

## **Background**

*Because mental health matters:* Victorian Mental Health Reform Strategy 2009-2019 was launched by the Hon. Lisa Neville, Minister for Mental Health, on 13 March.

The strategy sets out a ‘whole of Victorian government’ ten year plan for mental health. It was informed by consultation with key stakeholders, including GPV. GPV convened a roundtable discussion attended by representatives of DHS Mental Health and Primary Health Branches, attended various forums, and submitted a detailed response to the original consultation paper, which can be found [here](#).

The DHS strategy document is divided into two parts. Part one outlines the case for reform and the overall framework, including the principles that underpin reform, the outcomes the strategy hopes to achieve, the key population groups to be targeted, and a description of the wider mental health service system (including the role of general practice<sup>1</sup>). Part two provides some more detail on proposals for change and is organised into eight Reform Areas (see below).

The strategy is based on four core elements:

- **Prevention** – stressing the social and economic benefits of promoting community and individual resilience and preventing the development of mental health problems where possible
- **Early Intervention** – early in life, early in development of an illness, and early in a particular episode to avert a crisis wherever possible
- **Recovery** – the strategy to some extent embraces the philosophy of recovery, in the sense that a mental health response should aim to foster independence and the individual’s capacity to achieve personal goals
- **Social Inclusion** – recognising that social inclusion and freedom from stigma and discrimination are key determinants of mental wellbeing

*Because mental health matters* claims to differ from previous strategies in that it:

- takes a whole of government view, recognising that mental health cannot solely be the concern of the specialist mental health services, and acknowledging the multiple social determinants of mental health
- covers a wider spectrum of mental health problems and aims to reduce lifelong impacts by promoting mental health and intervening before crisis or severe illness develop
- sees the response to mental health problems in terms of partnerships between federal, state and local levels of government, private, public and NGO sectors, and between services and consumers and carers

The guiding principles for reform are identified as:

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<sup>1</sup> p60

- consumer-centred service provision
- family and carer inclusion in care planning and decisions
- population-based planning of services
- a social model of health that acknowledges social determinants of wellbeing
- equity and responsiveness to diversity
- interventions should be evidence-based

By its nature the strategy is aspirational rather than programmatic. This is a ten year vision, and it contains few specific budgetary commitments. The next steps in reform include development of a series of Action Plans to outline more detailed proposals and timelines. A Mental Health Reform Council will be established to oversee implementation of the reform strategy.

To download the full strategy document, the summary, or a brief overview, click [here](#).

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## Implications for General Practice

The following does not attempt to summarise all proposals contained in each Reform Area of the strategy. Rather, it highlights those areas that are most directly relevant to general practice. This paper concludes with an assessment of the extent to which the strategy addresses key recommendations in GPV's submission.

## General Comments

The reform strategy is strong on recognition of the role of general practice in mental health care and aspires to strengthen and support this role. Arguably, the strategy does not adequately acknowledge the role of divisions of general practice as a key mechanism by which general practice's role in mental health care can be strengthened and supported. There is, however, recognition that divisions should be represented on Mental Health Boards and in area-based partnerships as part of new governance and accountability arrangements.

## The GP role

- The strategy acknowledges that general practice is most often the first point of contact for people experiencing mental health problems.
- General practice 'will play an increasingly vital role in the early identification of emerging mental health problems, and in ongoing management of patients' mental illness'.<sup>2</sup> This includes identifying early signs of parenting or child behaviour problems.
- The strategy recognises that GPs' role in aged care makes them an important part of the mental health response to this age group
- There is an emphasis in the strategy on improving the physical health care of people with severe mental illness – again, the GP is recognised as having a central role.
- 'We want to see GPs widely recognised as a key access point to mental health services'.<sup>3</sup> While the strategy offers no evidence that this is not already the case, there is acknowledgement that GPs need better information on care pathways, and a better understanding of the mental health service system. The point is also made that GPs need better access to secondary consultation, care coordination, and discharge planning. This will

