4. To examine how evidence based developments in generalist, primary mental health care might apply in Australia and particularly in rural settings.
5. To consider how the linkage and exchange model adopted by APHCRI might be further improved.
6. To strengthen collaborative relationships with the Julius Centre and the University of Manchester.

For more details, please go to the full report

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