

The WA Primary Health Alliance and the Mental Health Workforce

WAPHA's role

A confident and capable workforce helps Western Australians who experience mental health issues to access the right care, in the right place, at the right time.

In addition to its role as a commissioner of mental health services, WA Primary Health Alliance (WAPHA) is committed to building the capability and capacity of the primary health care sector. The development of a sustainable mental health workforce is central to this aim.

Through its partnerships, WAPHA has developed innovative solutions to WA's workforce challenges, particularly in expanding the scope of practice of the primary care workforce, building high performing practice teams, and considering digital solutions such as telehealth and online service delivery, to overcome distance and shortages.

WAPHA assists a generalist workforce that is increasingly required to manage the care of individuals with multiple and complex illnesses and mental health, alcohol and other drugs related issues, within primary care settings.

WAPHA also focuses on role redesign, inter-professional training, multidisciplinary teams and shared care to address the shortages and maldistribution of key primary care professionals, including GPs.

The Australian Government implements the Primary Health Network Program Performance and Quality Framework (the PQF), to measure how the activities and functions delivered by Primary Health Networks (PHN) contribute towards achieving the PHN Program's objectives. The PQF includes workforce related indicators. WAPHA has a role in ensuring a requirement that the primary health care workforce be suitably qualified and experienced.

Primary Care Workforce Development Strategy

WAPHA is developing a Primary Care Workforce Development Strategy for Western Australia, in collaboration with the WA Department of Health, WA Department of Training and Workforce Development, peak industry bodies for each of the primary care professional groups, and service providers¹.

With specific reference to mental health workforce initiatives, the strategy will consider the roles of peer support, self-help groups and people with lived experience working with and alongside the primary care workforce. The strategy will also aim to increase Aboriginal employment in the primary care sector in Western Australia, including within mental health contexts.

Workforce Issues

The primary care workforce in Western Australia is diverse. It faces common issues and pressures that impact the health workforce in the broader health care system². These issues include:

- shortages of workers (including mental health nurses) with the required skills
- high rates of turnover, particularly in regional areas
- an ageing GP workforce
- a move by younger Australian-trained GPs toward part-time employment, which will have significant impacts on access to primary care³
- a maldistribution of the health workforce in Western Australia, resulting in some areas having an oversupply of certain professions, while other areas experience a chronic undersupply.

Undersupply is particularly an issue in rural and remote areas. For example, there is high demand for primary care services

1 WA Primary Health Alliance *Commissioning for Better Health*, Perth, p50. 2019

2 WA Primary Health Alliance (2019), p50

3 Department of Health Western Australia. *General practice workforce supply and training in Western Australia*. Perth, 2018.

in the Goldfields but an insufficient number of primary care practitioners. In 2017, there were 14 GPs for every 10,000 residents in the Goldfields region and 17 GPs for every 10,000 residents in Esperance⁴.

Covering such a large geographical area, health professionals in the Kimberley are often servicing vast catchments and are geographically isolated from their peers. The challenge of recruiting and retaining a suitably qualified workforce is ongoing, with high turnover rates. In the Kimberley region 22 per cent of the general practice workforce moved interstate or to Perth⁵. Residents in the Kimberley are often left with limited continuity of care, which may negatively affect the care they receive.

88 per cent of psychiatrists and 75 per cent of psychologists are employed in major cities, and only three psychiatrists per 100,000 population and 30 psychologists per 100,000 population employed in remote and very remote areas⁶.

Primary Health Networks are tasked with working closely with health service providers, in the areas of workforce shortage or where innovative approaches are required to make best use of available resources⁷.

WAPHA cannot achieve its vision of improved health equity in Western Australia without a fit for purpose primary care workforce.

Comprehensive Primary Care

Comprehensive Primary Care (CPC) is a program that builds capacity and capability within primary care to offer more individualised care to patients. Designed and developed by WAPHA with GPs, the program works intensively with general practices across the state to identify and understand their specific needs and offer tailored support to assist them to deliver a patient-centred model of care, that is sustainable and improves patient outcomes.

For more information on CPC, visit the [WAPHA website](#)

Team based-care

The CPC model is based on the Bodenheimer Patient-Centred Medical Home (PCMH) Model⁸, and advocates enhanced patient access to comprehensive, coordinated, evidence-based, interdisciplinary care. Building block four of the PCMH model is 'Team-based Care' where practices created teams with well-trained clinical and non-clinical staff that add capacity and are

able to better meet the needs of their patient population.