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<sup>2</sup> p60  
<sup>3</sup> Ibid

enable GPs to ‘provide continuity of mental health care, even for people at the severe end of the mental illness continuum’.<sup>4</sup>

### **State-Commonwealth collaboration**

The strategy signals the need for collaboration between state and commonwealth governments and state- and commonwealth-funded services in order to ‘ensure...seamless service delivery to consumers.’<sup>5</sup>

In addition Victoria will ‘seek particular collaboration with the Commonwealth’ to ‘ensure better distribution of MBS-funded mental health services and the mental health practice nurse initiative’. The strategy does not make it clear how this might be achieved, however. The state government is also interested in the *headspace* model, and is committed to the national peri natal depression initiative.

### **Reform Area 1 – Promoting mental health and wellbeing – preventing mental health problems by addressing risk and protective factors**

This area focuses on building resilience and protective factors, and social inclusion, via positive mental health programs in schools and workplaces, and by raising awareness of the links between alcohol and drug use and mental health issues. While there is no explicit role for general practice or divisions, this is envisaged as a general effort across multiple parts of the health system.

### **Reform Area 2 – Early in life – helping children, adolescents and young people (0-25 years) and their families**

- Goal 2.1 states the intention to ‘Strengthen early identification and intervention through universal services, including early childhood services, primary health care and educational settings’.<sup>6</sup> Access to assessment services for children with emotional or behavioural problems will be improved, as will specialist advice on management and provision for shared care between primary care and specialist services.<sup>7</sup>
- There is a specific commitment that ‘Enhanced training in identifying [*peri natal*] mental health problems will be provided to...general practitioners’, among others, and that clearer referral pathways will be developed.<sup>8</sup>
- Child and youth services will be redeveloped within a 0-25 years framework to improve continuity of care during the years when most mental health problems emerge. The reform strategy identifies partnership with ‘primary health services’ as well as early childhood services and schools as part of this effort.
- There is also a focus on providing youth-friendly services or ‘hubs’, ‘working with Commonwealth-supported *headspace* sites where possible’<sup>9</sup>, although the nature of the relationship between youth hubs and *headspace* is not elaborated further.

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<sup>4</sup> p60

<sup>5</sup> p43

<sup>6</sup> p77

<sup>7</sup> GPV’s submission to the strategy consultation recommended enhanced support for assessment of children pii.

<sup>8</sup> Although the strategy does not explicitly say so, this forms part of the National Peri natal Depression Initiative and will complement the Commonwealth funding to divisions to do linkage work and expand ATAPS services.

<sup>9</sup> p85

- ‘Local primary health services’ will be supported by child and youth mental health services to identify and manage young people with eating disorders, with access to statewide specialist services as required.<sup>10</sup>

### **Reform Area 3 – Pathways to care**

This reform area is concerned with improving access to assessment and treatment in specialist mental health services, and making the specialist system easier to navigate for consumers and health professionals.

Goal 3.2 states the intention to ‘Promote primary health services as a key access point for mental health care and referral’.<sup>11</sup> It seems that the main vehicle for this will be the forthcoming 24-hour mental health information, advice and referral telephone line for the general public. This service is, in part, a strategy to divert demand from psychiatric triage. It seems that many callers may be advised to contact their GP.<sup>12</sup>

The following is also reiterated:

‘The capacity of general practice and community health services to identify, treat and refer people across the spectrum of mental health disorders, will continue to be strengthened through secondary consultation and advice, training and short term shared care provided by dedicated primary mental health practitioners employed by area mental health services’.<sup>13</sup> This will be supported by clearer referral pathways to and from specialist mental health services.<sup>14</sup>

‘We will continue to connect general practice and community health services into local mental health service networks to facilitate more effective shared care planning, improved discharge planning from emergency departments and acute inpatient units, develop clearer and more streamlined referral pathways, and improve access to specialist consultation and advice.’<sup>15</sup>

Improving referral processes from general health to mental health services will be achieved through ‘the use of tested service coordination platforms and tools, such as those developed by Primary Care Partnerships.’<sup>16</sup>

The possibility is raised of a new service delivered through Community Health for people with less severe mental health problems. This service ‘would operate as a partnership between...area mental health services and general practice, and provide opportunities for shared care’ (see also Reform Area 4 below).

