Mental Health Professional Associations (MHPA)

Who is MHPA?

- Established in 1996
- Members are:
  - Australian College of Mental Health Nurses
  - Australian Psychological Society
  - Royal Australian and new Zealand college of Psychiatrists
  - Royal Australian College of General Practitioners
- Meets quarterly or as required
- Provides forum for multidisciplinary discussion
- MHPA is not MHPN

MHPA Roundtable

- Held in April 2016
- Clinical experts from each profession
- CEO, of Mental Health Australia
- Chair, Private Mental Health Consumer and Carer Network
- Drafted key principles in 4 areas:
  - a stepped care model;
  - management of severe and chronic mental illness;
  - commissioning of services; and
  - clinical quality assurance

Stepped Care

- *Services must be matched to consumers' and their families' level of need.*
- *Services must be person-centred, evidence-based and recovery-oriented, with consumer choice being pivotal.*
- *Initial assessment of type and level of need is critical prior to deciding on the most appropriate care pathway. This comprises:*
  - *identification of need; and*
  - *comprehensive assessment (biopsychosocial).*
- *General practice is the usual entry point to the system with GPs making the initial assessment of level of need and decision regarding further assessment or service required*

Stepped Care

- *The system should support continuity of care and seamless integration of pathways (stepping up and down) and the sharing of information across services. This could be supported through the Medical / Health Care Home model with general practice as the core coordinators of care.*

- *The digital health gateway should complement and not seek to replace general practice as the entry point to the system.*

- *Evidence suggests that e-therapy works better when it is appropriately selected and there is proactive follow up and problem- solving from an appropriately qualified health professional.*

- *Psychological interventions funded under the current ATAPS program should aim to provide a more flexible service for people that are hard-to-reach and under-serviced (ie a flexible number of sessions, location and service delivery etc.) and service models such as Better Access and traditional Medicare-funded referral pathways should be used when appropriate.*

Stepped Care

- *Better Access should be available for consumers with moderate to severe high prevalence disorders – but some consumers will need more than 10 sessions.*

- *Consumers with persistent moderate to severe high prevalence disorders and consumers with low prevalence disorders need:*
  - *psychiatric assessment;*
  - *co-ordinated care across services;*
  - *clinical plus support services; and*
  - *evidence-based clinical treatment.*

- *There should be ongoing and transparent service evaluation with a focus on measuring meaningful outcomes*.

Chronic Disease Management

- *Must provide flexible, multidisciplinary, coordinated and integrated care across services and sectors.*
- *Must recognise the need to better integrate physical and mental health in the management of severe and complex mental illness, and provide parity of care.*
- *Should encourage patients to have a Medical / Health Care Home and recognise and support general practitioners in their role as key coordinators of care (usually performed by a GP, practice nurse or mental health nurse).*
- *MBS payment reform is required to support this flexible, integrated and coordinated model.*
- *Consumers and their families should be integral to the decision-making process.*
- *Continuity of care needs to be maintained over time.*

Chronic Disease Management

- *Services must be flexible and responsive to level of need.*
- *Assessment needs to include:*
  - Comprehensive biopsychosocial assessment across physical health, mental health, and include drug and alcohol use.
  - Assessment is usually performed initially in general practice by a GP, mental health nurse, or practice nurse, with input from other professionals, such as psychologists and psychiatrists, as needed for additional assessment, together with families and carers as appropriate.
- *Planning of services should be matched to consumer needs with the consumer fully informed about all available services.*
- *Sharing of information across public and private sectors with those involved in the patient's care.*

Chronic Disease Management

- Packages of care need to*:*
  - *be responsive to differing types and levels of need;*
  - *encompass both mental and physical health needs;*
  - *offer choice of service with consumers being fully informed about their choices;*
  - *be flexible so they can support people with severe and persistent mental illnesses who require episodic lifelong/chronic models of care as well as those with less severe needs;*
  - *be capable of supporting people experiencing comorbidity;*
  - *have one primary coordinator of care chosen by the consumer;*
  - *include only services offering evidence-based care;*
  - *provide access to oral health care;*
  - *have clear mechanisms to allow integration across the National Disability Insurance Scheme and the Partners in Recovery initiative;*
  - *include advanced directive models and be able to escalate services when needed;*
  - *have assertive outreach to support entry;*
  - *include a flexible funding pool; and*
  - *have opportunities for self-management (where able).*

Commissioning of services

Needs to include:

- *A range of service delivery models based on a comprehensive needs assessment to meet the various needs of people across the whole PHN region.*
- *Services that are consumer-centred with consumer and carer engagement so that services are selected and co-designed with consumers – consumer choice must continue.*
- *Appropriate corporate governance, probity and transparency across PHNs.*
- *Consumer and carer engagement that includes consumers with needs across the primary mental health services system is critical.*
- *That quality, not cost, will underpin service purchasing.*
- *There must be appropriate expertise to inform commissioning while managing conflict of interest issues.*

Commissioning of services

- *A dedicated multidisciplinary mental health advisory group for each PHN.*
- *Integration of services should be a central focus of the commissioning process, which should ensure silos and duplication are avoided and services are linked with general practice.*
- *Coordination with other clinical services such as public and private mental health services.*
- *A focus on the commissioning processes that builds relationships and trust.*
- *Quarantining of funding for clinical mental health services.*
- *The application of existing national mental health services and workforce standards to new service developments.*
- *A focus on producing comparative data for outcome assessment of new commissioning practices.*

Clinical quality assurance

- *Appropriate clinical governance structures and principles.*
- *Adherence by each health profession to their own professional principles/standards.*
- *Appropriately skilled/experienced and qualified workers.*
- *A process to obtain advice from professional organisations on how to best utilise the current workforce e.g., role of practice nurses to provide mental health support.*
- *An identified mental health contact for each PHN to inform PHN clinical services delivery.*