High performing practices use team-based care to better manage increasingly complex care and meet the needs of their patient population. Team-based care benefits the patient, through the provision of high-quality care, when they need it. Within a team-based care approach, the practice is also likely to be better placed to provide supporting care such as patient education, addressing risk factors, self-management support and behavioural strategies.

Building capacity in the sector

WAPHA invests in education and training to build the capability and confidence of the mental health, drug and alcohol and primary care workforce.

In the Midwest, more than 70 GPs and health professionals have received training on mental health disorders such as anxiety and depression, as part of the Midwest Suicide Prevention Trial supported by WAPHA. The training aims to refresh and update GP knowledge on the signs, symptoms and treatment of mental health conditions.

Grow Local is a free community training initiative developed in response to the difficulties faced in recruiting and retaining culturally appropriate mental health workers to assist and support Aboriginal people in the Goldfields and Midwest.

As part of Grow Local, WAPHA commissioned the Australian Medical Association (WA) to run an 18-month Certificate IV in Mental Health course, free of charge for 20 community and health professionals in the Pilbara, Goldfields, Wheatbelt, Midwest, South West and Great Southern.

WAPHA funds The Treating Alcohol and Drugs in Primary Care (TADpole) program, which aims to increase the capacity of the Western Australian primary care workforce to provide alcohol and drug treatment and support. The project involves a series of education activities covering general and specific alcohol and drug topics and skill-based techniques delivered in face-to-face education sessions, short video lectures and webinars⁹.

WAPHA also works collaboratively with the Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine to promote and support engagement with their alcohol and other drug education and training programs.

In 2019, WAPHA funded a joint project between the Western Australian Association for Mental Health and the Western

4 Commonwealth Department of Health. *National Health Workforce Dataset*. Canberra. 2017.

5 *Rural Health West. GP Dataset*. 2018.

6 Australian Institute of Health and Welfare, *National Health Workforce Planning and Research Collaboration 2011: Mental Health Non-Government Organisation Workforce Project Final Report*. Adelaide: Health Workforce Australia, 2016.

7 Australian Government Department of Health. *PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance – Primary Mental Health Care Services for People with Severe Mental Illness*, p12. Canberra. 2019.

8 Bodenheimer, T., Ghorob, A., Willard-Grace, R. & Grumbach, K. *The 10 building Blocks of High Performing Primary Care*. *Annals of Family Medicine*, 12(2), 166-171. 2014

9 Edith Cowan University, *Tadpole website: https://www.ecu.edu.au/schools/medical-and-health-sciences/our-research/systems-and-intervention-research-centre-for-health/treating-alcohol-and-drugs-in-primary-care-tadpole/overview* Accessed on 2 April 2020.

Australian Network of Alcohol and other Drug Agencies, to work intensively with community mental health and welfare services to assess and improve their capability regarding working with people with co-occurring mental health and drug and alcohol issues. The organisations involved now have appropriate policies, procedures and trained workers to respond to people experiencing co-occurring mental health and AOD issues.

Peer workers

The Fifth National Mental Health and Suicide Prevention Plan notes that peer workers, workers with a lived experience of mental health issues, play an important role in building recovery-oriented approaches to care, providing meaningful support to people and modelling positive outcomes from service experiences¹⁰.

The Choices program is a WAPHA funded initiative, which utilises a peer support model, whereby peer workers draw on their lived experience to offer supportive intervention.






Choices connects vulnerable and disadvantaged people with critical social and mental health support as they are discharged from justice services and emergency departments.

In 2020, WAPHA was successful in securing approximately \$7 million in funding from the Australian Government's Community Health and Hospitals Program to expand the Choices service. The expansion includes establishment of the Choices service at four new hospitals, including Armadale Hospital, Peel Health Hub, Joondalup Health Campus and St John of God Midland Public Hospital, in addition to the existing services at Royal Perth and Rockingham Hospitals.

WAPHA is looking at ways to further support the development of the peer workforce within primary care settings.

¹⁰ Australian Government Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: Commonwealth of Australia, p46. 2018.



-  info@wapha.org.au
-  1300 855 702
-  [/waphaphns](https://www.facebook.com/waphaphns)
-  [/WAPHA_PHNs](https://twitter.com/WAPHA_PHNs)
-  [/company/wapha](https://www.linkedin.com/company/wapha)

This is one of a series of factsheets regarding mental health and primary health care, developed by WAPHA. Further factsheets and other resources can be found at www.wapha.org.au/mental-health-framework. The information in this factsheet was accurate at December 2020.