

South Pacific Nurses Forum

Mental Health Nurses at the Helm of Primary Mental Health Care

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Integrating
mental health
into primary care
A global perspective



World Health
Organization



7 good reasons for integrating mental health into primary care:

1. The burden of mental disorders is great
2. Mental and physical health problems are interwoven
3. The treatment gap for mental disorders is enormous
4. Primary care for mental health enhances access



7 good reasons for integrating mental health into primary care:

5. Primary care for mental health promotes respect of human rights
6. Primary care for mental health is affordable and cost effective
7. Primary care for mental health generates good health outcomes



Incidence of Mental Illness

- ▶ 1 in 5 people are estimated to experience a mental health problem within a 12 month period
- ▶ Only one third of this group access care and treatment
- ▶ 71% of those engaging with services consulted a general practitioner
- ▶ The third largest contributors to the total burden of disease and injury in Australia



Council of Australian Governments

- ▶ 2006 The National Action plan Committed a total of \$4 billion dollars between 2006 and 2011 to mental health
- ▶ \$191 million over 5 years to the Mental Health Nurse Incentive Program
- ▶ Non-MBS incentive payment to general practices, private psychiatrists, & other appropriate organisations (Divisions of General Practice) to engage or retain MHNs to assist in provision of coordinated care for people with severe mental disorders



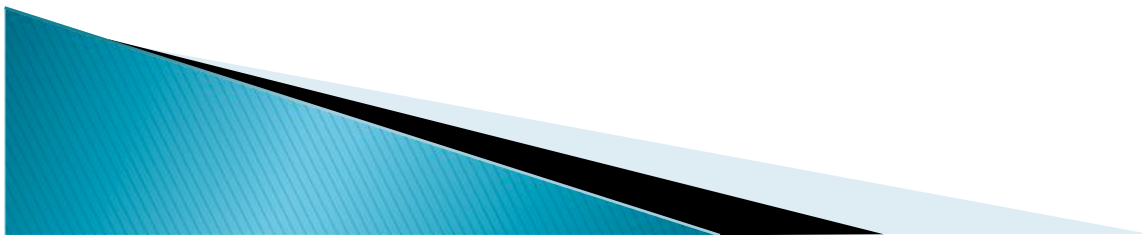
Medicare

- ▶ Tax levy to provide universal health care
- ▶ Free treatment as a public (Medicare) patient in a public hospital, and
- ▶ Free or subsidised treatment by medical practitioners including general practitioners, specialists, participating optometrists or dentists (for specified services only)



Mental Health Nurses

- ▶ recognition and acknowledgement mental health nurses
- ▶ Studies of UK community mental health nurses found both qualitative and quantitative that their patients were happy the clinical care, along with the practical and social support that was provided



General Practitioners

- ▶ General Practitioners are not generally confident in providing treatment for mental health conditions
- ▶ Secondly clients may be reluctant to seek help from GPs as they think the GP may not be able skilled in the area of mental health
- ▶ Consultation time 15-20 mins



Mental Health Nurse Incentive Program

- ▶ **AIM:** to assist people with serious mental illness to receive better coordinated treatment and care.
- ▶ Mental Health Nurses work with GPs and psychiatrists to provide coordinated clinical care and treatment.
- ▶ No time limit on length of period in program for clients
- ▶ Low or no cost



Eligible Organisations

- ▶ Community based and have the services of a general practitioner with a Medicare provider number or a psychiatrist registered with Medicare.
 - General practices
 - Private psychiatry practices
 - Aboriginal and TSI Primary Health Care Services
 - Divisions of general practice
 - Others? – Private Hospital Pilot



Eligibility requirements

- ▶ Sufficient caseload of eligible patients to engage or retain services of a MHN for at least one session per week
- ▶ Various insurance cover (workers' comp; public liability; professional indemnity; vicarious liability)
- ▶ A mental health nurse who holds a Credential awarded by the Australian College of Mental Health Nurses.



Payments

- ▶ Services provided in a range of settings, such as clinics or patients homes, at little or no cost to patients.
- ▶ Eligible organisations engage a mental health nurse from between 1 and 10 (3.5 hour) sessions per week.
- ▶ A rate of \$240 (GST inclusive) per session is applied to all claims. This figure includes nurses' salary and on costs.
- ▶ For services in rural and remote areas of Australia, a 25% loading (GST inclusive) is applied to the sessional payments.



Eligible patients

- ▶ Diagnosed mental disorder
- ▶ Past or risk of hospitalization
- ▶ Requires at least 2 years of ongoing therapy
- ▶ Agrees to see and be treated by a nurse
- ▶ GP or psychiatrist is principally responsible for care



What is a Credentialed MHN?

- ▶ Professional self regulation program established by ACMHN.
- ▶ Criteria are:
 - Holds a current license to practice as a registered nurse within Australia.
 - Hold a recognized specialist/post graduate mental health nursing qualification, or, equivalent.
 - Have had at least 3 years experience as a registered nurse or 12 months experience since specialist/postgraduate qualification.
 - Have been practicing recently (within last three years).
 - Have met recent continuing professional development standard – education and practice.
 - Is supported by two professional referees
 - Completes a professional declaration agreeing to uphold standards of the profession.



The Mental Health Nurse

- ▶ Work with GP or psychiatrist to facilitate coordinated clinical care and treatment for people with Serious Mental Disorders
- ▶ Provision of clinical nursing services
- ▶ Coordination of clinical services



What does a MHNIP nurse do?

