



WAPHA
WA Primary Health Alliance

Mental Health Reform Strategy Document

July 2017

A community based approach
targeting depression
and suicide globally



www.wapha.org.au

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About WAPHA

WA Primary Health Alliance (WAPHA) is committed to advocating and supporting innovation in primary care. WAPHA works with key partners on shared health priority areas to improve equity, access and health outcomes for all West Australians.

Primary Health Networks (PHNs) are an Australian Government health initiative, established with the key objective of increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improving co-ordination of care to ensure patients receive the right care in the right place at the right time.

From July 1, 2015, WAPHA took on the role of operating the three Western Australian Primary Health Networks (PHNs) - Perth North, Perth South and Country WA.

The primary health care system is fragmented with significant access barriers for people trying to navigate the system; this is especially true for people at high risk of poor health outcomes. These barriers contribute to over 62,000 Western Australians presenting at hospital emergency departments every year, whose care would be best managed through a coordinated and responsive health care system.

WAPHA is dedicated to building sustainable partnerships across the health and social care systems to effectively address the barriers impacting on the health outcomes of people through Western Australia.

To facilitate and achieve significant and lasting social change WAPHA works collaboratively with stakeholders to develop a shared perspective to solve complex problems.

This collective impact approach is consistent with global primary health reforms, which recognise the priority for organisations to create alliances and coalitions that produce results which are not possible to achieve independently.

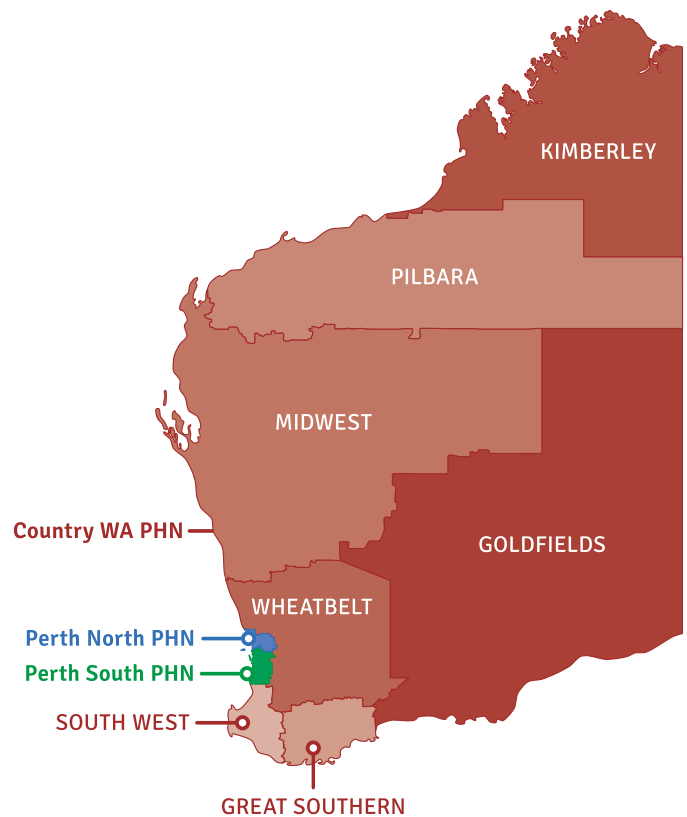


Fig. 1: WA map- breakdown of PHN regions

WAPHA Mental Health Reform

The rising burden of chronic disease especially on an ageing population (numerically and structurally), increasing cost of providing health care, growing health inequity and poor alignment of funding and incentives presents a challenging environment for the Australian health care system.

Investment in the current system is skewed towards the provision of high cost and low volume, specialist treatment services requiring a rebalance to improve the system of care for people with mental health issues.

Good mental health is fundamental to the wellbeing of individuals, families and communities. Primary care plays an important role in contributing to their improved outcomes. A robust and integrated primary care sector can provide the foundation for more effective and efficient mental health care for our community.

