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Better Outcomes in Mental Health Care Initiative

Allied Health Component

Presentation to Better Outcomes

Allied Health Network

Dr Lyn Littlefield

Allied Health Projects

- Access to Allied Health (AH) for “Focussed Psychological Strategies (FPS)”
- Referrals from Level 1 or Level 2 trained GPs
- Appropriately qualified Allied Health professionals (diagnosis/assessment and evidence-based treatment of mental health disorders – CBT and IPT)
- Consumers mainly with (ICD –10) high prevalence disorders, but considerable comorbidity
- For 6 sessions (plus another 6 after review)

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Allied Health Component of BOMHC

- Initially quite small ($22.7 m of $120.4m)
- AH projects set up in DGPs – various models: referrals to private practitioners, AH employed by GPs/DGPs; various payments systems
- More AH projects developed than originally planned due to value of access to psychological services
- Now 112 DGPs have 105 AH projects
- >90% AH involved are psychologists

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Demand for AH / 'Psychological' Services

- Access to AH services valued by GPs – stated to be reason that some join the initiative
- Increasing recognition of AH expertise in 'Focussed Psychological Strategies' – some consumers have complex conditions that are quite difficult to treat and some strategies are difficult to implement properly
- As more GPs involved in BOMHC need more access to AH services – 17,500 registered psychologists across Australia – available workforce

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Evaluation – APS Survey

- 250 psychologists (members) – some involved in BOMHC, some considered involvement but found barriers:
  - Established relationships with DGPs & GPs
  - Credentialing requirements (EB treatment)
  - Payment – 'inequity'
  - Budget cap severely limits referrals
- Demand for AH services exceeds supply for many GPs ….. DGPs supportive of increasing AH services

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BOMHC – Patient Benefits

- Increased access to mental health treatment for consumers unable to afford or access services
- Positive outcomes found for BOMHC consumers treated via the Allied Health Projects according to a range of standardised assessment measures
- Although the majority of consumers present with either anxiety or depression, many other mental health problems successfully treated as part of the BOMHC initiative, including comorbidty

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BOMHC – GP/AH Benefits

- Improvement in relationships between GPs and Allied Health Practitioners and better understanding and integration of their work
- Opportunity for increased referral base for AH through greater contact with GPs and DGPS
- Reduction in number of consumers with “difficult” to treat problems for GPs and hence reduced workload and stress

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BOMHC - Issues

- The limited number of sessions (6) available are not adequate for some people – research shows 16 –20 is optimal
  - Extend session allocation: 6 + 6 + 6
- Lack of information for both the public and Allied Health Practitioners regarding which GPs are BOMHC registered
  - Being addressed
- Insufficient numbers of trained GPs in some areas
  - Level 1 training incorporated into medical training
- Question whether Level 2 GP training is adequate

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BOMHC - Issues

- Lack of understanding in some DGPs about 'credentialing requirements' of Allied Health appropriate to provide BOMHC services
  - Accreditation system
- Lack of 'education' for Allied Health about BOMHC – leading to misunderstanding and some tension
  - Familiarisation training
- No funding for infrastructure support for Allied Health from their own profession(s)
  - APS / psychologists' direct support to answer queries and assist with issues

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Overall Evaluation Very Positive

- " the Allied Health component appears to be the primary attraction for GPs to participate" ..in BOMHC……
- …"this component of the Initiative needs to be expanded"…….
- Funding for Allied Health services is not sufficient to meet demand – especially with increasing uptake of BOMHC by GPs (over 4,000 GPs now registered)
- Additional access to AH was argued for by BOIAG stakeholders as the priority in lobbying for extension of BOMHC

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Where to from here?

- Coalition Government Election Policy -
- Mental Health:

- ….will continue the Better Outcomes in Mental Health Care Initiative for a further 3 years to 2008

- ….will provide a funding increase of $30 million over 4 years to enable an expansion….to address new issues

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Where to from here?

- ….to address new issues such as the need for better integration of mental health, drug and alcohol and suicide prevention activities and additional support for GPs and their patients in rural and remote communities
- The allocation of funding between the different components of the Initiative will be determined in consultation with professional and consumer representatives
- Priority will, however, be given to expanding the very successful Access to Allied Health Services component.

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Where to from here?

- Youth mental health focus… A re-elected Coalition Government will provide $50 million over 4 years to support early intervention in the primary care system

- ….new funding for a range of activities aimed at assisting GPs in the detection, early intervention and ongoing management of young Australians with mental health problems

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Where to from here?

- Youth focussed component of BOMHC - need to work not only with GPs as first contacts, but with schools (counsellors, teachers, welfare and youth workers) as well as using the expertise of allied health professionals
- Risk assessment is important for GPs to do
- Need expertise in “Focussed Psychological Strategies” for youth – more difficult than for adults (developmental and engagement issues)

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Expansion of BOMHC

- “expansion to be decided in consultation with stakeholders, but the major focus to be on Allied Health”…..
- What is the best model for the Youth component of the BOMHC?

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