MENTAL HEALTH

AHHA PRIMARY HEALTH NETWORK DISCUSSION PAPER SERIES: PAPER TWO

INTRODUCTION

In April 2015 the Commonwealth Health Minister, the Honourable Sussan Ley, announced the establishment of 31 new Primary Health Networks that will "*reshape the delivery of primary health care across the nation*"[1]. Primary Health Networks (PHNs) are to be 'outcome focussed' on improving frontline services and ensuring better integrated care between primary and acute care services. Specifically the Minister stated that the Government seeks to "*ensure Australians are able to access the right care, in the right place, at the right time and Primary Health Care Networks form a core part of our plan*"[2].

In improving the delivery of local primary health care services, Minister Ley noted that the Government has set Primary Health Networks six priority areas for targeted work in:

- mental health;
- Aboriginal & Torres Strait Islander health;
- population health;
- health workforce;
- eHealth; and,
- aged care.

To facilitate discussion of the key challenges and opportunities arising from the establishment and operations of PHNs, this series of discussion papers published by the Australian Healthcare and Hospitals Association (AHHA) considers a combination of the critical success factors for PHNs and explores each of the priority areas in the context of organised primary health care in Australia.

The PHN program has the potential to make a significant positive difference in health outcomes for all Australians. This paper, **PHN Discussion Paper #2 ‑ Mental Health**, considers this topic in the context of organised primary health care in Australia and identifies key issues for exploration and resolution.

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[1] Media Release "New Primary Health Networks to deliver better local care" Minister for Health (11/4/15)
[2] Media Release "New Primary Health Networks to deliver better local care" Minister for Health (11/4/15)

MENTAL HEALTH

Each year more than 3.6 million adults and 60,000 children in Australia experience mental ill-health[3]. Further, the National Mental Health Commission reports that "*over a lifetime, nearly half of the Australian adult population will experience mental illness at some point*"[4].

The nature of mental illness is such that individual mental health disorders are often experienced along with other physical and mental health conditions[5]. This situation is further exacerbated by people suffering mental ill-health often also experiencing a range of non-medical stressors (eg: social and/or economic hardship) that impacts their health and wellbeing[6].

The estimated economic cost of mental ill-health in Australia is said to be up to $40 billion a year (more than 2% of GDP) in direct and indirect costs, lost productivity and job turnover[7]. Worryingly, the future costs of mental illness are anticipated to rise, with the World Economic Forum forecasting that over the next two decades the global economic cost of mental illness will exceed that of cancer, diabetes and respiratory ailments combined[8].

Recognising the scale and impact of mental health issues in Australia, now and into the future, the Australian Government is "*committed to supporting Australians with, or at risk of, mental illness*"[9]. Expressed as a financial commitment, in 2012-13 the Australian Government "*spent almost $10 billion on mental health and suicide prevention*"[10] in programs administered by16 Commonwealth agencies.

Notwithstanding the introduction of the National Mental Health Strategy in the 1990s, four subsequent National Mental Health Plans, and ongoing investment by Commonwealth and state/territory governments in numerous mental health programs and reform initiatives, for many Australians seeking treatment and support for mental illness, their experience and health outcomes are sub-optimal.

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[3] Australian Healthcare & Hospitals Assocation - Mental Health Policy Position Paper (2015)

[4] Report of the National Review of Mental Health Programmes and Services (Summary) – National Mental Health Commission (Nov 2014)

[5] Improving the Integration of Mental Health Services in Primary Health Care at the Macro Level – Primary Health Care Research & Information Service (Jan 2015)

[6] Improving the Integration of Mental Health Services in Primary Health Care at the Macro Level – Primary Health Care Research & Information Service (Jan 2015)

[7] Report of the National Review of Mental Health Programmes and Services (Summary) – National Mental Health Commission (Nov 2014

[8] A Way Forward: equipping Australia's mental health system for the next generation – Ernst & Young (2015)

[9] 2015-16 Health Portfolio Budget Statement: Outcome 5.4 Mental Health

[10] Report of the National Review of Mental Health Programmes and Services (Summary) – National Mental Health Commission (Nov 2014)

Patients and their carers are often confronted with a complex and fragmented array of uncoordinated services that are unevenly distributed, disconnected from each other, and focussed on the needs of the providers and not their patients. For those seeking treatment this situation makes it difficult to navigate and organise appropriate care and support – "*the current system is not designed with the needs of people and families at its core, and navigating the mental health system is complex and difficult, meaning people are unable to access the support and services they need*"[11].