Triage services will be redeveloped to shift them from a ‘gatekeeper’ role, to a ‘referral portal’, but also to improve their capacity to provide advice and secondary consultation to general practice and other referring agencies.<sup>17</sup>

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<sup>10</sup> p81

<sup>11</sup> p85

<sup>12</sup> GPV’s Mental Health Reference Group has requested details of the service specification and clinical governance arrangements for this service. We have also asked for representation on the clinical governance committee. GP consultation was recommended in GPV’s submission.

<sup>13</sup> p87- this may be a reference to existing Primary Mental Health Teams. If so, this accords with recommendations in the GPV submission pii

<sup>14</sup> Ibid

<sup>15</sup> Ibid – the mechanism that will connect general practice to the mental health service system is not elaborated upon, although this may refer to new planning and governance structures outlined in Reform Area 8.

<sup>16</sup> p86

<sup>17</sup> Accords with GPV submission recommendation to streamline GP access to mental health services through triage pii

Emergency responses, including GP access to CATT and referral to GPs from emergency department services will be improved.<sup>18</sup> Short stay units for people who are very unwell are proposed as an alternative to ED attendance.

#### **Reform Area 4 – Specialist Care**

This reform area is concerned with making specialist mental health services consumer-focused and carer-inclusive, and achieving closer collaboration between clinical services and Psychiatric Disability Rehabilitation Support Services (PDRSS).

There is also the aspiration that: ‘By 2019, we want to have significantly improved the life expectancy of Victorians with severe mental illness. This will be achieved by working in partnership with primary health services to monitor their physical health, prevent illness and provide prompt access to appropriate medical care when needed as an essential, and standard, part of the individual’s mental health care.’<sup>19</sup>

To this end specialist mental health services ‘will be expected to include physical health in consumers’ individual care plans, and proactively support their referral to, and engagement with, appropriate medical care.’<sup>20</sup>

There is further mention of the proposal noted in Reform Area 3 to develop community-based mental health clinics for people with less severe mental illness, staffed by a mix of public and MBS-funded providers and where ‘consideration will...be given to co-locating general practitioners and specialist practitioners such as diabetes educators...to deliver an integrated mental and physical health care response.’<sup>21</sup>

General practice will be heartened by inclusion of proposals, however brief, to ‘develop a shared IT system to facilitate referrals and client record sharing (with consent) between clinical and PDRSS services, and with primary health services.’<sup>22</sup>

For older people with mental health problems, ‘Priority will...be given to providing the specialist aged persons mental health service system with a dedicated capacity to provide secondary consultation, training and short-term shared care to general practice and mainstream residential aged services and supported accommodation services.’<sup>23</sup>

#### **Reform Area 5 – participation in the community**

This reform area is concerned with a coordinated approach to meeting the complex psychosocial needs of people with severe mental illness, including housing, education and training, workforce and social participation. The strategy states that a care coordination service will be considered to meet the needs of this cohort, with physical health and GP services as one element of a multi-disciplinary care package.<sup>24</sup>

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<sup>18</sup> Both were recommended in the GPV submission p ii

<sup>19</sup> p92 This answers a specific recommendation of GPV’s submission piii

<sup>20</sup> p99

<sup>21</sup> p100

<sup>22</sup> p94

<sup>23</sup> p95 Accords with GPV submission recommendation regarding older people’s services integration p v

<sup>24</sup> P iv of GPV’s submission recommended cross agency planning and care coordination for vulnerable groups

## **Reform Area 6 – Reducing Inequalities – responding better to vulnerable people**

This reform area deals with meeting the mental health needs of Aboriginal people, people with intellectual disability, Acquired Brain Injury or autism, and people from CALD backgrounds and refugees.

