Flinders University
Southgate Institute for Health, Society & Equity

Regional Primary Health Care Organisations: population health planning, participation, equity and the extent to which initiatives are comprehensive

Report on the consultation workshops on population health planning and Medicare Locals:

Mental health stakeholders

Project description

The National Health and Medical Research Council funded project *'Regional Primary Health Care Organisations: population health planning, participation, equity and the extent to which initiatives are comprehensive*' is examining population health planning processes in Australian regional primary health care (PHC) organisations (which were Medicare Locals at the time of the study) and the extent to which a population health approach is undertaken in planning and implementing comprehensive primary health care. The study in particular focuses on how PHC organisations address the needs of groups whose health status is typically worse than that of the broader population including people with a mental illness, new migrants and refugees, and Aboriginal and Torres Strait Islander peoples.

As part of the research, workshop consultations were conducted with people working in community organisations across Australia. The focus of these workshops was on Medicare Locals, the previous form of PHC organisations, which have been superseded by Primary Health Networks. A range of topics were covered including the awareness of Medicare Locals' priorities, their experience of working with Medicare Locals and involvement in planning for PHC for their target population, factors that facilitate or constraint effective collaboration, and ways to enhance collaborative approaches in the future. The study was approved by the Flinders Social and Behavioural Research Ethics Committee and the Aboriginal Health Research Ethics Committee.

This report details the findings of consultation workshops with **mental health organisations.**

Methods

One consultation session was conducted in each state and territory (total of 8). We approached key mental health organisations in each jurisdiction and invited them to nominate one or two people to participate in the session. The sessions were held between May and June 2015. Between 2 and 13 people from different mental health organisations attended the workshops: (NSW 6; VIC 8; ACT 2; QLD 6; WA 7; TAS 13; SA 6 and; NT 10 people). Key points for discussion were developed in the research team and members of the Critical Reference Group with mental health expertise. Two members of the research team facilitated each group session. With consent from participants, the group discussions were audiotaped and transcribed. The key themes that emerged from the consultation sessions were discussed in research team meetings. The findings below summarise the key findings from the 8 consultation sessions with mental health organisations.

Feedback received

The consultation sessions provided a great opportunity for interaction and group discussion about access to mental health services, the role of Medicare Locals in population health planning for mental health, and the extent to which their organisations were involved in the Medicare Local's needs assessment, decision making and mental health planning for PHC in their jurisdiction.

Participants provided examples of where the collaboration with a Medicare Local went/didn't go well and recommendations on the direction of primary health care policy and planning in the future if the needs of people with mental illness are to be met. The section below

summarises the feedback we received from representatives of mental health organisations in relation to their relationship with Medicare Locals and population health planning for mental health.

Equity in access to mental health services

Equity in access to mental health services was a key issue reported by the participants. They included:

- Poor mental health services and health workforce shortage in rural and remote areas;
- Lack of support and advocacy for carers of mental health patients. This was identified as a critical issue in mental health planning that is not adequately addressed;
- Poor access to mental health services for some population groups most in need such as older people, homeless people, and lesbian, gay, bisexual, transgender, and intersex (LGBTI) people *'mental health is often the poor cousin of health, but it's almost like their LGBTI subgroup is the poorer cousin of the poor cousin'*
- Lack of flexibility and strict entry criteria for mental health programs that in some cases limit access to the service for people who need the service the most. For example under the ATAPS program, the number of free mental health sessions is strictly limited which makes it difficult to appropriately managed clients' psychological distress;
- The provision of preventive and curative support for people with mental health under the NDIS was a concern;
- Cost of mental health services which meant some groups are unable to afford the services.

Collaboration with Medicare Locals in population health planning and needs assessment

The relationship with Medicare Locals (MLs) ranged from 'no relationship at all', with little knowledge about what MLs do and what their priorities are, 'minimal engagement' at an initial stage when they provided some service data to the MLs, with a 'lack of ongoing working relationship', through to a 'close collaboration in planning, joint programs and fund sharing' that was reported by participants in relation to a small number of MLs. The key issues highlighted from the consultation sessions were:

- Poor engagement in needs assessment and population health planning process of Medicare Locals in the region. For most participants, their involvement was limited to the provision of mental health statistics and service information to the Medicare Locals, rather than active engagement in strategic planning.
  'The Medicare Local has drawn upon the community sector when they deem it to draw upon. They have taken information, intellectual property, and incorporated that into their documents. If you are one of their direct partners they work regularly with you. If you are not, they only talk to you when they want something' (mental health organisation). Participants reported that contact with Medicare Locals, in most cases, had been initiated by them rather than they being approached by the Medicare Local:

- Collaboration happened mostly at a program level rather than in planning. Participants reported that their connections with Medicare Locals were mainly around specific programs that Medicare Locals were involved in, or had funding for, rather than around broader needs assessment or planning process. Such programs included

Partners in Recovery (PIR), Headspace, and Access to Allied Psychological Services (ATAPS):

> *'The only thing I can recall is really early on when they were developing Headspace the state was asked where the population priorities are, so we could nominate some regions. We would go backwards and forwards and give some ideas about regions, but that's the only thing I can remember as actually a forward planning for particular programs.'*