PRIMARY HEALTH CARE AND MENTAL HEALTH

If the risk of people experiencing mental illness is to be reduced, and the lived experience of people with mental illness is to be improved, there is much work to do.

The National Mental Health Commission's 2014 Review of Mental Health Programmes and Services noted that "*the mental health system has fundamental structural shortcomings…the overall impact of a poorly planned and badly integrated system is a massive drain on peoples' wellbeing and participation in the community – on jobs, on families, and on Australia's productivity and economic growth*"[12].

Primary care plays a major role in treating mental illness in Australia as it is acknowledged that "*much of the clinical responsibility for providing mental health care sits with primary care providers*"[13] and that "*primary health care mental health services encompass a range of services, including counselling, pharmacological treatments, referrals and follow-up care, provided by health professionals in PHC setttings (eg: general practice) to treat or prevent mental health problems*"[14].

However, primary health care providers (GPs, nurses, allied health professionals, pharmacists, Aboriginal health workers and community health workers) are a sub-set of the mix of professions and organisations, operating across multiple settings and sectors, and acting at the micro, meso and macro levels, in addressing mental illness in Australia.

It is in this context that PHNs can play a pivotal role - "*PHNs provide us with a real opportunity to work on the ground to develop stronger local services and overcome some of the current system failures that have confounded the experience of millions of Australian, particularly those living with both physical and mental health problems who cannot get the care they desperately need because of a lack of knowledge about how to navigate our complex system, the scarcity of community-based services in some areas and the often prohibitive cost of private treatment for uninsured consumers*"[15].

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[11] Media Release: National Mental Health Commission – National Review of Mental Health Programmes and Services Released (April 2015)

[12] Report of the National Review of Mental Health Programmes and Services (Summary) – National Mental Health Commission (Nov 2014)

[13] National Mental Health Commission: Fact Sheet 9 – What This Means for General Practice and Primary Health Care (2015)

[14] Improving the Integration of Mental Health Services in Primary Health Care at the Macro Level – Primary Health Care Research & Information Service (Jan 2015)

[15] Media Release – Consumers Health Forum - Mental Health Care: a fresh approach is in our grasp (April 2015)

PRIMARY HEALTH NETWORKS AND MENTAL HEALTH

The desired goal for mental health reform is to "*build a better integrated, person-centred system that achieves desired outcomes through the effective use of existing resources, and a flexible approach that recognises diversity of people, culture, circumstance and location*"[16].

Central to achieving this goal is integration – "*in order to provide more effective and efficient mental health care, it is important to improve integration between the primary, secondary and tertiary sectors, and across mental, physical and social services…. the potential benefits of integrated mental health care are widespread, including not only improving the quality of care individuals receive but also reducing costs for health systems*"[17].

Addressing the challenges of local health system integration is a fundamental role for PHNs. Specifically, the roles for PHNs can be categorised as follows:

- *Comprehension*: develop and document deep understanding and knowledge of:
    - mental health issues;
    - patient and provider experiences;
    - system practices, processes and dynamics; and,
    - service needs and gaps in the PHN catchment.
- *Connection*: meaningfully engage with consumers, carers, health care providers (primary, secondary, tertiary), social services and other stakeholders operating across local systems to understand service complexities and gaps so that seamless service links and pathways can be built.
- *Coordination*: applying a person-centric view of services and systems that span the care continuum and assume leadership in designing, facilitating, incentivising, and programming/commissioning services in ways that facilitate system and behavioural change (eg: patient journey health pathways).
- *Education*: conducting targeted education activities for consumers (eg: awareness raising, health literacy, self-care promotion, prevention, etc) and practitioners (eg: practitioner training, local needs and system awareness, early intervention, care pathways, etc).
- *Innovation*: stimulating collaborative pilot initiatives between consumers, health care providers and other stakeholders to address local needs in new and better ways; and sharing these innovative approaches across the broader health sector in Australia.

