



The Queensland Framework for Primary Mental Health Care

2010

Prepared by General Practice Queensland for the
Partners in Mind Initiative
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Australian Government Department of Health and Ageing

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Foreword

The Queensland Framework for Primary Mental Health Care first produced in 2006 was developed by General Practice Queensland (GPQ) as part of the Partners in Mind initiative. This initiative aims to improve patient outcomes by working towards ideal primary mental health care, with Queensland Health and the Australian Government Department of Health and Ageing providing funds collaboratively to develop the Framework.

The broad purpose of the Framework is to improve outcomes for people with a mental illness by re-orienting and better usage of available services, by influencing policy development, and by providing a united voice for system reform in Queensland. The Framework aims to guide best practice in primary mental health care, to bring together primary mental health care stakeholders and re-orient existing local, state and national resources.

This Framework has been updated to include references to current national initiatives including the recently launched fourth National mental health plan. Performance indicators have been developed and are now included in the framework for state and local implementation.

The Framework has been developed in consultation with key primary mental health care stakeholders including General Practitioners, Queensland Health, the Australian Government Department of Health and Ageing, consumers and carers, non-government organisations and professional peak bodies.

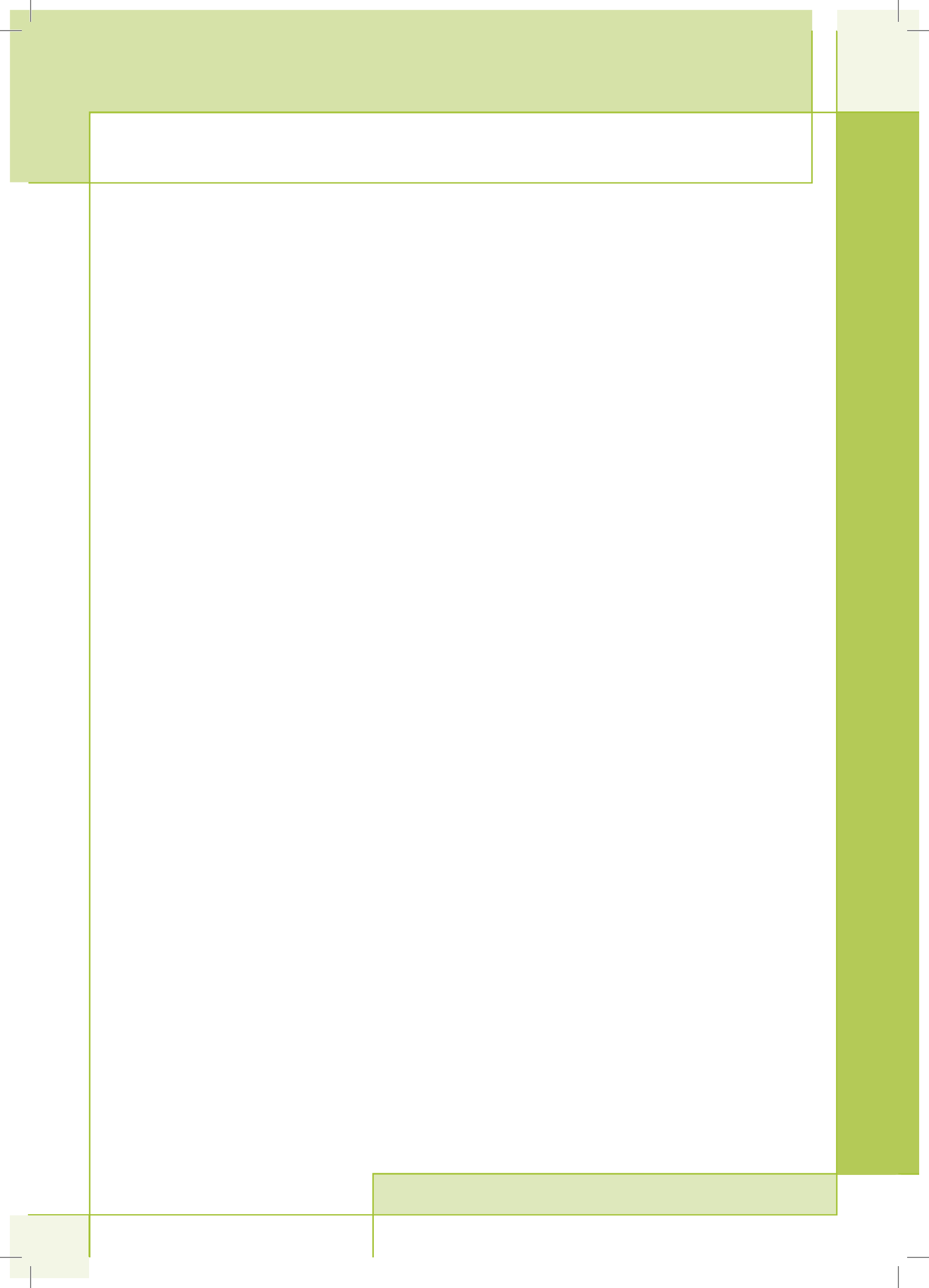
We encourage mental health care providers to become familiar with the Framework and use it as a tool to assist with planning and delivery of primary mental health care services.



