



**Australian Government**  
**Department of Health**

**phn**

An Australian Government Initiative

# **Activity Work Plan 2016-2018: Primary Mental Health Care Lead Site**

***Perth South PHN***

Approved to publish 22/12/17

# Planned low intensity lead site activities funded under the Primary Mental Health Care Schedule

As a lead site for primary mental health care reform, Perth South PHN will lead development and modelling of innovative approaches to regional planning, integration and stepped care in primary mental health care. This is to include **innovative approaches to low intensity mental health interventions**.

Perth South PHN is required to work with the Department on the approach to documentation, data collection and evaluation of activities and dissemination of information across PHNs.

Lead site activity is in addition to the standard funding agreement requirements under which all PHNs are required to meet local needs across six priority areas: low intensity services; severe services; youth mental health services; psychological services for underserviced groups; community based suicide prevention activities; and Aboriginal and Torres Strait Islander mental health.

The table below outlines the activities proposed to be undertaken in the 2016-17 financial year. In general, these activities are expected to be above and beyond those funded from the general flexible funding pool specifically in relation to low intensity services. The activities listed should be confined to those that are specifically funded from the lead site funding allocated to Perth South PHN.

Proposed low intensity lead site activities	
<b>Lead site activity: Develop, test and share models for the delivery of low intensity interventions for people with mild mental illness in line with an agreed national evaluation framework</b>	<p>The government’s response to the National Review of Mental Health Programmes and Services has set a clear strategy for enacting a whole-of-system reform to build an integrated, person-centred system. The report states that a fundamental element to the stepped care approach lies in prioritising delivery of care through general practice and the primary health system.</p> <p>Rebalancing the health system and shifting resources towards early intervention services represents a significant change in the way mental health care is delivered in Western Australia. GPs will be integral to the success of this reform and as such the lead site activity will focus on change management, addressing system fragmentation and bedding down screening and low intensity interventions for people with mild to moderate mental illness. The Perth South PHN lead site activity seeks to add value to GP referral practices to enhance the uptake of low intensity interventions for people with, or at risk of, mild to moderate mental illness. The PHN aims to encourage the uptake of low intensity interventions through the provision of increased support for GPs</p>

**developed in consultation with lead sites.**

and trialling a number of strategies. This support will be targeted to aid GPs in matching the intensity of treatment to patients needs by using a clinical prediction tool which estimates an individual's risk of a specific outcome.<sup>1</sup>

The implementation of the lead site activity will be informed by behaviour change methodology which will use several elements<sup>2</sup> and the conceptual framework which underpins the embedding of effective depression care<sup>3</sup>. The elements of:

- **engaging** GPs and clinical staff e.g. by placing GP engagement at the heart of service delivery, such as through mechanisms for co-design.
- **enabling** change through the removal of barriers e.g. by providing assessment and referral tools to increase the capability of clinicians to enable them to make more informed choices
- **encouraging** change e.g. by celebrating and recognising achievements
- **exemplifying** the benefits of change e.g. through the use of evidence and case studies from the use of assessment and referral tools; and
- **catalysing and sustaining the change**

All of these elements combined will ensure a consistent integrated approach alongside of the conceptual framework to guide change and the implementation of best practice depression care in the primary care setting<sup>4</sup>.

Perth South will implement the target D clinical prediction tool (CPT) in conjunction with the UCLA loneliness scale to support the GP in managing and providing patients with a tailored care package. The CPT stratifies whether a patient is at low, medium or high likelihood of poor depression outcome and then tailors care to the need over the following 3 months.

Loneliness has become recognised as a complex psychological experience arising when discrepancy exists between an individual's actual and perceived expectation of their interpersonal relationships (Peplau & Perlam, 1982). The UCLA Loneliness scale will be used as a unidimensional measure of a patient's loneliness in conjunction with the adapted CPT.

The project will be informed by co-design methodologies which harness the expertise of General Practice. The project will harness this expertise by:

- **Implementing:** implementation of tailored care and treatment packages within a stepped care framework based upon a range of targeted symptoms; namely patients' risk of depression and scale of loneliness.
- **Valuing:** Placing high social value on the elements of treatment that can be provided through community based services for patients along the spectrum of need. Maximising both WAPHA commissioned services and other community based services to

<sup>1</sup> Gunn J et.al Target-D: a stratified individually randomized controlled trial of the *diamond* clinical prediction tool to triage and target treatment for depressive symptoms in general practice: study protocol for a randomized controlled trial. 2017 BioMed Central accessed <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5520374/>

HM Government. Securing the future: The UK Government Sustainable Development Strategy. 2005. London, HM Government.

