
CONFERENCE ABSTRACT

Re-orienting models of care: the creation of integrated physical and mental services

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Introduction: The life expectancy for people who experience mental illness is between 10-32 years less than the general population. Untreated metabolic syndrome is the major contributing factor.

Australia's federally funded universal health system 'Medicare' does not allow for the provision of primary health care services within State funded services. Private primary health services model design may not meet the needs of people who experience severe mental illness. This can lead to physical/mental health service integration challenges.

Problem statement: How do you develop an integrated physical/mental health service stream to meet the needs of people who experience severe mental illness?

Short description of practice change implemented, aim target population and key stakeholders involved: Hornsby GP Clinic (The Clinic) is located at State funded, Hornsby Hospital located within Northern Sydney Local Health District (NSLHD). The clinic was established prior to the introduction of Medicare and was 'grandfathered' and able to continue to provide Medicare funded GP services.

In 2014, the Hornsby Mental Health GP Clinic pilot project was developed utilising a Change Theory model. It is a partnership between The Clinic, Hornsby Hospital, Hornsby Ku-Ring-Gai Mental Health Service (HKMHS) and Primary and Community Care Services' (PCCS) North Sydney Partners in Recovery (NSPIR) program.

The aim of the pilot project is to:

- ~ provide integrated physical/mental health care to consumers of HKMHS.
- ~ Facilitate culture change amongst GP registrars, consumers, carers and clinicians

Funding provided by NSPIR included:

- ~ 0.2 FTE Clinical Nurse Specialist position to provide clinical support including appointment attendance, clinic coordination, shared record keeping/communication processes and to support GP Registrar and HKMHS clinician culture change
- ~ Funding includes 'did not attend' appointment costs
- ~ 0.2 FTE Peer Support Worker to support consumer culture change

Timeline:

Phase 1: October 2014 – October 2015 pilot establishment/development

Phase 2: November 2015 – December 2016 built upon expected and unexpected outcomes from Phase 1 with a focus of culture change strategies. Includes the recruitment of a Peer Worker Position and evaluation scoping

Phase 2 includes additional partners/stakeholder Sydney Home Nursing Service to facilitate community based continuing care planning.

Highlights, Conclusions and Key Findings: Whilst the pilot is yet to be formally evaluated, outcomes to date include:

~Significant increase in access to The Clinic and follow up care by HKMHS consumers

~ improved health outcomes

~ unexpected outcomes that led to Phase 2 pilot development including, HKMHS clinicians supporting consumers to access GP services outside of the MH GP Clinic operational hours and HKMHS consumers independently accessing The Clinic outside of the MH GP Clinic operational hours

Sustainability and Transferability: Consumer, carer, GP registrar and clinician education and culture change will support continued independent access of The Clinic post finalising of the pilot and influence future GP service model design to meet the needs of people who experience mental illness. Potential to influence future policy making.

Conclusions, Discussions and Lessons Learnt: The integration of physical and mental health service delivery leads to improved holistic health outcomes and a culture change that can be led by consumers

Keywords: physical; mental health; care; integration