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[16] Report of the National Review of Mental Health Programmes and Services (Summary) – National Mental Health Commission (Nov 2014)
[17] Improving the Integration of Mental Health Services in Primary Health Care at the Macro Level – Primary Health Care Research & Information Service (Jan 2015)

- **Evaluation**: developing and applying robust performance evaluation approaches to local programs and initiatives, considering qualitative and quantitative measures of processes, costs and outcomes, and using evaluations to inform continuous quality improvement.
- **Redesign**: providing a platform for service review and redesign which will better meet the needs of the whole person, as opposed to the person fitting into the eligibility requirements of each service within the system.

For PHNs seeking to realise effective and lasting improvement in mental health outcomes through integration within local health systems, there are significant challenges to overcome - "*the task, however, is not simple. Integrating mental health care is complex due to the interaction between different systems*"[18].

Major barriers for consideration and further exploration include:

- **Culture & Behaviours**: The current mindset dominant within the health system often views and manages physical and mental health often viewed and managed as separate issues[19]. This understanding drives individual behaviours, influences professional cultures, and shapes system architecture, resulting in fragmentation. Furthermore, the way mental health services are funded based on eligibility criteria, and the lack of connection between mental health and social services reinforces professional and structural silos. Viewing physical and mental health issues and systems as interdependent requires a shift in mindset. Integrating health services with relevant social services requires an even greater shift.

  The paradigm to draw these shifts together is a 'person-centred approach'. That is, services should be designed and delivered in order to meet the needs of people (patients, carers and families), rather than requiring people to organise themselves around a system based on the needs of service providers. Although the person-centred model is acknowledged as a key part of the solution, the challenge remains for PHNs to overcome entrenched behaviours, cultures and inertia in local health systems.

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[18] Improving the Integration of Mental Health Services in Primary Health Care at the Macro Level – Primary Health Care Research & Information Service (Jan 2015)

[19] National Mental Health Commission: Fact Sheet 9 – What This Means for General Practice and Primary Health Care (2015)

- *Competency & Capacity*: In order to create integrated, person-centred, local health systems PHNs will require proficiency in a range of number of competencies. These include:
    - mental health expertise;
    - consumer participation;
    - stakeholder engagement and management;
    - cross-sector partnering;
    - health system design;
    - care pathways development and implementation; and
    - commissioning services.

    To play their role effectively, PHNs will need to develop or acquire core competencies in these areas. As new organisations, this may prove difficult in the near term for PHNs as they work to establish their operations.

    Furthermore, even if competency issues are adequately addressed, another issue arising is that of each PHN's capacity for action. That is, given the scale of the geographies and populations that each PHN is responsible for, it remains to be seen whether they will have the capacity (adequate levels of staff and funding) to realise system integration across their PHN catchment.

- *Legitimacy and Levers*: PHNs will need to have a mandate, agreed across the system, for their role in local health system integration leadership. This mandate must be provided and supported by macro level health system players (eg, Commonwealth and state/territory governments, national/state professional associations, etc) and it must be respected and supported by local health sector actors (eg: GPs, allied health, hospitals, social services, etc). Without a legitimate mandate that is agreed and supported across the system, PHN integration actions will most likely fail to produce desired outcomes.

    Even with an acknowledged mandate, PHNs' efforts will not be effective if they have to rely solely on their local relationships and influence to effect change. PHNs require a suite of tools to realise local health system integration. These tools need to include a mix of incentives and sanctions to facilitate programming and behaviours that result in integration. Further work is required to identify and apply appropriate levers of change and much can learnt from experiences in other health services around the world.

CONCLUSION

PHNs have a key role to play in realising effective and lasting improvement in mental health outcomes, through adopting a person-centred approach in service design and enabling integration across service providers in local health systems.

The 2014 National Mental Health Commission report noted that "*They (PHNs) can work in partnership and apply targeted, value-for-money interventions across the whole continuum of mental wellbeing and ill-health to meet the needs of their communities*,[20]

Notwithstanding this, there are challenges and barriers to be resolved in order to effect meaningful and sustainable improvement in mental health outcomes and health system performance.

Further exploration of the challenges and barriers is warranted in order to enable PHNs to deliver on their objectives.

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[20] Report of the National Review of Mental Health Programmes and Services (Summary) – National Mental Health Commission (Nov 2014)