Dr Dilip Dhupelia
Board Chair
GPQ



Mick Reid
Director General
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An overview

Introduction

High prevalence mental health disorders (for example depression) cause a significant social and economic burden to the community, with an estimated direct cost of treatment at around \$500 million a year (Mathers, Vos, & Stevenson, 1999). According to the beyondblue website (www.beyondblue.org.au), one million adults and 100,000 young people live with depression each year. On average, one in five people will have an episode of depression at least once in their lives. The United Nations has identified that depression is already the fourth highest cause of the global disease burden, and it expects that by 2020, depression will be the second highest cause of disability in the developed world (Murray & Lopez, 1996).

The 2007 National Survey of Mental Health and Wellbeing (Australian Bureau of Statistics, 2008) found that 20 percent (3.2 million) of adults in Australia (16-85 years) had experienced a mental disorder in the 12 months prior to interview. Of those, only 35% had sought help from a health service provider, with 25% of these consulting a General Practitioner.

There are two clear issues identified in these findings. The first is that many people with a mental health problem do not seek out a health provider. The second issue is that when people with a mental health problem do seek out a health provider, that practitioner is frequently a GP. Mathers, Vos & Stevenson (1999) identified that over 75% of all mental health contacts occur between patients and their GP. Additionally, the research identifies that improved coordination and collaboration in the provision of primary mental health care improves mental health outcomes for patients.

There are many barriers to the provision of high quality primary mental health care, including cultural differences between GPs and other mental health service providers, varying levels of skills and interest in providing mental health care, unclear referral pathways, limited specialist support, lack of coordination of shared care processes, and insufficient time and remuneration for the provision of primary care for people with a mental illness. A number of national, state, and local initiatives to try to address these barriers have been developed, including the Better Outcomes in Mental Health Care Initiative (BOiMHCI) and the General Practice and Psychiatry Partnerships Program (GPAPP).

The Partners in Mind (PIM) initiative arose out of broad consultation between Queensland Health, General Practice Queensland (GPQ) and local Divisions of General Practice, the Australian Government Department of Health and Ageing (AGDHA) and mental health service providers and consumers in Queensland. It was embraced by stakeholders as an opportunity for Queensland to lead the way in necessary mental health reform in Australia.

There is a clear emphasis in the Queensland Plan for Mental Health 2007-2017, (Queensland Government, 2008) on collaboration and integration. The plan states that 'the Queensland Government will support the development of a coordinated framework for the delivery of primary and private mental health care' (Queensland Government, 2008, page. 18) and it has identified Partners in Mind as a vehicle for system reform.

Partners in Mind and the Framework are supported by Queensland Health and aligns with the literature above. As a result, the success of its implementation is critical to the mental health care system in Queensland.

1.1. Why a framework for primary mental health care in Queensland?

Both nationally and internationally, there has been relatively restricted development of broad system models or frameworks for the provision of primary mental health care. Primary mental health care groups and health organisations have identified the potential value of system reform, particularly in areas of integration to meet demand and service principles to increase service quality and effectiveness.