As part of our approach to mental health, WAPHA has become the first Australian National Chapter of the European Alliance Against Depression (EAAD). The EAAD is a community based intervention targeting the improvement of care and optimisation of treatment for patients with depression to prevent suicide.

A case for change- suicide and depression

Depression is a high prevalence, at times severe and often life-threatening mental health disorder, affecting the lives of many Australians every day. It is often associated with deep suffering and can be an enormous burden to those affected.

There are different types of depressive disorders with symptoms ranging from relatively minor (yet still disabling) through to severe. Many people at times can experience loss, heartache, and sadness which is momentary and not permanently debilitating. It is when these feelings of intense hopelessness last for many days and affect regular functioning that a person can develop depression.

Depression, particularly amongst adolescents, has been found to be a major risk factor to suicide; it is the second-to-third leading cause of death within this age group¹. Moreover, it has been reported that over 50 per cent of all suicide victims reported experiencing depression at the time of their death.²

Suicide is a global phenomenon that continues to affect all aspects of Australian society. In 2015, 12.6 per 100,000 deaths in Australia were the result of suicide, which equates to more than 8 deaths every day.

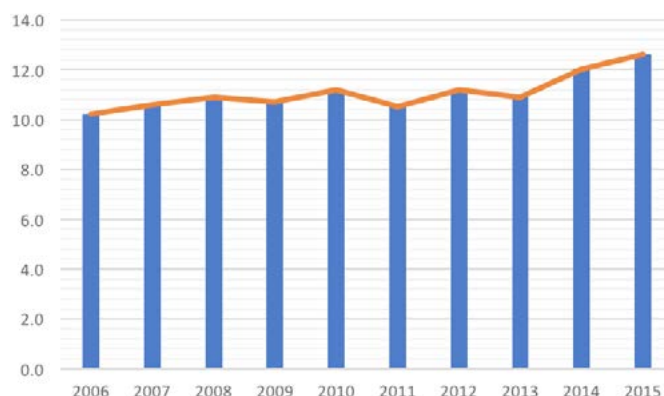


Fig. 2: Standardised death by suicide rate- Australia per 100,000 persons

For Aboriginal and Torres Strait Islander people the suicide rate is more than double the national rate with suicide accounting for 5.2 per cent of all deaths.³

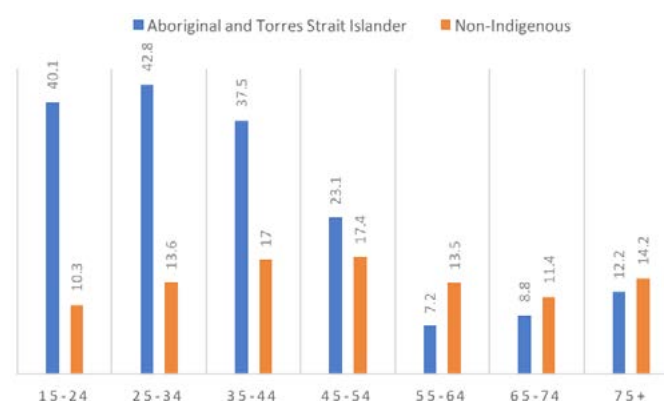


Fig. 3: Age specific death by suicide rate for Indigenous and Non-Indigenous Australians - per 100,000 persons

Non-fatal suicide refers to self-inflicted harm with intent to end one's life but does not result in death.⁴ It is often difficult to determine if a person's self-imposed injury was intended to cause death. However, it is estimated for every death by suicide, between 20-30 Australians will attempt to take their life.⁵

The role of primary care is critically important as only a very small number of patients at high-risk of suicide will contact State-based health systems (hospitals). Therefore, to reach more people at risk, suicide prevention measures have to reach within the everyday lives of people.⁶

In January 2014, the Productivity Commission reported on average a person received 5.7 General Practitioner (GP) consultations per year (which includes consultations with practice nurses and other primary care services).⁷ 82 per cent of Australians aged 15 years and over accessed a GP during the year 2015-16.⁸