<sup>3</sup> Gunn et al. Implementation Science 2010, 5:62 <http://www.implementationscience.com/content/5/1/62>

<sup>4</sup> <http://medicine.unimelb.edu.au/school-structure/general-practice/engagement/community/diamond/research-2/outcomes>

form treatment components to be provided as options to patients who are identified as at mild, moderate or high risk of depression along with patients who are identified as having frequent to severe experience of loneliness.

- **Enabling Access:** Enabling better access and improved equity for people identified as being at risk of depression and/or loneliness to receive the care they need.

Perth South PHN will work with up to six practices in the Local Government areas of Armadale and Cockburn to implement to the CPT tool which will include the UCLA loneliness scale, and build capacity amongst clinical staff to provide targeted depression intervention treatments for those patients identified with depression. The use of the CPT will help tailor depression care around appropriate low intensity treatments, including online Cognitive Behavioural Therapy (CBT) applications, Practitioner Online Referral and Treatment Services (PORTS), and other support as a part of WAPHA’s implementation of the stepped care model to deliver Integrated Primary Mental Health Care services across the State in conjunction with community based services.

**Treatment options:**

*Fig 1: depression risk/loneliness severity rating*

		Risk of Depression		
		No/ low	medium	high
Range of experienced loneliness	Average	Recommendations to online mindfulness app and other online low intensity indicative preventive tools- via SMS/email. No practitioner intervention	Recommendations to online CBT &/or mindfulness app via SMS and via clinician engagement. Follow-up appointment created- 3 months. No loneliness intervention.	Recommendations to online CBT &/or mindfulness app via SMS and via clinician engagement. Clinician to speak to GP about referral into PORTS (at non-controlled clinics). Follow-up appointment created- 3 months. No loneliness intervention.
	Frequent	Recommendations to online mindfulness app and other online low intensity indicative preventive tools-via SMS/email. Practitioner engaged to seek further info for patient; clinician to offer recommendations to community-based service	Recommendations to online CBT &/or mindfulness app via SMS and via clinician engagement. Clinician engaged to seek further info for patient and offer recommendations to community-based service. Follow-up appointment created- 3 months.	Recommendations to online CBT &/or mindfulness app via SMS and via clinician engagement. Clinician to speak to GP about referral into PORTS (at non-controlled clinics). Clinician engaged to seek further info for patient and offer recommendations to community-based service Follow-up appointment created- 3 months.
	Severe	Recommendations to online mindfulness app and other online low intensity indicative preventive tools- via SMS/email. Clinician engaged to seek further info for patient; clinician to	Recommendations to online CBT &/or mindfulness app via SMS and via clinician engagement. Clinician engaged to seek further info for patient; clinician to provide ‘hot	Recommendations to online CBT &/or mindfulness app via SMS and via clinician engagement. Clinician to speak to GP about referral into PORTS (at non-controlled clinics).

