Introduction: The integration of Mental Health services is a prominent feature of government health policies. Whilst there is a substantial literature promoting the benefits of rural integrated mental health services, there is little detail of how those services function, or how and to what extent those services are integrated.

This research described a rural Nurse Practitioner (NP) led primary healthcare mental health service within the context of rural mental health (MH) service policy in Australia and the literature on integrated mental health services.

Theory/Methods: Data were collected from documentary evidence and quantitative evidence in one small town with a Mental Health NP. Qualitative individual and group semi-structured interviews, and a ‘stakeholder meeting’ were conducted. A case-study design was used.

Results: The NP mental health service was regarded by most participants as a viable solution to address the drug and alcohol and mental health needs of a high needs community. The service showed some evidence of government and non-government organisations working effectively together to provide a service to the community over the duration of the NPs employment. Integration was described at several levels including at the organisational level, between the mental health and other health and non-health related services and within the community.

Discussions: The study provided a detailed description of how integration is demonstrated in a primary healthcare NP-led service. It illustrated the potential benefit to small communities and the significance of the role of a NP in leading this service. The NP service in this primary care setting provided an innovative solution to the fragmented MH and drug and alcohol service that was previously provided by visiting mental health and drug and alcohol services to this small rural town. It reduced the numbers of mental health and/or drug and alcohol related crises and provided links with other services enabling better continuity of care and improved capacity for early intervention.

Conclusions: This service demonstrated key features of local integration which was community driven, led by a number of government and non-government agencies, supported by a steering committee as well as a partnership agreement. It also highlighted the substantial challenges to integration of a rural NP-led MH service.

Lessons learned: This study is relevant to health care planners and policy makers and to small rural towns. This paper identified and described a NP role in a primary health care setting. It has the potential to influence the development of NP roles in similar settings.
Limitations: The case is not necessarily representative of similar cases and therefore the results of the research are not generalisable.

Suggestions for future research: Further research in other services such as child and family health could enhance knowledge of the key components of integration and further studies representing the clients’ perspective of receiving integrated services. Further areas for research have been identified in the literature to inform integration of mental health services, particularly in a primary health care setting. This research should focus on the scarcity of evidence around qualified NPs coordinating care within this model.

Keywords: nurse practitioner; integration; rural; mental health; primary health care