The close link between suicidal behaviour and depression is well documented. Research from the American Association of Sociology suggests the risk of suicide is as high as 15 per cent amongst patients with severe and recurrent depressive disorders.⁹ Therefore a renewed focus on preventative actions to improve the care and treatment for people dealing with depression is required. This holistic approach can result in a reduction of suicide at a whole of population level.¹⁰

European Alliance Against Depression (EAAD)

Established in 2008 The European Alliance Against Depression (EAAD) is an international non-profit organisation delivering world's best practice in optimising the care of people with depression and preventing suicidal behaviour through a community based four-level-intervention framework.

The EAAD is based on the successful experiences from the model region of Nuremberg (The Nuremberg Alliance Against Depression) which resulted in a reduction of suicidal acts (-24 per cent in two years) by implementing the four-levelled approach.

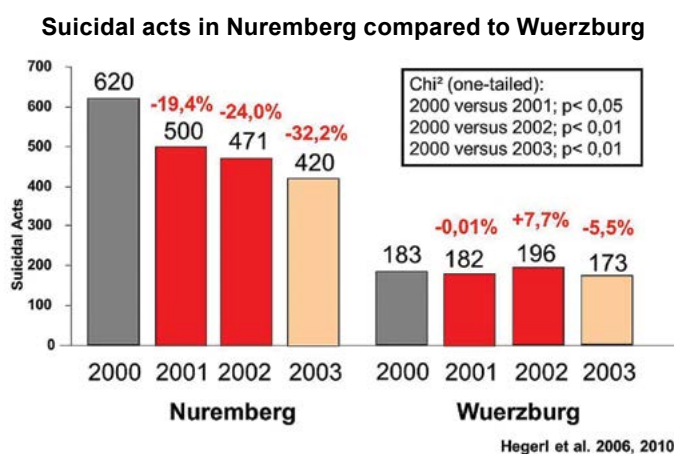


Fig. 4: Suicidal acts in Nuremberg compared to Wuerzburg

Following careful evaluation of the intervention in Nuremberg the EAAD was implemented through other regions in Germany. The targeted four-level community-based approach is now being delivered worldwide including in Canada and South America.

The EAAD provides a framework for WAPHA to work in partnership with communities to coordinate and integrate approaches to the prevention of suicide and treatment of depression. The strength of the EAAD approach focuses on the collective intervention formed within community.



Fig. 5: Regional Alliance Against Depression- the four levels of intervention

The EAAD strategy comprises of four levels of community-based intervention including; co-operation with general practitioners from primary care and specialised mental health professionals, public relations activities destigmatising depression and talking about suicide, co-operation with community facilitators and stakeholders, and support for high-risk patients and their relatives.

Strong synergistic effects can be expected from a cooperative and comprehensive approach. A better-informed public being consulted by more qualified and equipped GPs alongside accessible and well-equipped community services can form a synergistic and effective alliance against depression and suicide.

Community plays a central role in implementing the EAAD model. Many recent multi-level programmes have failed to link the 'strategy' being implemented to the needs and requirements of the community. Often the focus of these strategies is only on one or two priority areas and fails to adequately address the whole system.

WAPHA will implement the four-level approach as part of the Australian Government's priority to strengthen mental health care across the nation.

EAAD's alignment with commonwealth, State and other community plans

WAPHA is committed to developing a robust and integrated primary health care system providing equity of access to care for patients with mental health issues. WAPHA is aligning the EAAD framework with current State, Commonwealth and community-based policies and programmes.

WAPHA Mental Health, Alcohol and Other Drugs and Suicide Prevention Regional Plan. WAPHA is committed to aligning all its commissioning and reform activities to the EAAD framework alongside the Mental Health, AOD and Suicide Prevention Regional Plan.