			provide 'hot referral' to community-based service. Follow-up appointment created- 3 months	referral' to community-based service. Follow-up appointment created- 3 months.	Clinician to provide 'hot referral' to community-based service. Follow-up appointment created- 3 months.
<b>Collaboration</b>	<p>WAPHA will invite stakeholders including GPs, Practice Nurses, Allied Health professionals and people with lived experience of depression to co-design person centred and community centred approaches to the treatment of depression and anxiety in primary care. Resources will be made available to increase the capacity of the clinicians to participate in the project. Prof Jane Gunn (Director Target D) will be engaged to provide a training program for use of CPT for clinicians in the associated General Practices.</p> <p>As part of WAPHA's commissioning of services in relation to the Stepped Care, WAPHA has engaged Access Macquarie to provide service in relation to implementing a new online referral pathway for patients with mild to moderate, anxiety, depression and problematic substance use (PORTS). The care options available for identified patients may include access to PORTS. Also, a directory of services is being established through <i>My Community Directory</i>, which is an online directory of, local health, social and community services and this will be used to identify Community based services, groups and activities to form an element of the treatment plan available for patients.</p> <p>Lead site activities will work in conjunction with WAPHA's Comprehensive Primary Care (CPC) and place based teams including Primary Health Liaison staff to ensure coordination of lead site activities. Primary Health Liaison staff will play a significant role in the project as the role provides a direct conduit to the General Practice.</p>				
<b>Workforce</b>	<p>WAPHA will facilitate lead site activity, co-ordinate stakeholder management, inclusive of working with GPs, and facilitate the development of care packages to a select number of practices within the Perth South PHN.</p> <p>Resources will also be provided to increase the capacity of the practice nurses or allied health professionals to participate in the project period. This service will commence upon the identification of practices to be involved in the trial.</p> <p>Professor Jane Gunn will be engaged to conduct a training program for Lead Site Coordinator and clinicians in the use of the Target D approach.</p> <p>WAPHA will provide project management support to the project which will include, data gathering, reporting, management of relationships with providers and analysis of project objectives.</p> <p>If a practice chooses to participate they will be provided with:</p> <ul style="list-style-type: none"> <li>• Possible participation fee (to be clarified)</li> <li>• The opportunity to obtain 40 Category 1 RACGP CPD points</li> <li>• Resources to increase capacity of the clinicians to assist with elements of lead site activity.</li> </ul>				

<b>Evaluation</b>	<p>Within a person - centred stepped care approach, it is important to provide various treatment options which to maintain good mental health. This project will focus upon integrating community based service offerings coupled with CBT and psychotherapy treatment options to build the resilience of people to maintain good mental health.</p> <p>The theory of change is:</p> <ul style="list-style-type: none"> <li>• By using a clinical prediction tool (Target D) to help tailor depression care in primary care people will receive the right treatment at the right time by the right organisation.</li> </ul> <p>Potential specific outcomes include:</p> <ul style="list-style-type: none"> <li>• Integrated treatment plans for people at risk of developing depression</li> <li>• Treatment and care for people who are depressed or anxious is effective</li> <li>• Improved pathways to support options for the treatment of depression</li> <li>• Build workforce capability within general practice to identify and treat symptoms of depression risk</li> <li>• Increase integration between community service organisations and primary health care</li> </ul> <p>Through the process set out in the Lead Site Project Part A, Evaluation Plan WAPHA will work with the evaluators to:</p> <ul style="list-style-type: none"> <li>• Identify approaches taken to manage the planning, commissioning, management and delivery of services in each of the focus areas;</li> <li>• Identify the barriers and facilitators in achieving set objectives in each of the focus areas;</li> <li>• Identify implications for future activity by PHN's and primary health care reform;</li> <li>• Gather data from lead site practices; and</li> <li>• Report as per Annexure A1- Primary Health Care to the Primary Health Networks Grant Programme Guidelines</li> </ul>
<b>Communication and sharing of learnings</b>	<p>A Communication Plan will be developed and implemented for the Project. Learnings from the project will be shared through a number of platforms including the PHN SharePoint and the PHN Lead Site activities/engagement. The Learnings will also be fed back through the Community Reference Group and other mechanisms within WAPHA such as the GP Connect, Primary Health Exchange and the WAPHA website. The dissemination of learnings will feature low-tech, pragmatic and manageable activities which can increase the spread of the learnings by being easy, attractive, social and timely.<sup>5</sup></p>

<sup>5</sup> Burd H, Hallsworth M. *Spreading Change: A guide to enabling the spread of person-and community centred approaches to health and wellbeing*. Behavioural Insights September 2016

<b>Other</b>	The low intensity lead site activity was initially implemented with a focus on youth suicide prevention in the Rockingham, Kwinana and Peel regions of Perth South PHN. This activity has now been incorporated into the National Suicide Prevention Trial Site and the focus of the Lead site was adjusted to focus on low intensity.
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<b>EXPENDITURE</b>		
<b>Planned Expenditure 2016-2018 (GST excl.)</b>	2016/2017	\$195,200
	2017/2018	\$781,000
	Total (GST exclusive)	\$976,000
<b>Planned Expenditure 2018-2019 – ending December 2018 (GST excl.)</b>	2018/2019	\$398,800