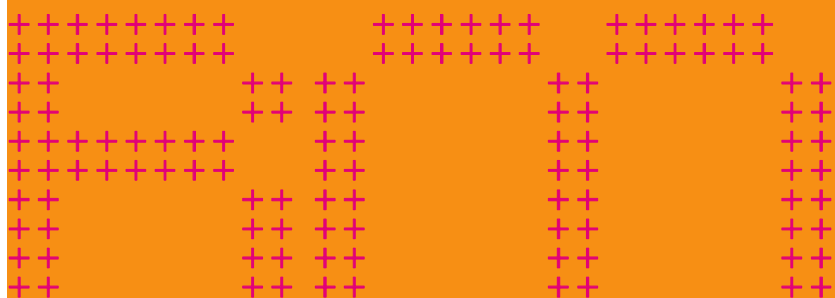
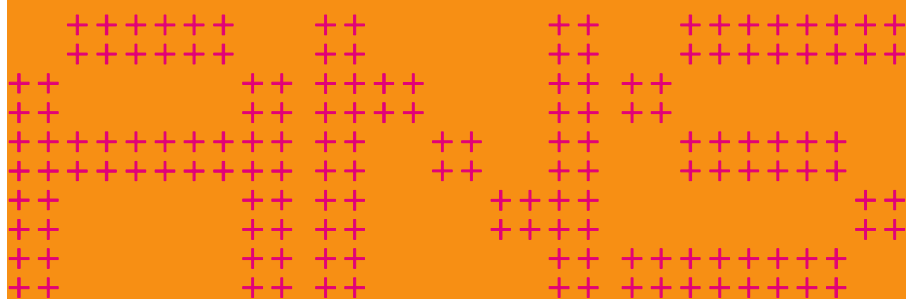
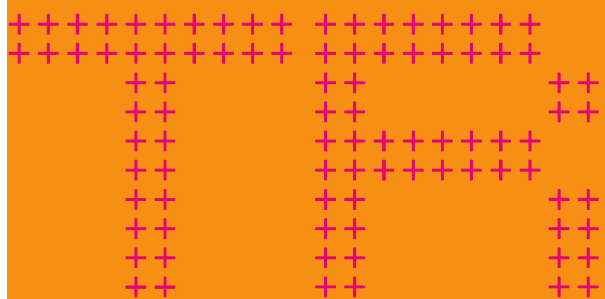


Environmental Scan Component of the Mental Health Professionals' Association Multidisciplinary Training Resource Program

Final Report January 2008





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Final Report

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Executive Summary

In July 2006, the Council of Australian Governments (COAG) endorsed a National Action Plan on Mental Health (2006 – 2011). All jurisdictions have committed funds to progress the aims of the Plan which include: a greater focus on promotion, prevention and early intervention; collaboration between professionals; and increasing the capacity of the health workforce to deal with mental health issues.

There are many new initiatives that form part of this National Action Plan. One of these is the Better Access to Psychiatrists, Psychologists and GPs through the MBS initiative (the Better Access initiative) introduced under COAG to further improve access to psychiatrists, general practitioners, paediatricians, and some allied health professionals, namely, social workers, occupational therapists and psychologists, through the Medicare Benefits Schedule. Since November 2006, these seven professionals have had access to the new Medicare items under the initiative (COAG 2006).

Collaborative care in the field of primary mental health care is the focus of the Better Access initiative. Currently different mental health professionals provide different kinds of support to clients with a mental illness under this initiative. Ideally this support should be provided in a collaborative manner to enable better mental health for the individual and their carer.

The Mental Health Professionals' Association (MHPA) is a unique professional collaboration which has been engaged by the Australian Government Department of Health and Ageing to provide training, and develop multidisciplinary education and information resource packages for mental health professionals who use the Better Access, to assist them to collaborate more effectively in the delivery of mental health care. The Mental Health Interdisciplinary Networks (MHIN) project is the first project of the MHPA and primarily aims to foster interdisciplinary collaboration.