The Canadian Collaborative Mental Health Initiative (CCMHI) has been funded to 'enhance the capacity of primary health care providers to meet the mental health care needs of consumers through collaboration among health care partners, including primary and mental health care providers, consumers, families and caregivers' (Gagne, 2005). The CCMHI has contributed to a broader action plan to encourage primary health care reform and innovation in Canada. This initiative commissioned a series of papers that are available on the website www.ccmhi.ca. These papers suggest that collaborative mental health care provides many benefits to consumers, providers and the broader health system. In a review of selected international initiatives (CCMHI, 2004), CCMHI also reports that for collaborative mental health care to be successful, it requires:

- a supportive government policy framework
- government funding for sustainable, effective collaboration
- supportive systems and structures (formal or informal)
- a consumer driven approach
- a commitment within the team to make it work.

Resources available on the website (www.ccmhi.ca) include a *Collaborative Mental Health Care Framework*, a *Charter* (essentially a pledge amongst its 12 national member organisations), and toolkits for implementing their framework for different groups of stakeholders

(including referral forms, intervention plans, background information, etc). The CCMHI Framework identifies four key elements essential to collaborative mental health care: accessibility, collaborative structures, richness of collaboration and consumer centredness.

In 2008, the World Health Organisation published a comprehensive report titled, *Integrating mental health into primary care: A global perspective*. This report states that 'the need for good linkages between primary care and other levels of care cannot be overstressed'. A clear referral, back-referral and linkage system should be implemented in consultation with health managers and health workers at all service levels:- Integrating mental health into primary care requires leadership and long-term commitment. Yet for those who choose this path, the benefits are substantial (2008, page. 19).

Tait and Shah (2007) describe the benefits of working in partnership in their journal article, *'Partnership working: a policy with promise for mental health care.'* Although based on the United Kingdom health model, the article particularly focuses on mental health partnerships between the public health system and the community (or non-government) sector. They list key principles for governance of these partnerships (page 268), including:

- clear definition of the roles and responsibilities of each organisation
- unambiguous targets and performance measures
- clear statement of those intended to benefit from the initiative
- provision of reliable information on performance and progress
- clear understanding of who is responsible for taking remedial action if progress is unsatisfactory

Through extensive consultation, the East Leeds Primary Care Trust has developed *A Framework for Primary Mental Health Care* (Brewis & Hurford, 2004). This framework is a comprehensive document describing a vision, aims, and strategies for implementation. According to this framework, some of the key elements of primary mental health care are: a consumer focus, mutual respect, integration and partnerships between generalist and specialist service providers, increased efficiency and effectiveness, viewing primary care as part of a wider system of health and social care, clarification of functions and roles, and a shared understanding about the purpose of primary mental health care service provision.

However, the literature does not provide any outcomes or evaluations of effectiveness following the implementation of a framework or whole-system model of primary mental health care. A number of small studies of primary mental health care service providers working as a team across usual service boundaries have demonstrated the effectiveness of an integrated model of service provision in mental health care (for examples', see Arehart-Treichel, 2003 & Dietrich et al, 2004).

In Australia, as a result of the Primary Mental Health Forum held in 2004, Royal Australian College of General Practitioners recommended that system reform and integration across the primary mental health care sector was necessary to meet demand and to provide high quality services to consumers.

During initial consultations around the development of a proposal to re-engineer primary mental health care in Queensland, primary mental health care stakeholders (including public and private practitioners, non-government organisations, consumers and carers) made it clear that broad system reform was essential. Unique and limited pilots had been demonstrated to be somewhat successful during the funding periods, but once the additional resources and capacity were removed, achievements gradually reduced. If regional projects are undertaken, the results need to feed into the 'bigger picture' rather than operate in isolation.

These consultations also identified that there was a need to build consistency, to share resources, to improve linkages between service providers and to advocate for system reform with a united voice. The development of a framework for primary mental health care in Queensland to achieve these aims was a recommendation by stakeholders made during the consultation.

1.2. Definition of primary mental health care

To assist understanding of this document, two definitions relating to primary mental health care (PMHC) are provided below.

