Better Together: Collaborative Primary Health Care for Severe and Complex Mental Illness

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Background

The World Health Organisation recommends that management of mental health problems occurs in primary care [1]. For severe and complex mental health problems, this shift can reduce stigma and social exclusion [2] and allow for participation in normative life processes [3] The Royal Flying Doctor Service - South Eastern Section (RFDSSE), is funded by the Western NSW Primary Health Network (WNSWPHN) to provide the Mental Health Nurse Support (MHNS) Service to GPs for individuals with severe and complex mental health difficulties. The service is located within the primary care setting, via co-location with General Practice, Aboriginal Medical Services and Community Mental Health. The service operates within a collaborative, multi-disciplinary, flexible & integrated stepped care model, with the GP at the centre of care and with strong governance & clinical support. Social engagement, physical activity, vocational training, and engagement with specialist services outside of the region are a significant focus.

Aims

To evaluate the MHNS service, specifically, barriers and enablers to implementation of the service and key outcomes of the service for clients.

Methods

Ethics approval: Granted by the Aboriginal Health & Medical Research Council & Western Sydney University Ethics Committees. **Study design:** Mixed methods study incorporating clinical record audit, GP and client survey, client interviews and key stakeholder interviews. **Data collection & analysis:** Six key stakeholder interviews have been completed to date. A semi-structured interview schedule guided the discussion. Interviews were audio recorded and transcribed verbatim for inductive thematic analysis to identify key themes emerging from the data.

Results

Key stakeholders were from a range of organisations in the social, health, education and forensic fields. They identified a range of facilitators, barriers and key program outcomes. Common themes are presented.

Holistic & person-centred service

- Comprehensive physical & mental health assessment
- Broad, diverse range of programs and activities
- Links to services that address the whole person
- Supporting family & carers to access support
- Holistic support for the GP as the centre of care
- Addressing GP, client & other health professionals' priorities

> "[The MHN] is very much about looking after the whole person, not just the mental health"

Approachable

- The approachable nature of the MHN as both the first and on-going point of contact was vital to the success of the program for engaging stakeholders and ensuring ongoing collaboration
- This was also evident to stakeholders through participants' willingness to contact and engage with the MHN.

Empowerment

- The sense of agency, empowerment & pride instilled in participants through engagement with the service and it's programs, being very much client-led and person-centred

> "She [the MHN] is giving clients a sense of agency for themselves because she is valuing them as people rather than just as a participant in a program."

- Participants are given control over and choice about their involvement

> "it's through these programs that inspires and breeds empowerment"

Diversity

- Diversity in the activities and programs participants can access as well as the types of external services participants are linked in with

> "The way that [the MHN] approaches her service users and the diversity in the programs that she runs. It's not a one size fits all approach"

> "She was facilitating that educational pathway… a sense of pride to be able to receive [a] certificate…and gaining more skills"

Success Factors

Stakeholders identified a range of facilitators to the current success of the service model.

Proactive

- Proactive in finding the right services for the participants' needs & other funding opportunities to fund programs
- Timely response to requests for information and taking action to seek out appropriate supports

> "For me having to call up cold, immediately it was like "great let's get together" so we did a home visit together"

Trust and Advocacy

- Through both the actions of the MHN and the reputation of the RFDS, participants develop a strong sense of trust in the service
- The consistent follow up provided and advocacy to facilitate participant engagement with other services enhances this trust

> "She [the MHN] means what she says and she's delivered for them. It's from that building up of trust and rapport."
> "willing to go in to bat for the service users...on issues that contribute to mental health"

Connection and Collaboration

- The service provides an extensive resource to the stakeholders, encompassing knowledge, skills, strong relationships, connections and collaborations with a wide range of health, social, education, training and forensic services

> "Now I have a network, a mental health 'go-to'"

- Co-location with community mental health is a significant facilitator of connecting participants to appropriate mental health services
- Participants of the service make meaningful social connections with other participants through group activities (e.g. Wonder Woman program)
- The MHN collaborates with participants to determine their needs and wants
- Strong relationship with practice managers & GPs

Challenges Encountered

- Demand for the service exceeds capacity in this region, despite extensive efforts to link participants in to a range of supports
- Accessibility of the service is limited due to capacity constraints; this is important for managing client load and maintaining credibility
- Communication of information from other services to the MHNS service could be improved significantly (e.g. psychiatry discharge summaries and recommendations post discharge from hospital)
- Ongoing and consistent resourcing of the program to ensure sustainability
- Lack of transport for clients to attend various programs and activities can be a barrier at times
- Lack of service systems to wrap around participants with severe and complex mental health needs and to provide a monitoring role
- Access to attachment- and trauma- focussed service systems and training for GPs in the area of severe and complex mental health problems, particularly Borderline Personality Disorder

> "It's a very holistic service. That's where I struggle with having a lack of a responsive service system..."

