

Feedback on Adult and Community Mental Health Services Integrated Model of Care – June 2009

Summary and Comments

Overview

General Practice SA commends the work of SA Health in its efforts to restructure mental health services within the state in what is a very complex and challenging environment. The main focus of our comments relates to the local level implementation of the model, and how it will be enacted and facilitated. More specifically, we are interested in how the ACMHS aim to engage with general practice to ensure the seamless coverage on which the model is premised.

During this final stage of consultation, GPSA wishes to highlight the following sections of the document relevant to our network, which encompasses Divisions of General Practice and their general practitioner membership. It is important to note that the views of GPSA do not necessarily represent the views of individual general practitioners. Further, GPSA's Division members are the appropriate point of direct engagement necessary to obtain a more focused regional perspective on needs of specific communities and priorities for their member practices.

1.1 Primary Mental Health Care and Early Intervention

There is scope for more specific identification of the current role of general practice in mental health service provision. GP Plus Centres will have a future role to play, but current services provided through mainstream general practice are a key service point for mental and physical health needs. In addition, there is no reference to divisions of general practice who are contributing significantly to mental health service provision, particularly in marginalised areas.

Divisions in South Australia, through the mental health programs they manage, provide GP education, practice support, recall systems, triage, patient services, community awareness and collaboration with other health service organisations. Through Access To Allied Psychological Services, Mental Health Shared Care (particularly in the assessment and treatment of people living in the community with severe mental health disorders) and the Medicare-funded Better Access programs, Divisions of General Practice are able to offer access to treatment that would otherwise not be available for a significant proportion of the population.

The liaison and referral pathways mentioned in this section do not clearly document how links with general practice will be enabled. Psychosis is not the only first and 'crucial' point in providing an effective early intervention service.

1.2 Service Delivery Parameters

There is an opportunity to identify where GP engagement can be most effective at critical points in the service continuum.

1.4 Service Integration

The NGO sector currently provides many of the programs outlined in this section including advocacy and accommodation services. It would be useful if the model outlined how CMHS are going to provide the links and pathways to these existing programs.

1.5 Working in Partnership

One of the key themes that emerge from the document is that the model of care places significant responsibility on community mental health teams to establish and maintain partnerships. It is not clearly identified who these teams will work with, who takes responsibility for other service providers and who assists the team to work to the guidelines indicated. It would be useful to have a clear plan provided as to how, when and where these partnership arrangements will be established and resources allocated.

1.6 Integration Principles

Concepts of 'standard' documentation and care planning have the potential to be problematic as services are currently distributed across primary and acute care sectors utilising disparate tools and resources. Any future planning in this respect needs to consider how primary care is incorporated, particularly where processes and standards of care plans are already established, and often prescribed in order to comply with funding requirements.

Questions arise around information and electronic records, such as; What is the model from which standardised computer systems will enable immediate transfer of key documents including care plans between sectors? If this includes general practice how will this be facilitated and implemented? Care plans already exist and are used in GP mental health plans. How is it envisaged that these will be integrated into the proposed standardisation?

2.3 Core Components

The approach for establishing collaborative partnerships is not clear. If community mental health workers 'may' be required to take on a leadership role in this relationship building, what mandate will be given to staff to provide this? From a general practice point of view, the general practitioner and/or the mental health clinician within a Division is usually perceived as the lead carer.

2.5 Continuum of Care

There is reference to the need for strong partnerships with GPs in managing physical health, however the approach to establishing and monitoring relationships is ambiguous. It would be useful to have details of the anticipated parameters around these partnerships and how relationships will be formalised between public CMHS and private general practice.

Workforce

A good summary of workforce issues is provided that is consistent with national and international trends towards interdisciplinary teams. An additional focus in regard to workforce development (skills and knowledge) for dealing with alcohol and drug co-morbidity would enhance the model.

3.8 Safety and Quality in Operation

The Physical Health and Wellbeing and Safe Use of Medicines components within this section will necessitate clear delineation of roles, responsibilities and structured partnerships with general practice. Consideration as to the mechanism by which this model can 'ensure risk management and care plan strategies are communities with all involved in the care of the consumer are consistently implemented' is vital to success.

General Comments

Overall, there is scope to build on the substantial contribution that General Practice makes in the delivery of mental health services. Engaging GP's and Divisions in development and implementation of referral and care pathways is critical to the success of this model. Seamless service provision of integrated mental health services requires effective engagement and partnership with general practice. GPSA would like to offer assistance in facilitating key partnerships with general practice to enable successful implementation of the model.