1) The World Health Organisation (WHO) Alma Ata definition of primary health care:

Primary health care is the provision of essential health based on practical, scientific and socially acceptable methods and technology. It is made universally acceptable to individuals and families in the community through their full participation and at an affordable cost to the community and country. Primary health care is the central function and main focus of the country's health system and of the social and economic development of the community. It is the first contact of the individual, family and the community with the national health system, bringing health care as close as possible to where people live and work, and constituting the first element of a continuing health process.

2) The definition of primary mental health care created during a consultation workshop in May 2004 (attendees included Queensland Health Mental Health Directorate, AGDHA, GPQ, general practitioners, Divisions of General Practice, consumers and carers)

- Primary mental health care is part of primary health care.
- Primary mental health care refers to the first port of call or first professional contact for people with mental health issues.
- Primary mental health care involves:
 - community – Mental Health literacy, wellness, awareness & support
 - providers – general community, nurses, general practitioners, allied health providers, support groups, etc.
 - assessment – first contact; holistic view.
 - services – high prevalence, crisis treatment, ongoing treatment for chronic mental illness.
- Queensland Health’s mental health services provide a pathway between primary mental health care and secondary or specialist care.

The following is a brief description of other terms used throughout this document.

Specialist Mental Health Services

This refers to services that only provide mental health services, rather than providing a range of services with mental health being only one. These services include private psychiatrists, private psychologists and government and non-government organisations with a purely mental health focus.

Queensland Health Mental Health Services

These are one type of public specialist mental health service generally providing both in-patient and out-patient psychiatry and case management services. They also provide primary care mental health assessment in their emergency departments, general hospital wards and through community intake.

Primary Mental Health Care Departments

This term refers to any health professional to whom people present with mental health problems (taken from the Queensland Health Mental Health Plan 2006-2011: Report of the Primary Care Subgroup, 26 June 2006). This includes GPs, community nurses, drug and alcohol services, etc.

1.3. Policy context

There are several significant state and national policies that have influenced the development of the Framework. These policies are described in more detail in Appendix C. National and state policies have been reformed considerably since this framework was originally developed. These changes and new initiatives have been incorporated into and are supported by the Framework.


1.4. Summary of the consultation process

The Framework was informed by statewide consultation, conducted by General Practice Queensland, during the latter part of 2005 and early 2006. The process included a state forum in October 2005, regional workshops in December 2005 and February 2006, and earlier scoping activities, including telephone interviews, a workshop held in May 2004, an electronic questionnaire and feedback on draft proposals. Participants in the consultation included general practitioners, Divisions of General Practice, Queensland Health, other Queensland Government departments, the Australian Government Department of Health and Ageing (AGDHA), the Department of Veterans Affairs, consumers, carers, the Queensland Alliance, non-government organisations (NGOs), allied health professionals, and Primary Health Care – Research Education and Development (PHC-RED) at the University of Queensland.

Foundations of the Framework

Ideal for Primary Mental Health Care

All available resources are used as effectively as possible, where services are interconnected and work well together, where clients can easily access and navigate the system and do not fall through gaps, where services used are evidence-based and address the broad spectrum of client needs, where the work required to develop linkages is prioritised, funded and supported, where funding is provided efficiently and appropriately to local services, and where there are enough resources to meet local demand.

Values		Principles
<p>The following values have been identified as an integral foundation for more effective primary mental health care:</p> <ul style="list-style-type: none"> • respect for all regardless of status • patient focus • learn from mistakes • accountability to one another • respect for self • focus on care not financial gain • provide holistic care • address prevention • a willingness to work with other providers • value the contribution of other providers • knowledge of other providers, their services, capacity and abilities 	<p style="text-align: center;">Framework benefits</p> <ul style="list-style-type: none"> • A reduction in the pressure on district mental health services to try to address all of the needs of people with a mental illness – where some of these demands are moved more appropriately to other providers in primary care • Patients more informed and receiving improved treatment quality from more skilled and coordinated service provision • Improved communication and understanding between district mental health services, general practitioners and other primary mental health care service providers • Better quality, continuity and accessibility of primary mental health care services to consumers • More effective use of national initiatives, for example, the Better Outcomes in mental health care Initiative and the Strengthening Medicare Allied Health Package • Improved partnership between General Practice Queensland, Queensland Health Mental Health Directorate and Australian Government Department of Health and Ageing • Increased awareness of the range of factors that affect mental health, including: housing, finances, social needs, welfare, violence/abuse, relationships, culture and substance/alcohol abuse • Improved reform potential through strengthened linkages and the identification of shared needs and innovative solutions 	<p>The following are the guiding principles of service provision in primary mental health care in Queensland:</p> <ul style="list-style-type: none"> • provide equity • provide choice • be respectful of clients • services need to be empowering (clients/patients/consumers are not just passive recipients) • provide safety • fulfill your duty of care • services are in the form of care/recovery, not “treatment” • encouraging consumers to be more actively engaged in their own recovery • evaluation and research informs the development and continuation of service provision and models of care