Solutions that work: What the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report (ATSISPEP). Indigenous suicide is a significant population health challenge for Australia. Suicide has emerged in the past half century as a major cause of Indigenous premature mortality and is a contributor to the overall Indigenous health and life expectancy gap.¹¹

WAPHA will seek engagement from Aboriginal and Torres Strait Islander community members on adapting the EAAD framework to ensure WAPHA's approach is a community-based intervention focussed on cultural appropriateness and suitability. Central to any intervention strategy is a focus upon addressing specific community challenges, poverty and social determinants of health.

The EAAD as an international network provides WAPHA with valuable resources to learn lessons from other regional incarnations of the framework including work undertaken in Canada and other countries.

Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services. The current mental health system requires a whole of system integration approach to change from a system that shows; fragmentation, inefficiency, duplication, a lack of planning and coordination at a local level. The EAAD model provides a framework to achieve integration through implementing a community development model which seeks to empower, equip and upskill local people, families and neighbourhoods to be able to identify and respond to signs of depression and suicidal intent.

Mental Health 2020: Making it personal and everybody's business. Three key reform agendas are considered fundamental principles of the EAAD model:

- A system that is person centred supports people with mental health problems and/or mental illness to increase choice, flexibility and control of the services they receive. More emphasis will be placed on the important role of family, carers and friends in supporting people.
- Better connections between; public and private mental health services, the range of formal and informal supports, services, and community organisations will help ensure better support for people.
- A more balanced and equitable investment across the mental health system providing a full range of support and services from promotion, prevention and early intervention to treatment and recovery.

Local implementation of the EAAD

Perth South PHN and Country WA PHN will trial innovative approaches to the prevention of suicide as part of the Australian Government's \$46 million investment into suicide prevention across Australia. WAPHA will work with each community within the trial regions to examine and implement the following fundamental principles of the EAAD.

1. The recruitment of local partners

To integrate intervention approaches in reducing suicide and treating depression, WAPHA is committed to working with a broad array of stakeholders within community. WAPHA is committed to engaging with; GPs, community leaders and elders, people with a lived experience of suicide and depression, school teachers, emergency services, State Health Service Providers, Social Workers, Psychologists, Psychiatrists, Allied Health representatives, community support sector, education providers, parents, peer groups, hospitals, Local Governments, State Government Departments, Members of Parliament, media representatives, and other key community members.

2. Commissioning activities

Based on local knowledge and through extensive analysis, the existing service provision for people with depression and at risk of suicide requires a deeper understanding in order to commission targeted services and programmes based upon identified gaps and needs.

An essential element of the EAAD model is the formation of a local steering committee, involving members from community and other key identified stakeholders. This committee will play a key role in the development of a community-based intervention plan.

3. Evaluation

WAPHA will be evaluating the efficacy of the EAAD framework within the trial regions. The evaluation methodology embedded within the model provides a process to examine the effectiveness of the unique intervention approaches.

4. Destigmatisation

Destigmatising depression and talking about the prevention of suicide is a fundamental element of the EAAD. Activities will include, but are not limited to; enhancing knowledge about depression and suicidal behaviours, reducing stigma, translating and transmitting important health messages around depression and suicide, and promoting positive mental health.

The three suicide prevention trial sites will individually tailor the messaging regarding depression and suicide prevention dependent upon the local context. The EAAD framework ensures a flexible approach can be adapted to the local setting to which it is applied.

5. Launching the campaign

Community participation and 'buy-in' are critically important to project success. To maximise exposure and media attention an official launch is to occur within each trial region.

Next steps; EAAD membership

WAPHA as the National Chapter of EAAD is committed to providing leadership to the ongoing dialogue around the prevention of suicide throughout our communities. WAPHA believes strongly that positive outcomes will be achieved through an integrated, community, place-based approach.

New members are always welcome to become an EAAD partner and to establish a regional alliance. To become a member contact WAPHA who can support you with materials and advise about membership to the EAAD. For more information email eaad@wapha.org.au.

For further information about EAAD please visit: www.eaad.net

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Disclaimer

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