Urbis was commissioned to undertake a thorough environmental scan of current workforce issues, referral pathways and working relationships between mental health professions, in the context of the Better Access initiative.

The following is a short summary of the key findings from the research.

Professional roles and responsibilities

- All seven professional groups reported confidence in their own roles and responsibilities under the initiative.
- There are, however, knowledge gaps for mental health professionals regarding the roles and responsibilities of OTs and social workers in the Better Access initiative, and this affected referral practices as well as collaboration.
- The allied health professionals' roles in Focused Psychological Strategies in particular are not well understood.
- The GP is universally considered to have an important role in the care and support of a client with a mental illness. Their role is seen as central to care planning and referral, as they are the one professional who is seen to have an overall understanding of the clients' mental health needs. Clients and other health care providers all indicated their reliance on the GP.
- OTs were perceived to have the least role in the initiative, and most likely, the least understood role.
- General practitioners, psychiatrists, and psychologists provide the majority of therapeutic intervention.
- Professionals are committed to involving the professional groups they think will be able to assist them most appropriately in the care of their clients.

- Clients as well as their carers/families did not have an understanding of the roles of OTs and social workers in mental health.

Enablers and barriers for collaboration and delivery of collaborative care

Enablers

- Respect for the knowledge each professional has to offer.
- Effective communication including electronic communication through email and online case conferencing facilities.
- Documents and templates that legitimise collaborative care models.
- Willingness of clients to consent to care planning and the involvement of other professionals.
- Participation by clients and carers in developing successful models of collaborative care.
- Having a trusting working relationship with the GP.
- Coordination and administrative support for clinical networks.
- Knowledge of roles and what the various professionals can offer.
- Willingness to participate in collaborative care and the accessibility of professionals involved.

Barriers

- Insufficient role delineation was considered a barrier to collaborative care, particularly mental health nurses, OTs and social workers.
- Costs to clients for whom the gap in the fee payment and the rebate is unaffordable.
- Access to the appropriate mental health care professionals in the local area.
- Lack of opportunities for professionals to network.
- There are reported tensions between the professional groups that are considered barriers to collaboration, these are:
 - the inequity of Medicare rebates for allied health professionals
 - competition for clients between professionals, which is a feature created by private practice
 - mental health professionals have the perception that OTs and social workers have little relevance under the initiative
 - exclusion of the mental health nurses from the initiative.

Preferences, expectations, incentives and preferred delivery of training

- The main preferences, expectations and incentives for professional training are: skill and calibre of the presenter; close proximity to the work place; no cost or remuneration for training; training which counts towards professional accreditation; developed professional skills; benefits for the client; and that the training is practical in nature.
- Over four in five mental health professionals (83%) identified at least one disorder/condition they would like to know more about. This included 70% who identified one or more of the low prevalence disorders, as well as 68% who identified one or more of the high prevalence disorders (see Figure 2 for details of low and high prevalence disorders).
- Face to face training is considered most useful with the provision of written materials.

Benchmarking – current collaborative care arrangements and practices under Better Access

- Item 296 (initial consultations with a new client) is used most often and item 293 (review of management care plan) is used the least.
- Item 2710 (preparation of a GP mental Health care plan) is used most often.
- Use of the allied health items is variable. Psychologists claim most often, followed by social workers and OTs.
- The most commonly used Focused Psychological Strategies were: cognitive behavioural therapy, anger management, psycho-education, relaxation training, stress management, and problem solving skills.
- Professions reporting the most significant change in their day-to-day practice following the introduction of the new Medicare items are: psychologists (39% 'major change') and social workers (30% 'major change'), followed by GPs (28% 'major change').
- There is low awareness of the range of services that can be provided by mental health nurses under the MHNIP.
- The MHNIP has had little impact on the day-to-day private practice of most mental health professionals.