The Queensland Framework for Primary Mental Health Care

The Framework supports reorienting and better use of the currently available services and will influence policy development with a united voice for system reform in Queensland.

Framework aim

To improve outcomes for people with a mental illness by working towards ideal primary mental health care.

Framework objectives

- Support the efficient and effective use of resources by clarifying roles, linkages and referral pathways, particularly between the public and private mental health sectors.
- Increase equity and accessibility of primary mental health care.
- Increase awareness of the physical health, social and community needs of people with a mental illness.
- Facilitate consistency across primary mental health care and decrease duplication.
- Influence policy and decision-making by advocating for change.
- Raise awareness of primary mental health care and mental health issues.
- Encourage primary mental health care service providers to be accountable to one another to provide quality care.
- Increase the capacity of primary mental health care service providers, both through skill development and in better use of available resources.
- To reorient primary mental health care services to act as members of an integrated system/network of providers, to be more client centred and to address prevention and early intervention issues.

Scope of the Framework

The initial Partners in Mind initiative was coordinated by General Practice Queensland and jointly funded by the Australian Government Department of Health and Ageing (AGDHA) and Queensland Health (QH). The final Framework documents were endorsed by AGDHA and QH. Formal support for the documents has also been provided by several key state and national stakeholders.

The Framework has been developed to target Queensland mental health service providers working with persons suffering from mental health disorders. The Framework has been designed for service providers and not for others (including family and friends, etc) who also play a critical role in primary mental health care. Benefits of using the Framework will include better communication between providers, improved skills and training opportunities, increased sharing of resources and tools and ultimately, improved patient outcomes. It is acknowledged that there will be significant differences in the applicability of the Framework between rural and remote regions of Queensland and provincial and metropolitan regions, particularly in relation to the availability of mental health service providers in those areas.

The Framework is presented in a comprehensive format:

- The Queensland Framework for Primary Mental Health Care

This document addresses issues relating to the Framework overall, including the development and consultation process, the policy context and future directions. This document also includes a broad overview of the Framework and how elements and strategies are described in the Tools. It is not designed to be used as an implementation tool. However, it will provide supporting information that may be useful to service providers implementing elements of the Framework.

- The Local Implementation Tool (Section two)

The local Implementation tool provides detailed information concerning the elements of the Framework that can be implemented at a local level by individual service providers and/or agencies. Service providers that will most benefit from using the local implementation tool are: general practitioners, Queensland Health mental health services, Divisions of General Practice, non-government organisations, services targeting groups of people who may be affected by mental health disorders (including alcohol, tobacco and other drug services, aged care, youth mental health and veterans services), government sector (including community, child and youth mental health and Disability services Queensland), neighbourhood/community centres and private practitioners (including specialists and allied health professionals).

- The Statewide Reform Guide (Section three)

The statewide reform guide provides Framework elements and activities to be undertaken at a state level to support local Framework implementation and statewide system reform. Services that will most benefit from using the statewide reform guide are: Queensland Health Mental Health Directorate, General Practice Queensland (GPQ), professional associations (for allied health providers and specialists) and relevant peak bodies.

The Partners in Mind website (www.partnersinmind.com.au) is an additional tool which provides a list of resources to support the implementation of the Framework. The statewide and local tools also refer to the website for more detailed information.

The Framework elements

The Queensland Framework for Primary Mental Health Care has been developed to enable the achievement of 'ideal' primary mental health care (see the Aim of the Framework earlier in this document).