- For many of the mental health organisations, the only point of contact with Medicare Locals was via Partners in Recovery program, where they were involved in planning, data sharing and engagement with other social sectors to address social determinants of mental health. *'All I know is Medicare equals PIR'*. One of the success factors reported for PIR was the funding availability, and its ability to attract people who were knowledgeable and skilled in mental health in the region.
  'The Partners in Recovery people sit in the NGOs and they connect people to the different services. So it breaks down those boundaries of patch protection, that consortium model and you've got to work out your differences and deal with whatever is happening. and the whole idea of PIR is to catch those people that fall through the gaps, where they keep trying to go to services and the doors keep closing. So it is a model that works very well' (Jurisdictional mental health organisation)

<u>Barriers to collaborative work</u>

Participants stressed a number of barriers that constrained effective collaboration for a coordinated approach to mental health planning and service delivery:

- Competition and tendering processes. Participants reported situations in which they had to compete with the Medicare Local in their region in attracting fund for mental health service delivery or program which negatively impacted on their collaborative work, information sharing and joint planning.

  > '*The competitive process turned people into competitors and silenced the sector. There were rumours around if you spoke out during the tender process; you would get cut out of the process. So people are very scared to speak. So they kind of lose that input into policy.'(Mental health service)*

- Federal-state division in policy, planning and funding. This, from the perspective of community organisations, caused confusion in policy direction, priorities, roles and expectations as well as service gap for clients;

  > *'It was always the case where it was like the state were going in one direction, the Commonwealth was going in another direction. Sometimes there was overlap, sometimes there wasn't. So you had to create the overlap between the different perspectives.'(Mental health organisation)*

  - Collaboration tended to be personality driven rather than a systematic approach to collaboration being adopted *'It depends on who the people are, rather than the organisation. And the best responses have often been from people, rather than the badge on top of the door.'*

- Time. Most participants from community mental health organisations acknowledged that constant change in PHC organisations, and the short life of Medicare Locals, did not provide them enough time to build trusting relationships.

- Uncertainties around the future of mental health programs and the Federal government's response to the Mental Health Commission report was a concern at the time we held the consultation sessions.

Opportunities and risks with Primary Health Networks

As mentioned above participants were uncertain about the future of mental health program and the role that future Primary Health Networks can play in PHC planning for mental health. However, there were some comments around opportunities with PHNs. These included an opportunity to build on the relationship that Medicare Local already built with mental health sector and to acknowledge the expertise and community links that community mental health organisations have in identifying service gaps and ways to address health needs of people with mental illness.

Given the fact that Medicare Local played a major role in providing mental health services, the removal of service delivery role for PHNs was a concern for community organisations that may increase the risk of service gap and reducing access to primary mental health services particularly in rural and remote areas.

While some participants felt that expanded PHN boundaries may provide an opportunity to '*better coordinate primary mental health care when you have one agency. Maybe that will help to have one view, one vision, one clearer way of promulgating information, engaging with different sectors possibly. '*, for some other participants this increase the chance of losing local knowledge and partnership.

Policy and practice implications

The issues raised in the consultation sessions have potential policy and practice implications for Primary Health Networks and primary health care policy in Australia:

In 2015 the federal government responded to the Mental Health Commission recommendations which focused on local planning and commissioning mental health services through Primary Health Networks and the establishment of a flexible primary mental health funding pool. Given the key role that PHNs are given in mental health planning and coordination, the issues raised in the consultation sessions have potential policy and practice implications within the new structure of PHC in Australia:

- Strategies to encourage the involvement of community organisations in mental health planning and implementation are needed.
- Equity in access to mental health services needs to be realised to a greater extent than at present in population health planning.
- The physical health of people with mental health, and advocacy for mental health carers are critical in providing effective PHC for mental health.
- Addressing the social determinants of mental health is crucial to implement comprehensive primary health care for mental health. Partners in Recovery program

was reported as a good example of program that facilitated collaboration with non-health sectors to address social determinants of health.
- PHC organisations require long term investment and organisational stability to make sure they have enough time and certainty to build and maintain collaborations.

As noted below, we are currently conducting research with Primary Health Networks in their initial implementation phase, and we will be further investigating how Primary Health Networks can best support equitable mental health outcomes.

What next

- We have reported our research findings back to Primary Health Networks through a conference workshop, and will continue to share our findings with the Department of Health and Primary Health Networks and the project continues
- We are working with Primary Health Networks to examine their performance and practice in mental health planning and programs. Six PHNs have been selected as case study sites for an in-depth understanding of planning processes and their engagement strategies to work with community organisations in their region. The case studies are being undertaken in 2016.
- The findings from each stage of the study will be disseminated in the form of academic papers, conference presentations, policy briefings and reports. These will be available from the project website, on the Southgate Institute website - http://www.flinders.edu.au/medicine/sites/southgate/.
- The research team have applied for a new funding to expand our current study by continuing the work with PHNs and community organisations in relation to mental health.

We thank you all for your contribution to this study. If you have any questions or comments please contact:
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