> "the demand outweighs capacity, for sure...and to make real change and make a real difference we need a lot of time, a lot of repetitiveness, a lot of follow-up and support"

Client Outcomes

- Re-engagement with services for people who had disengaged
- Participants receiving a holistic service that impacts on the social determinants of health (e.g. transport, income, personal relationships, education/training)
- Engagement in training (e.g. accredited certificate in hospitality/barista)
- Development of social relationships, meaningful social support networks & friendships
- Reductions in social isolation for many participants
- Clients identifying their dreams, goals & aspirations & achieving these

(e.g. clients losing 20-30 kgs in the Wonder Woman program)

> "We've had weight loss, we've had strength, we've had people gaining back some casual or volunteer work"
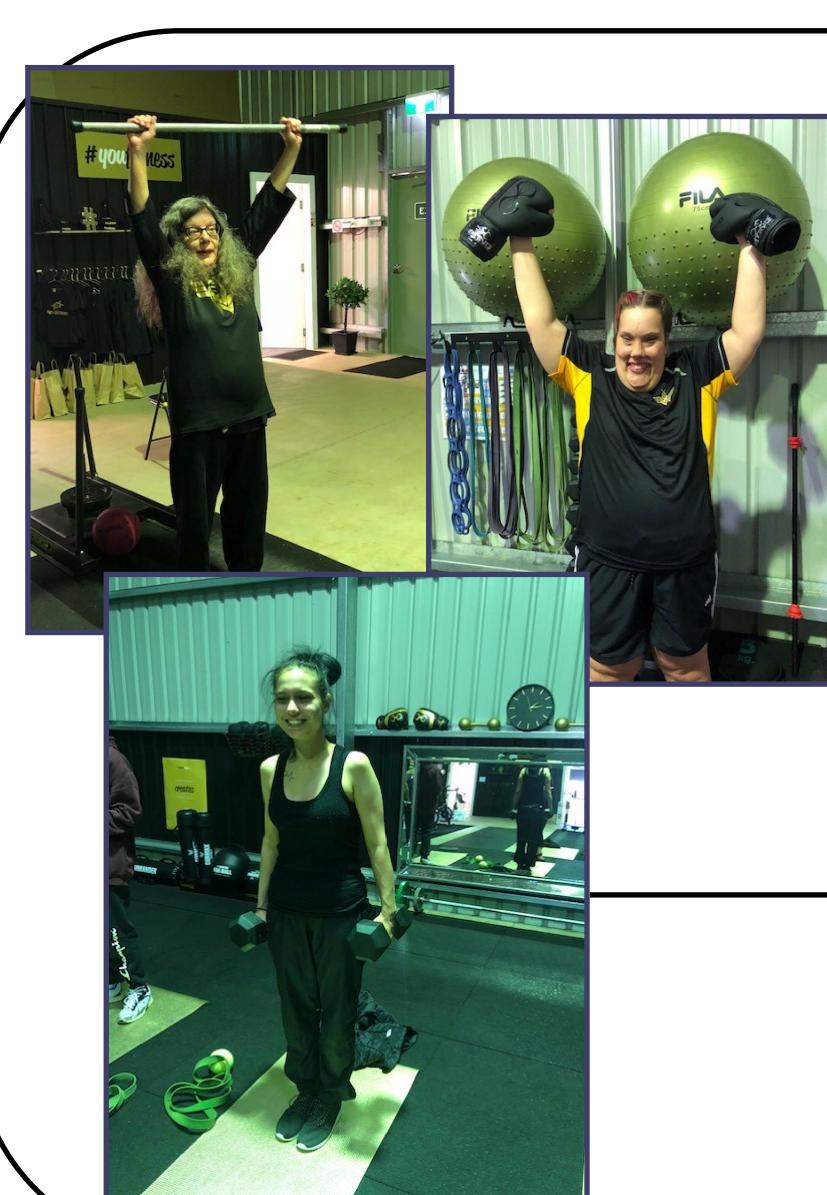
Programs and Activities

Wonder Woman group fitness & nutrition

A range of programs and activities initiated by the MHNS service team highlighting the holistic nature of the service
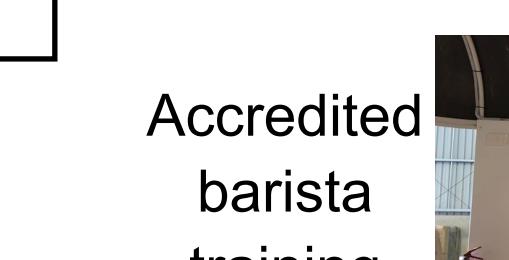
Accredited barista training

Heart Foundation walking group

Wonder Woman's Health Expo

Key Recommendations

Several recommendations were made by participants during interviews, including the following:

1. Staffing of the MHNS service be expanded to meet demand
2. Holistic services and programs provided by the MHNS service are supported through continued funding
3. Proactive (rather than reactive), evidence-based programming for people with severe and complex mental health problems be further enhanced and supported
4. Outcomes measured in a manner that captures meaningful outcomes for participants in the program.
5. Building of awareness of external, non-traditional services that have a high level of expertise & access to their resources in a timely manner

References

1. WHO (2008). Integrating mental health into primary care : a global perspective. Wonca: Geneva, Switzerland.

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