This ideal is made up of the elements listed below. The elements are grouped into local and statewide issues. Strategies and activities for achieving these outcomes are described in the local implementation tool and the statewide reform guide, as well as on the Partners in Mind website (www.partnersinmind.com.au).

Local Framework Elements	Outcomes
Improved linkages and increased capacity	<p>Service providers have a thorough knowledge of other services – their capacity, their skills and how to access them.</p> <p>Service providers value other services.</p> <p>Service providers implement improved processes for sharing patient information.</p> <p>Partnership agreements between key local stakeholders are developed and committed to.</p> <p>Service providers are well trained for the issues particularly relevant to primary mental health care.</p>
Clear roles	<p>Service providers understand critical mental health care roles.</p> <p>Service providers agree on the distribution of critical roles across the mental health sector.</p>
Local service provision with a consumer and carer focus	<p>Service providers:</p> <ul style="list-style-type: none"> • respect clients and their carers • empower clients and their carers to be active in their recovery • offer choices in service type and modality • ensure equity in service provision • address local consumer needs, particularly in relation to high risk and disadvantaged groups and comorbidity issues <p>Service providers encourage participation and involvement from consumers and carers in service development.</p>
Better understanding and use of available resources and initiatives	<p>Service providers efficiently and effectively access resources and initiatives to support quality mental health care.</p>

Statewide Framework Elements	Outcomes
Leadership/governance/state coordination	Structures/systems in place to facilitate intersectoral statewide coordination of primary mental health care activities.
Service integration, linkages and Framework implementation	Formal collaborative partnerships are established and supported between key primary mental health care service providers. Support provided to regions to improve linkages within the primary mental health sector.
Service provision with a consumer and carer focus	An increased consumer and carer focus and participation is adopted across the primary mental health care system.
Increased primary mental health care system capacity	Increased access to service providers and new roles/functions developed in primary mental health care. Streamlined data management processes and reduced paperwork/bureaucracy.
Focus on health promotion and prevention	Health promotion and prevention programs developed and supported.
Quality improvement processes	Evidence base informs service reform. Performance indicators in primary mental health care inform activity.
Training and workforce	Increased access to primary mental health care training programs for service providers. Primary mental health care training and experience is made more available to general practitioners and other professions. Shared care models of service delivery are enhanced. Primary mental health care multidisciplinary teams are considered and reviewed for relevance and effectiveness. Increase access to psychology, nursing and other allied health services for consumers/carers.

Measuring effectiveness

The Partners in Mind (PIM) initiative aims to implement elements of the Framework at a local and state level. An evaluation of this implementation was undertaken in 2008-09. As a component of this evaluation project, performance indicators for state and local implementation were developed.

Local performance indicators

	Indicators		Measurement
Needs based	1.	Services provided are evidence-based.	<ul style="list-style-type: none"> • Education/training sessions are evidence-based and offered appropriately.
	2.	Services address the broad spectrum of client needs.	<ul style="list-style-type: none"> • Broad range of services are linked within the network.
Service integration	3.	Local services are interconnected.	<ul style="list-style-type: none"> • Services are familiar with each other (capacity, skills, services, names) • Services understand impact of history/contextual issues.
	4.	Local services work co-operatively.	<ul style="list-style-type: none"> • Services meet with one another and/or undertake joint initiatives. • There are local protocols in place for communication and coordination.
	5.	Developing linkages is funded and supported.	<ul style="list-style-type: none"> • Interagency activities are in policy and are part of deliverables for key services.
Efficiency indicators	6.	Funding is provided efficiently and appropriately.	<ul style="list-style-type: none"> • These are local reports on funding processes.
	7.	Available resources are used effectively (including Partners in Mind).	<ul style="list-style-type: none"> • Consider the resources/programs/initiatives stakeholders and the processes use. • Consider the process of the local Partners in Mind initiative (i.e. focused and targeted implementation of a widespread/broader goal approach).
	8.	There are sufficient resources to meet local demand.	<ul style="list-style-type: none"> • Services have access to local reports on available resources.
Effectiveness	9.	Clients can more easily navigate the system/ don't fall into the gaps.	<ul style="list-style-type: none"> • Primary mental health care system/network supports easy navigation. • Protocols are in place so clients don't fall through gaps.

