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An evaluation of an Australian initiative designed to improve interdisciplinary collaboration in primary mental health care

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ABSTRACT

This paper reports on a multi-component evaluation of Australia's Mental Health Professionals Network (MHPN). MHPN aims to improve consumer outcomes by fostering a collaborative clinical approach to primary mental health care. MHPN has promoted interdisciplinary communication and networking through activity in three inter-related areas: interdisciplinary workshops supported by education and training materials; fostering ongoing, self-sustained interdisciplinary clinical networks; and a website, web portal (MHPN Online) and a toll-free telephone information line. The evaluation showed that MHPN's workshops were highly successful; almost 1200 workshops were attended by 11,930 individuals from a range of mental health professions. Participants from 81% of these workshops have gone on to join ongoing, interdisciplinary networks of local providers, and MHPN is now supporting these networks in a range of innovative ways to encourage them to become self-sustaining and to improve collaborative care practices.

1. Introduction

Twenty percent of the Australian population will experience mental ill health each year (ABS, 2007), and mental disorders account for 24.9% of the disability burden in Australia (Begg et al., 2007). This high prevalence of mental disorders is echoed in other high income countries: the Centre for Disease Control and Prevention estimates that 25% of US adults have a mental illness each year (CDC, 2011), and the Mental Health Foundation estimates a similar prevalence rate for the UK (Mental Health Foundation, 2007).

Research has established the benefit of including psychological interventions in primary care treatment of common mental disorders (Gilbody, Bower, Fletcher, Richards, & Sutton, 2006), and primary mental health care is an essential component of mental health care provision in Australia. General practitioners, in particular, frequently provide an entry point into mental health care for high prevalence mental health disorders, creating the potential for early detection of mental disorders and appropriate referral pathways for ongoing care. Relevant to the provision of mental health services within the primary care sector is the growing evidence that collaborative mental health care further enhances treatment and is best practice (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005; Rosenberg & Hickie, 2009). Collaborative mental health care involves not only the input of a number of different mental health care professionals in the care of a consumer, but also involves these professionals communicating and working together in collective action oriented towards a common goal (D'Amour et al., 2005). A recent review of 119 papers found strong evidence for the link between collaborative activities, positive clinical service delivery and economic outcomes (Fuller et al., 2011). Similarly, other researchers have found positive consumer impacts (van Orden, Hoffman, Haffmans, Spinhoven, & Hoencamp, 2009; Zwarenstein, Reeves, & Perrier, 2005).

Since the early 1990s, Australian National Mental Health Plans have emphasised the importance of joint planning, coordination of services and the development of links between providers across and within sectors in the delivery of mental health services. The

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2009 Australian National Health and Hospitals Reform Commission emphasised that collaboration between support services was essential for recovery and individual self-determination, and many recent initiatives have consequently focused on linking primary care, specialist care and community-based services (Commonwealth of Australia, 2009). Despite this, the primary mental health care system has historically created a landscape wherein many professionals were operating in private practice settings in different locations and often working in professional 'silos' within their scope of practice (Davies Powell et al., 2006; McDonald, Powell Davies, & Fort Harris, 2009).

Collaborative relationships do not happen instantly nor without considerable effort from all parties (Cook, 2005; Craven & Bland, 2006). Often co-ordinated leadership and external support are needed (Barker, Bosco, & Oandasan, 2005). In order to overcome barriers to collaboration within primary and community mental health systems, coordination of interactions between organisations and professionals needs to be reviewed (McDonald et al., 2009). In late 2006, Australia's public universal health insurance system (Medicare) introduced a primary mental health scheme, The Better Access to Psychiatrists, Psychologists and General Practitioners, known as 'Better Access'. The Better Access initiative is one of 18 Australian Government initiatives introduced under the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006–2011 (Australian Government, 2006). Better Access was introduced in response to low treatment rates for mental disorders, and aims to improve outcomes for people with such disorders by encouraging a team-based approach to their mental health care. The general practitioner (GP) is the first contact for people accessing primary mental health care; the GP may then treat the consumer him/herself or may refer the patient to other mental health care providers (Henderson et al., 2000). Better Access allows consumers referred to certain mental health professionals (eligible psychologists, social workers, mental health nurses and occupational therapists operating on a fee-for-service basis in private rooms) to claim a rebate (a set amount paid back to the consumer by the Australian Government) for their psychological care (Australian Government, 2006). Providers who work in the primary mental health care sector generally operate in private practices on a fee-for-service basis. Prior to the introduction of Better Access the fee was paid by the consumer and in some circumstances the consumer's private health insurance. Since the introduction of Better Access, this fee is paid by some combination of Medicare, the consumer, and, in some cases, the consumer's private health insurance.

