Rural Generalist – Mental Health: Working Better Together

Initiative Type

Model of Care

Service Improvement

Status

Deliver

Added

12 July 2019

Last updated

29 September 2020

URL

https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/rural-generalist-mental-health-working-better-together

Summary

This project is centered around embedding a Rural Generalist with advanced skills Mental Health within the existing medical workforce of the Cooktown cluster. It has enabled establishment of

dedicated local and outreach primary mental health and addictions medicine clinics, improved capabilities and confidence of existing staff and resulted in closer collaboration with existing acute mental health teams, emergency and community-based services. It is improving patient outcomes and changing the way mental health and addictions services are delivered across the region for the better. The Mental Health Rural Generalist provides local capacity to expertly manage the full spectrum of mental health and addictions patients in consultation with existing local and tertiary mental health and addictions services, support existing staff in times of acute need as well as providing additional capacity in promotion, prevention, early intervention and overall chronic disease management. As an opioid substitute program prescriber, the Mental Health Rural Generalist provides medical leadership and support to the addictions service locally enabling patients accessing opioid treatment programs to receive support locally.

Key dates

May 2018

Jul 2019

Implementation sites

Cooktown Multipurpose Health Service and services included in the Cooktown cluster: Hope Vale Primary Health Care Clinic, Wujal Wujal Primary Health Care Clinic, Laura Primary Health Care Clinic.

Partnerships

North Queensland Primary Health Network Cooktown Cluster Mental Health, Alcohol and Other Drugs Service.

Key Contacts

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Aim

Changing the way mental health and addictions services are delivered across the Cooktown cluster for the better though establishment of the rural generalist with advanced skills mental health position.

Benefits

- High quality accessible, culturally appropriate primary mental health and addictions medicine care delivered where it is needed most.
- Improves capacity of all staff to manage mental health and addictions presentations through dedicated education/upskilling.
- Improved patient outcomes though better coordination, communication and collaboration between primary, hospital, community and emergency services in this sphere.
- Clinical oversight and management of complex mental health patients in the community who are unable to access required Psychiatry specialist services locally; noting this is not to replace Psychiatry services but rather to augment them.

Background

- Large burden of disease in mental health and addictions presentations in our area but lack of available services/staffing.
- Particular gaps identified in addictions medicine and primary care mental health.
- No dedicated education for staff around mental health and addictions which was identified as an area of decreased confidence.
- Communication, collaboration and coordination between services in the general medical, emergency, community and mental health and addictions spheres was an area identified which could be optimised to improve patient outcomes.
- Monthly outreach Psychiatry services are not able to provide more intensive service needs to

complex mental health clients and would benefit from local specialised care.

Solutions Implemented

Establishment of the Rural Generalist – Mental Health position within the Cooktown Cluster as one of the Senior Medical Officers who is able to contribute to the general medical care of patients in the hospital, emergency and outpatient department, primary health care clinics, on call duties etc. but also provide on the run expertise around mental health and addictions presentations. In addition to this, establish regular GP-Mental Health clinics in the surrounding communities alongside existing GP clinics and weekly Alcohol and Other Drugs/Qld Opiate Treatment Program and GP-Mental Health clinic in Cooktown working in close collaboration with the Cooktown Cluster Mental Health and Alcohol and Other Drug Service. A key focus of the role has been to improve capacity of staff through education and support centred upon mental health and addictions presentations and also to develop relationships, collaboration and open lines of communication between various services involved to improve patient care. Proposed deliverables/outcomes for continuation of the project:

- Expansion of the project to establish a second RG-MH clinician for the Cooktown Cluster
- Continuation of the RG-MH clinics/service in Cooktown, Wujal, Hope Vale and Laura
- Continuation of the RG-MH clinician delivered education – 6 formal sessions with survey feedback per 12 month period
- Continuation of initiatives to improve communication, collaboration and coordination between services providing mental health and addictions care in the Cooktown Cluster
- Align KPIs with concurrent Q Health project to minimise reporting/data collection responsibilities of clinicians
- Interim report at 6 months, final report at 12 months

Evaluation and Results

The project is being evaluated via a number of qualitative and quantitative measures.

- Qualitative measures include number of clinics delivered to communities, number of patients seen for mental health specific item numbers, numbers of clients completing or continuing to engage in treatment, number of education sessions delivered, number of quality improvement/collaboration activities/initiatives implemented.
- Halfway point data collated to date indicates and exponential increase in all of these domains, either on target or above.
- Quantitative measures that include staff and patient surveys and case reports.

The Rural Generalist Mental Health (RG-MH) Service Delivery Model Framework has increased availability of mental health and addiction services in Cooktown, Laura, Hope Vale and Wujal by establishing new clinics, providing improved access to GP based mental health services, offering the program locally and cutting down on the number of patient travel requests. The RG-MH Service Delivery Model Framework has been effective in improving the overall health status of patients of the

Cooktown Cluster. The RG-MH Service Delivery Framework has been effective in increasing the confidence of Torres and Cape HHS staff to deliver mental health and addiction related treatment to patients.

Lessons Learnt

This service has grown to fill a gap in service between primary care and acute mental health and addictions services and provide the missing link between medical, emergency, community and mental health/addictions services in response to community need

- Having that one point of contact has allowed new initiatives to be implemented to improve patient outcomes across the board
- A close working relationship with the acute mental health and addictions service has been essential
- While clinics were initially conceptualised as a mixture of GP and GP-MH but as they became more focused on GP-MH, restructuring of clinic timetables and rostering was important to ensure adequate coverage of all areas of service need
- Defining boundaries of the service and delineating roles and clear lines of clinical governance in consultation with all parties has been an important part of establishing the role and making it sustainable long term
- A pro-active approach to seeking long term funding for the position has been important

References

References that the project was based on:

1. World Health Organisation– Mental Health Action Plan 2013-2020
2. National Strategic Framework for Rural + Remote Health
3. Fifth National Mental Health and Suicide Prevention Plan
4. Sen Gupta T, Manahan D, Lennox D, Taylor N. “The Queensland Health Rural Generalist Pathway: providing a medical workforce for the bush.” Rural and Remote Health. 13: 2319. (Online) 2013.
5. Ernst and Young. Evaluation and Investigative Study of the Queensland Rural Generalist Program. Queensland Health, February 2013
6. Lynch J, Askew D, Mitchell G, Hegarty K. Beyond symptoms: Defining primary care mental health clinical assessment priorities, content and process. Social Science & Medicine 2012; 74: 143-149.
7. Reeve J. Interpretive Medicine: Supporting generalismin a changing primary care world. The Royal College of General Practitioners. January 2010 (88).
8. UstenTB & Sartorius N (Eds). Mental illness in general health care: An international study (1995). Wiley: Chichester
9. Lawrence D, Holman CDJ, Jablensky AV (2001) Preventable Physical Illness in People with

Mental Illness. Perth: The University of Western Australia.
10. Kelly BJ, Stain HJ, Coleman C et al. Mental health and well-being within rural communities: The Australian rural mental health study. Aust J Rural Health 2010; 18(1): 16-24.
11. Penchansky R, Thomas JW. The concept of access: definition and relationship to consumer satisfaction. Med Care. 1981 Feb;19(2):127-40.
12. Levesque JF, Harris M, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. International Journal for Equity in Health 2013; 12:18.

Further Reading

Presentation at Rural Medicine Australia Conference 2017 re: the concept role and model of service
Concept model of service for Mental Health Advanced Skill