- ▶ Establishing therapeutic relationship with patient;
- ▶ Liaising closely with family and carers;
- ▶ Regularly reviewing patient's mental state;
- ▶ Administering, monitoring and ensuring compliance by patients' with medication;
- ▶ Providing psycho education and supportive counselling to help patients manage their disorders;
- ▶ Providing information on physical health care to patients



Types of MH issues

- ▶ 6.5 YEARS AVERAGE TREATMENT TIME AND MANAGEMENT
- ▶ 100% reported anxiety/stress
- ▶ 97% reported cognitive problems
- ▶ 94% had problems with ADLS and/or occupation
- ▶ 81% reported depressive symptoms
- ▶ 64% had previous suicide attempts
- ▶ 56% reported anger/agitation/hostility
- ▶ 33% engaged in self-harming behaviours
- ▶ 30% reported hallucinations/delusions/paranoid ideation
- ▶ 70% were unemployed
- ▶ 16% were retired
- ▶ 11% were on sick leave
- ▶ 3% Had paid employment



Private hospital pilot

- ▶ A Pilot of the MHNIP in the private hospital setting
- ▶ commenced in February 2008
- ▶ • This Pilot will run until 15 July 2009.
- ▶ • Seven Private Hospitals have commenced work under the pilot:
 - ▶ — Toowong Private Hospital – Brisbane QLD
 - ▶ — Ramsey Health Care – Adelaide SA
 - ▶ — Mayo Private Hospital – Taree NSW
 - ▶ — Perth Clinic – Perth WA
 - ▶ — St John of God Hospital – Warrnambool VIC
 - ▶ — Calvary Hospital/ Hyson Green – Canberra ACT
 - ▶ — Essendon Private Hospital - Victoria



Number of clients receiving care

Total number of client who have received services	14, 599	To Feb 09
Total number of services provided	64,542	To Feb 09
Total number of client who have received services	28,599	To August 2009
Total number of services provided	136, 706	To August 09
Total number of client who have received services	53,280	To August 2010
Total number of services provided	290,956	To August 2010



Number of Mental Health Nurses

February 2009	360
August 2009	530
August 2010	802



Eligible Organisations to Date

Divisions of General Practice	110	16%
General Practitioners	425	63%
Private Psychiatry	106	16%
Aboriginal and Torres Strait Island Primary Health Care	24	4%
Private Hospitals	6	0.5%
Total	671	100%



PERIODS OF HOSPITALISATION

	NO OF BED DAYS 12 MTHS PRIOR TO ENTRY INTO THE MHNIP	NO OF BED DAYS 12 MTHS POST ENTRY INTO THE MHNIP	DECREASE
DISCHARGED PATIENTS	437	41	396
CURRENT PATIENTS	535	221	314
TOTAL	972	262	710





PRIVATE HEALTH FUND REBATE
\$500 PER DAY

TOTAL COST TO PRIVATE HEALTH FUNDS

BED DAYS PRE MHNIP
972

\$486,000

BED DAYS POST MHNIP
262

\$131,000

HEALTH FUND SAVINGS

\$355,000



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- ▶ General Practice setting concludes that the annual saving per one nurse is **\$380,120.00**. This conclusion is reached by comparing the cost of a GP providing care that is billed under MBS item number 2713 with the equivalent services provided by the MHN under the MHNIP. They also believe that the care provided under the MHNIP prevents emergency hospital admissions and the associated costs.



Comments

- Home visits are very useful to see how people live, and to bring some semblance of normality to their lives; some of these people never have visitors, and are proud to show off how they are managing in their home.
- ▶ If patients are reluctant to leave their home or to exercise, I may include a walk or a trip to a local coffee shop in our regular sessions. This provides them with the opportunity to exercise, and decreases their social isolation



Comments

- I have contact with other service providers including psychologists, psychiatrists, local Mental Health Services and non-Government organizations (including Salvos, Mission Australia, Psychiatric Rehabilitation Association). If it is appropriate, I arrange to make initial visits with them to provide support, encouragement, and advice where necessary. I have even accompanied a patient to a (successful) job interview.



Comments

- ▶ It s great to work so autonomously I really can put all my skills to great use
- ▶ Its great to be able to discuss the Dr what maybe best and my Dr trusts me
- ▶ I would love to take students and show them what I do
- ▶ My patients families think this is great



Positives

- ▶ Assisting consumers to stay out of Hospital
- ▶ Providing better coordinated care
- ▶ Providing more appropriate care
- ▶ Re allocation of GPs time
- ▶ Reduced costs to health funds and Medicare
- ▶ Reduction in hospital days
- ▶ Reduction in stigma
- ▶ Managing medical conditions
- ▶ A new career path
- ▶ Utilising full scope of practice
- ▶ Educating health care professionals on mental health



Weakness

- ▶ Difficulty understanding role of MHN
- ▶ Making a place in Primary Health
- ▶ The Nurse cannot be the eligible organisation
- ▶ The \$240 payment is not enough
- ▶ Organisations need more than one patient
- ▶ The Medicare forms cant be lodged on line like other forms
- ▶ Limited scope in the guidelines
- ▶ Why just patients with a sever mental illness
- ▶ Not enough nurses
- ▶ No evaluation and we have 2 ½ years



Where to from here

- ▶ Evaluation to be undertaken
- ▶ 2 1/2 years to ensure the Commonwealth are assured of the success
- ▶ Continue to negotiate the changes to enhance the program
- ▶ And receive feedback and comment from all involved
- ▶ Make sure the program continues



For Nurses the program has provided

- ▶ Autonomous role
- ▶ Career path that provide enormous job satisfaction
- ▶ Entry into primary care
- ▶ Recognition of the specialised skills of mental health nurses
- ▶ An alternative for student clinical placements
- ▶ Along with

For Patients the program has provided

- ▶ Access to MH care outside the public hospital setting
- ▶ Access to services when and where it suites them
- ▶ Support for a range of other services
- ▶ Coordination of care between there GP and MHN
- ▶ Access of families to a MH specialist

- ▶ Along with many more

Thank you

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