Developing a New Mental Health Support Service

Information Pack

wapha.org.au

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Why is WAPHA doing this?

Like all Primary Health Networks (PHNs), a major part of WA Primary Health Alliance's (WAPHA's) role is to assess the primary health care needs of the community and commission health services that meet those needs, working in partnership with General Practice and minimising service gaps. The Australian Government provides funding to WAPHA for new services in line with the priorities for our regions. We work with other funders to pool resources, coordinate services and avoid duplication and waste.

By being effective in our commissioning activities we aim to reduce unnecessary hospital admissions.

Where is this new service going to be available?

WAPHA's data analysis has shown Wanneroo town centre, Butler and Merriwa to feature communities with relatively high levels of mental health and alcohol and other drug (AOD) issues.

These locations also feature:

- socio-economic barriers that make the provision and uptake of effective treatment more difficult, and
- significant Aboriginal populations displaced from inner suburban locations where culturally appropriate services are more available.

Evidence shows that when individuals living in difficult circumstances are supported to successfully access appropriate care, they have improved health care experiences and better clinician rated and self-reported outcomes.[1]

1 Implementing Measurement-Based Care in Behavioural Health, Lewis et al 2019; Can Collaborative Care Cure the Mediocrity of Usual Care for Common Mental Disorders , Sunderji et al 2018; Closing the False Divide: sustainable Approaches to Integrating Mental Health Services into Primary Care, Kroenke and Unutzer 2017; Australian Mental Health Consumers' Experiences of Service Engagement and Disengagement: A Descriptive Study, Lawn et al 2021

The Service

What will the Service be like?

Purpose

The Service will help people experiencing mental health challenges and/or alcohol and other drug (AOD) related issues, who also have co-occurring health problems and few personal resources, to overcome their barriers to effective engagement with health care services.

Service Access

Service users* will access the Service through a GP referral from a participating general practice within the catchment area. Access to the new Service will be **free of charge.**

The Key Provider

The Service will be provided by a nurse generalist* who works closely with the service user, establishing a supportive therapeutic relationship.

The Wider Team

The nurse generalist will work with the GP to support the service user's care needs, bringing in the GP, relevant practice staff, treatment and treatment support services in accordance with the service users' needs and preferences.