The Australian Government's Department of Health and Ageing (DoHA) has carriage of the Better Access programme and has recognised that the programme creates potential for improved interdisciplinary collaboration. At minimum, GPs and mental health professionals are required to collaborate through the provision of the GP's written referral to the mental health professional, a mandatory written review and final report to the GP from the mental health professional, and a mandatory GP review of the patient after six sessions with the mental health professional. These minimal requirements for collaboration between the GP and treating clinician within the Better Access programme provide an ideal basis to foster more comprehensive collaborative interdisciplinary mental health care. Furthermore, in order for the GP to feel confident in referring their patients for quality mental health care, it is likely that they will want to meet and understand the expertise of those professionals to whom they are referring.

Despite this unique opportunity to build collaborative care in the primary mental health care sector, there is little information available regarding systematic attempts to foster collaboration between health professionals, and we still have limited understanding of the complexity of relationships between professionals (D'Amour & Oandasan, 2005). Some research describes attempts to improve interdisciplinary collaboration within or between organisations (e.g., Holleman, Bray, Davis, & Holleman, 2004; Kiesely, Duerden, Shaddick, & Jayabarathan, 2006; Michael, Howard, & Cox, 2008), but none that we are aware of describe any attempts to improve interdisciplinary collaboration in a primary care setting at a national level.

The Mental Health Professionals Network (MHPN), a national initiative in Australia, undertook this monumental task. MHPN was funded by the Australian Government to bring together different primary care mental health professionals with the aim of fostering interdisciplinary networking, collaboration and ultimately improved consumer outcomes. MHPN was an innovative programme, as interdisciplinary teams are not common in Australian primary health care and collaborative care is made difficult by the boundaries between professionals and within health services (McDonald et al., 2009). This paper describes the evaluation of MHPN. The evaluation of MHPN, also funded by the Australian Government, sought to determine whether MHPN had been successful in fostering interdisciplinary networking and collaboration, and to provide formative feedback to MHPN (D'Amour & Oandasan, 2005).

The overall purpose of MHPN is to support the development of sustainable, interdisciplinary collaboration in the primary mental health care sector. MHPN has been responsible for promoting interdisciplinary collaboration and networking between GPs, psychologists, social workers, occupational therapists, mental health nurses, paediatricians and psychiatrists. It has done this through activity in three inter-related areas: facilitating interdisciplinary workshops supported by education and training materials; fostering ongoing, self-sustained interdisciplinary clinical networks; and hosting a website, web portal (MHPN Online) and a toll-free telephone information line which supported the programme. The underlying premise for MHPN's initial activities was that facilitated, interdisciplinary workshops would reinforce the importance of interdisciplinary collaboration and would enable relationships to develop between local providers. In turn, this would encourage participants to form ongoing networks comprising providers from a mix of disciplines. Support for both the workshops and the networks arising from them (e.g., via the website, MHPN Online and phone line) would therefore assist the networks to become self-sustaining.

MHPN's efforts have appropriately been conducted in interconnected phases, which means that some of the above areas have received more attention to date than others:

- The initial *establishment phase* involved MHPN putting in place required personnel, governance mechanisms, infrastructure and resources across all three activity areas.
- In the *delivery phase*, MHPN placed considerable emphasis on rolling out workshops nationally. This involved a major push to recruit local mental health professional facilitators. Mental health professionals were invited to attend a workshop in their local area, and those operating in private practice were paid for their first attendance. Workshops usually involved facilitated introductions, a meal, a discussion of a case study of a client with a mental disorder, and a discussion of the possibility of generating an ongoing local network. MHPN aimed to conduct 1200 workshops nationwide before the end of June 2010 (30% in rural areas as required by the contract between MHPN and the Australian Government). The aim for each workshop was to have 20 registrations in order to find a balance between those registering but not attending and people attending without registering, whilst maintaining the 'small group' feel. Composition-wise, the attendees were to include at least three different types of mental health professions, and at least four GPs. The