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Department of Human Services

South West Mental Health Mapping Project

Executive Summary

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Abbreviations

BOIMHC	Better Outcomes in Mental Health Care program
DHS	Department of Human Services
EAP	Employee Assistance Program
EFT	Effective Full Time
GP	General Practitioner
LGA	Local Government Area
MBS	Medicare Benefits Schedule
ODGP	Otway Division of General Practice
PCP	Primary Care Partnership
SWHC PMHT	South West Health Care Primary Mental Health Team

Tables

Table 1	Service Providers for Depression and Anxiety	Page 6
Table 2	MBS Item Number 2710 – uptake figures	Page 11
Table 3	MBS Item Number uptake – ODGP	Page 12
Table 4	Service Provider Respondents	Page 15
Table 5	Barriers to seeking help	Page 24
Table 6	Factors helping respondent to access providers	Page 27

Figures

Figure 1	Geographic Distribution of Services	Page 7
Figure 2	Origins of Consumer Referrals	Page 17
Figure 3	Where Consumers are Referred to	Page 18
Figure 4	Linear Representation of Consumer Pathways	Page 23

Executive Summary

The Southwest Victoria Mental Health Mapping Project sets out to identify the level, accessibility and effectiveness of mental health services for high prevalence disorders amongst the adult population in the region. In response to this information possible actions are proposed that could improve outcomes for the community.

The study focuses on the high prevalence psychological disorders of depression and anxiety in adults aged 18-65 living in the five municipalities of Southwest Victoria, an area generally coinciding with the Otway Division of General Practice (ODGP).

This report provides a summary of the main activities and findings of the project. For any further detail, please see the South West Victoria Mental Health Mapping Project Final Report.

Within the project:

- Data have been collected on the number and location of relevant health professionals across the region.
- A substantial telephone survey of 1297 people selected randomly from the community of Southwest Victoria was undertaken to provide a social network analysis of primary contact points. This survey resulted in contact with 275 people with recent use of services for high prevalence mental health issues.
- In-depth qualitative interviews were conducted with 25 mental health services recipients.
- A survey of 37 health care professionals from relevant disciplines in the region was used to identify issues from the service provider perspective.
- The data collected were reviewed by a reference group of relevant health care providers and selected key informants to consider recommendations for possible future action.

The Project reveals that there is a broad range and reasonable distribution of relevant services across the region but these are present in levels that are substantially below those in major cities.

The centrality of general practitioners (GPs) as the initial identifying, diagnosing and treatment agents is confirmed. This fact raises related concerns – whether, as time limited professionals, they have the capacity to respond appropriately, or the time to maintain their level of knowledge of mental health issues without systematic expansion of the teams around them including the Primary Mental Health Team (PMHT) of South West Health Care (SWHC).

The social network analysis arising from the consumer telephone survey also demonstrates the wide range of other agencies that become involved in supporting people with mental health issues. This correlates with the primary barriers identified by people requiring assistance – a lack of mental health education and knowledge of where

to go for help. The lack of knowledge about available services appears to also extend to many of the service providers themselves.

There is a reasonable range of mental health professionals across the region, but recruitment and retention of appropriate people is considered to be a problem which contributes to the fragility, and sometimes lack of continuity, of services. Federal initiatives need to be matched by State and locally funded services.

Overall there is some concern amongst consumers about the stigma of mental illness and access to services in the region within an acceptable timeframe and at manageable cost. The level of tolerance of delays in gaining access to services and a preparedness to travel within the region was higher than might have been expected.

The data indicate that there has been substantial uptake of the new Medicare Benefits Schedule (MBS) Better Access items. These data are not available by Local Government Area (LGA) level and do not show whether increased take up is due to increased levels of service provision or, at least in part, a displacement of services previously funded privately or through other MBS items.

Several recommendations are proposed:

- Mental health promotion leading to improved community awareness of symptoms of mental distress, actions that can be taken and that Medicare support is available.
- With the limitations on GP time, practices need to be encouraged to make greater use of practice nurses and/or mental health nurses to provide primary diagnoses and draft Mental Health Care Plans.
- Consistent with a growing body of evidence illustrating the benefits of collaborative multi-disciplinary care, GP clinics should be encouraged to consider co-location with other health care professionals from a range of disciplines including psychology, social work and mental health trained practice nurses, in their practices.
- An example of collaborative care and successful co-location of mental health practitioners in GP Clinics in South West Victoria exists with SWHC's PMHT and GPs. This example of collaboration and co-location is considered worthy of expansion.
- Given the acceptance and success of group therapy sessions, greater use should be made of these both as a component of treatment and in the form of peer support groups for on-going mental health maintenance.
- Given the importance of having GPs skilled in the detection and primary treatment of these high prevalence disorders, encouragement to undertake relevant professional development activity needs to be provided.
- Expansion of the services offered by the PMHT – or a similar model involving different agencies - and of community counselling services, would address availability and cost issues in accessing services.