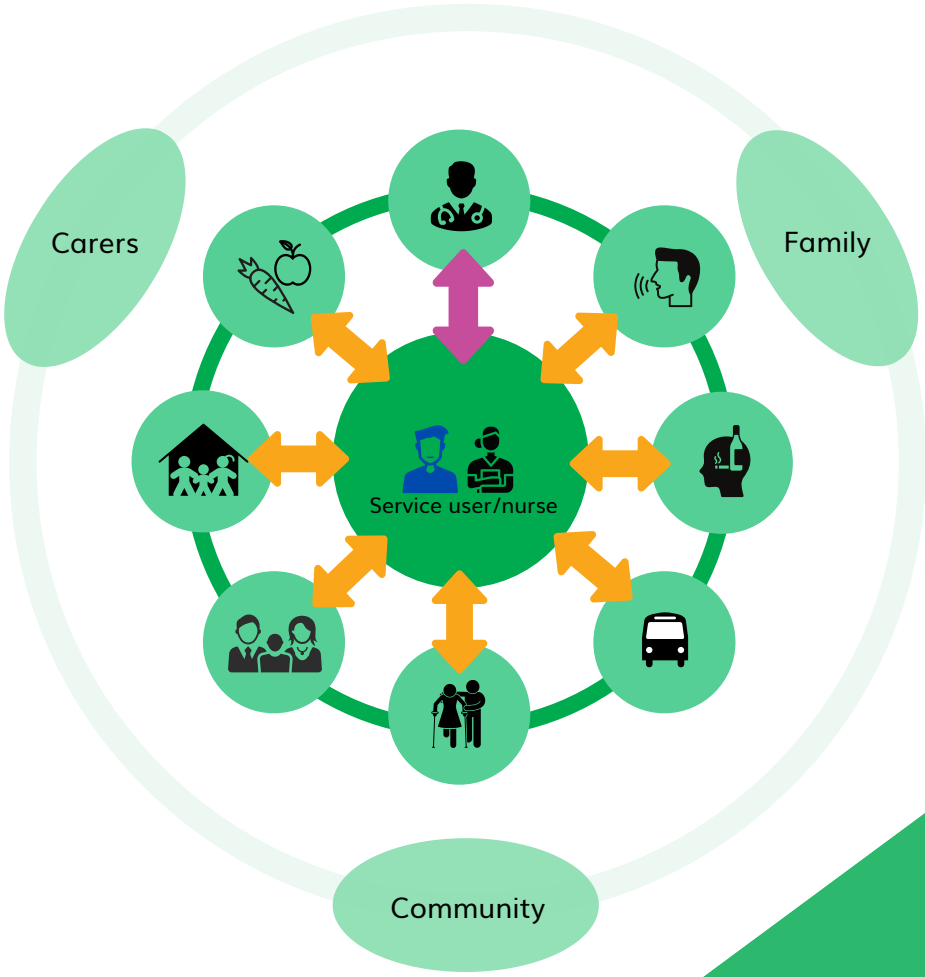
Outcome focused

Services will work in a person-centred, coordinated and holistic way, and focus on achieving better service user health outcomes.

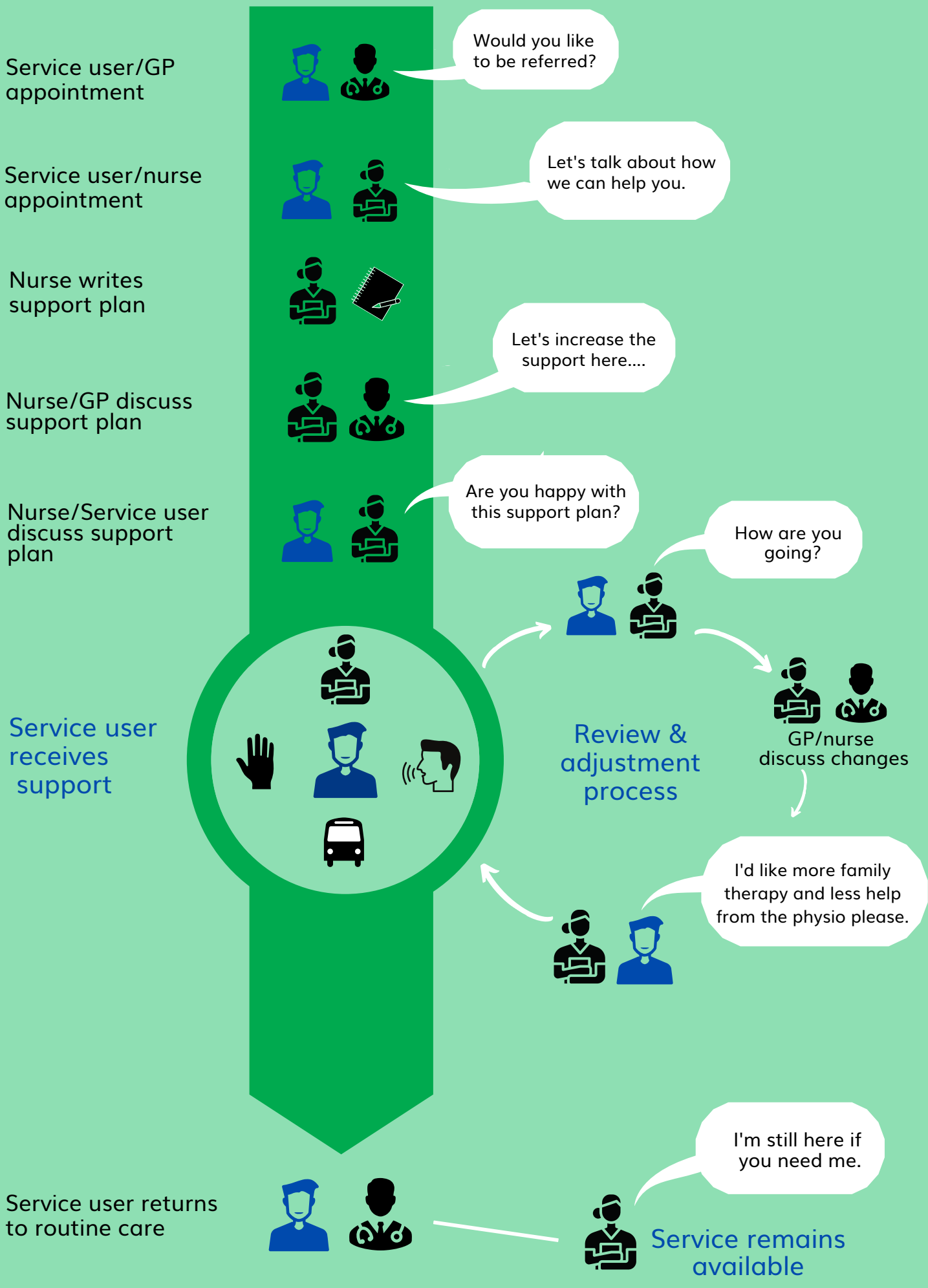
The Service aims to provide:

- A small, self-managed team of nurse generalists working within a defined catchment.
- In-reach services* to meet the needs of the target group through partnerships with specialist AOD / mental health services including psychiatry*. Medicare Benefits Schedule (MBS) items are available that reflect shared care.
- Treatment support services that address the barriers for those lacking the personal resources necessary to engage with care effectively. These could include a social worker, family therapist, transport, etc.
- Strong partnerships* with community mental health and general health services*, provided through North Metro Health Service and other local providers, to support integrated care.

The Service relationships will look like this:



What will the Service look like for me as a user?



What is my role as a GP?

Your practice has decided to offer this Service. The commissioned organisation has confirmed it has appropriate clinical governance arrangements in place and the administration of the Service is set up in your clinical management system.

- On seeing one of your patients whom you feel may benefit from using the Service, you discuss the Service with them and offer them a referral. If accepted, you agree on who, the patient or nurse, will make the first contact.

- Following the meeting between the nurse and the new service user, where the nurse establishes an understanding of the service user's history, care plan and support needs the nurse drafts a support plan.

- The nurse discusses this with you and together you agree:
  - how the nurse can best support the service user to access, and optimise the benefits of, their care plan;
  - how the nurse should keep you informed of the service user's progress and the procedures for urgent actions and emergencies.

- The nurse commences supporting the service user in their care plan, checks in regularly with them and keeps you informed.

- Specialist services providers also keep you and the nurse informed.

- The care plan is reviewed by the service user, nurse and yourself as their GP. It is adjusted according to the service user's progress and their ability to self-manage.

- As the service user progresses they may require fewer appointments with you, leaving you more time to focus on the urgent needs of the Covid-19 vaccination program and other priorities.

Let's name the Service

WAPHA has an opportunity to name the Service so that it is meaningful to service users, GP's and other key local stakeholders. The Service needs a distinctive identity based on one or more of its key characteristics:

- Local to the Wanneroo/Butler/Merriwa region (noting that if this model is successful it may be replicated elsewhere)
- Mental health and/or AOD focused
- Support is tailored to the specific service user's needs
- Highly supportive in nature
- Integrated range of specialist services and supports
- Nurse generalists perform a central role

Names should ideally be distinct from other local medical or community based social services, short, easy to pronounce and remember. Acronyms are best avoided unless they can meet these requirements.

Throughout the consultation period WAPHA will be seeking stakeholders input and feedback on potential service names,

***Definitions**

Service users are patients attending participating general practices who are approached about and may use this new service.

Nurse generalists are healthcare professionals who are Registered Nurses with relevant qualifications and training, and who have substantial, experience in a number of settings. They will require the capacity to provide support and expertise across a range of health conditions including mental health and chronic health, support service users in navigating a care plan and promote healthy lifestyle choices and options.

In-reach services provide the scope and flexibility for the nurse to engage and connect with service provides on behalf of the service user. This approach is proactive. It may include visiting service users in their place of residence.

Partner organisations provide health and support services in line with the service model shown above.

A psychiatrist is a medical doctor who specialises in diagnosing and treating people with mental illness. They understand how physical and mental health affect one another.They provide psychological treatment, prescribe medications and undertake procedures such as light therapy and electro convulsive therapy.

Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

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