While there is doubtless a role for general practice in providing services to these groups, primary health services are only explicitly mentioned in regard to improvements in the identification, assessment, and treatment of people with a co-existing intellectual disability and mental health problems.

## **Reform Area 7 – Workforce and innovation – improving capacity, skills, leadership and knowledge**

General practice will perhaps be disappointed in the lack of consideration given to two key workforce shortages – that of GPs, elsewhere in the document recognised as key providers of mental health care and referral, and of allied health professionals providing Better Access or ATAPS in outer metro and rural areas. Perhaps not surprisingly, the strategy tends to focus on addressing workforce and skills shortages in public mental health services. However, the need to collaborate with the Commonwealth on strategies to develop the workforce is signalled.<sup>25</sup>

The chapter focuses primarily on public mental health services: on making them an attractive place to work, supporting culture change, improving competency and ensuring a robust evidence base for mental health care. This will be led by a proposed Institute of Mental Health Workforce and Innovation.<sup>26</sup>

There is, however, recognition that mixed public/private employment arrangements might help recruitment and retention<sup>27</sup>, although the fact that this is already happening in regard to the Mental Health Nurse Incentive Program is not mentioned.

## **Reform Area 8 – Partnerships and accountability**

This reform area deals with the need for changes to governance and planning structures. It is recognised that this area needs further development. However, the strategy identifies the need for area-based planning structures to plan services and drive coordination at inter-agency level. Divisions of general practice are identified as key players in these structures, which will have the development of Community Mental health Plans as one of their key tasks. Primary Care Partnerships are also identified as having a role, although the relationship between PCPs and the new area-based planning structure is unclear.

There will be rationalisation of the governance structures, catchments and auspicing of specialist mental health services under Mental Health Boards, in which divisions of general practice will have a role.<sup>28</sup> This reform aims to raise the profile and status of mental health within health service governance.

The strategy also proposes the development of a common outcomes framework against which the new area-based structures will report. GPV is identified as one of the key stakeholders who will help develop the outcomes framework.<sup>29</sup>

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<sup>25</sup> p126

<sup>26</sup> p130

<sup>27</sup> p128

<sup>28</sup> p139

<sup>29</sup> p143 GPV recommended development of outcomes measures and area-based governance structures pvi. Although the latter will not - as GPV recommended - be led by divisions of general practice, divisions will be included.

The final proposal is the formation of a Mental Health Reform Council to include key stakeholders, with the overarching responsibility of driving reform.<sup>30</sup> GPV will seek divisions of general practice representation.

### **Does the strategy address the key recommendations of the GPV submission?**

GPV's recommendations tended to focus on solutions that address specific problems, whereas the strategy sets out goals but often isn't specific about how these will be achieved.

For example, GPV recommended the funding of GP Mental Health Liaison Officer roles. While the strategy aims to improve the capacity of general practice to treat and refer people across the spectrum of disorders, and talks about enhanced secondary consultation, shared care planning, clear referral pathways, and improved discharge planning, it does not specify how this will be achieved or whose responsibility it will be.

There are no specific plans to develop mixed models of GP employment across state services and private practice, with GP rotations, apart from the Community Mental Health service model discussed in reform areas 3 and 4, noted above. Again, this idea lacks detail.

The identified need for new governance arrangements might broadly be in accord with GPV's thinking, and there will clearly be a role for divisions of general practice, although at present this falls short of our hope for regional consortia led by divisions with accountability for service delivery and outcomes for people managed wholly by primary care, or in shared care arrangements with area mental health services.

The strategy signals that there will be further work on outcomes frameworks. However, it is not clear whether this will apply at the concrete level of performance and outcomes measures for shared care, discharge planning, and the role of Primary mental health teams, all of which GPV argued were needed to drive the desired improvements.

Generally, the strategy does not go to the level of detail that the proposals in GPV's submission address. However, there is cause for optimism that, once the aspirations signalled in the strategy begin to be fleshed out, there will be opportunities to continue to advance our specific recommendations.

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<sup>30</sup> Ibid