Westgate Division of General Practice

Better Outcomes In Mental Health Care Initiative

Allied Mental Health Network Meeting

Brief Profile of General Practice in Division catchment

- Westgate covers the South West suburbs of Melbourne from the Westgate Bridge down to Little River.
- Westgate has the worst GP shortage in Victoria. The worst survey conducted in the Herald Sun collated 1 GP per 1750 people (2004) (worse than rural areas).

- Westgate Division's LGA's are Hobsons Bay and Wyndham – Wyndham is one of the fastest growing LGA's in Victoria and the Divisions needs at least 5 full time equivalents (FTE) new GPs annually to keep up with population growth.
- Mental Health Status

Mental Health (depression and anxiety conditions) are high, particularly in Wyndham, which has the highest rates of DV, PND, Youth depression and Substance Abuse

- Better Outcomes in Mental Health Care

- A convenient resort and well placed for patients suffering general depression and anxiety conditions (psychotic patients are triaged to the PMHT).
- General Practitioners – 15 across Wyndham and Hobsons Bay
- Psychologists – 13 contracted as private practitioners working for a specified fee of $110 per consultation and for a specified number of 6 sessions predominantly (unless otherwise stipulated by the referring GP). In all cases Psychologists work within a voucher arrangement.

- Psychologists are yet to be guided under a clinical supervision model
- 2 Psychologists are operating from the GP practice, the rest are solo
- 221 patients have been referred under the initiative to date, who have either completed or are still undergoing treatment (behavioural, cognitive and relaxation therapy mostly)

Snap Shot of patient data

- Females higher proportion than males
- Predominantly within 24 – 64 years of age
- Education Status is mainly year 10 pass
- English is the first language mainly
- Majority cohabitate with someone else
- Highest proportion are low income earners
- Nil who are indigenous
- Majority have received previous mental health care

- Well over half are on antidepressant meds
- Majority of patients are either depressed, anxious or both and a moderate proportion have alcohol abuse issues
- Other problems have been
  - obsessive compulsive disorder
  - - domestic violence
  - Child sexual abuse
  - Anger problems
  - Bipolar disorder
  - Manic Depression
  - Insomnia
  - Grieving
  - Gambling

- Method of Referral

A significant event for this program is the electronic referral process

- E – Referral – commenced as a pilot project for SecureDome
- Principal focus ; Ensure patient data was shared in a secure electronic environment
- Referral Solution utlises HeSA PKI certificates for the identification of GPs, Psychologists and DGP staff
- De-identified Data: ensures patient privacy, Benefits are improved workflow, security of document exchange, beats faxing

- Data Management – provides reports, tables and graphs, allows for prompting feedback
- GP Thoughts;
  - Generally good
  - Better than writing up a voucher by hand
  - Computer literate GPs can navigate the system quite well
  - Non computer literate persons find accusing patient summaries difficult and double up by ending up with a faxed patient summary

- System Updates
- Electronic Funds Transfer – EFT
- 3 Step Mental Health Process to be put up on the site
- Outcome Tools; Outcome Tools need to be added as a template to the system. These will include Becks Anxiety and Depression, the K10, HoNoS, the Edinburgh Post Natal Depression Scale, the Audit Tool (for alcohol and mental health)

- Review Reminders; A flashing reminder is important for Psychologists to direct the patient to return to the GP for their review session.
- Fields need to be made **mandatory** for completion by GPs, so questions cannot be skipped or missed accidentally.
- To include an Alcohol Screening Kit
- Psychologist Profiles

Ensuring Sustainability

Other improvements

- Staff training for optimal use
- Frequent network meetings that generate useful discussion and promote partner collaboration
- GPs and Psychs need to communicate more, they require further training and a clinical supervision model is desirable.