State level performance indicators

	Indicators		Measurement
Needs Based	1.	State level services/programs provided are evidence-based.	<ul style="list-style-type: none"> • Policy/program development is based on evidence.
	2.	Services address the broad spectrum of client needs.	<ul style="list-style-type: none"> • Broad range of services/agencies are linked at a state level.
Service integration	3.	State level services/agencies are interconnected.	<ul style="list-style-type: none"> • State-level key mental health partners communicate regularly with one another. • There is equitable senior-level commitment to improving relationships between key mental health partners at a state level (ownership, engagement and responsibility).
	4.	State level services/agencies work well together.	<ul style="list-style-type: none"> • State-level key mental health partners meet with one another and/or undertake joint initiatives.
Efficiency indicators	5.	Developing linkages is funded and supported.	<ul style="list-style-type: none"> • Interagency activities are in policy and are part of deliverables for key services.
	6.	Funding is provided efficiently and appropriately.	<ul style="list-style-type: none"> • Protocols/policy supports efficient and appropriate funding processes.
	7.	Available resources are used effectively (including Partners in Mind).	<ul style="list-style-type: none"> • Evaluate the process and effectiveness of state-level PIM implementation. • Consider the effectiveness of state-wide PIM support/resources provided.
Effectiveness	8.	There are sufficient resources to meet local demand.	<ul style="list-style-type: none"> • Policy/program development is based on population needs.
	9.	Clients can progress more efficiently through the system.	<ul style="list-style-type: none"> • Policy promotes easy navigation and improved interconnectivity.

State-level Partners in Mind implementation was found to have a positive effect on linkages and has successfully addressed all relevant elements within the Statewide Reform Guide of the Queensland Framework for Primary Mental Health Care.

Regional Partners in Mind implementation successfully improved relationships and cooperation between mental health service providers and access to mental health training. These are critical elements of the Local Implementation Guide of the Framework. Partners in Mind also provided local potential for ongoing dialogue and joint activities between key stakeholders.

Key factors in local project success were found to be:

- genuine partnership in set-up and maintenance of the project

- high-quality project management skills
- limited staff turnover
- opportunities for the exchange of information and getting to know one another
- clear focus and defined objectives
- undertaking joint initiatives
- sharing a position or funding across organisations
- funding for both key stakeholders
- high-quality relationships before PIM implementation
- a steering committee with high-level support
- funding and/or dedicated positions
- formal collaborative arrangements between stakeholders.

More information about the evaluation and its findings can be located in The Partners in Mind Implementation Project Final Evaluation Report (2009).

Local Implementation Tool

Aim

The Queensland Framework for Primary Mental Health Care (the Framework) aims to improve patient outcomes through more effective utilisation of available resources and informing future primary mental health care (PMHC) policy direction. The Framework consists of three components: 1) Local Implementation Tool, 2) Statewide Reform Guide, and 3) the full document describing The Queensland Framework for Primary Mental Health Care. This Local Implementation Tool is designed to assist service providers to work more efficiently and effectively together at a local level and to improve access to, and use of, resources available in the region.

Who benefits

The Framework has been developed for all primary mental health care service providers. Benefits of using the Framework will include better communication between providers, improved skills and training opportunities, increased sharing of resources and tools and ultimately, improved patient outcomes.

Service providers that will most benefit from using this Local Implementation Tool are: general practitioners, Queensland Health Mental Health Services, Divisions of General Practice, non-government organisations, services targeting groups of people that may be affected by mental health disorders (including alcohol, tobacco and other drug services, aged care, youth mental health and veterans services), government sector (including community health, child and youth mental health, and Disability Services Queensland, neighbourhood/community centres and private practitioners (including specialists and allied health professionals).

Development

The Framework was developed through extensive consultation as part of the Partners in Mind Initiative. This initiative was coordinated by General Practice Queensland and jointly funded by the Australian Government Department of Health and Ageing and Queensland Health. The framework and associated documents (including the Statewide Reform Guide and this Local Implementation Tool) have been endorsed by the Department of Health and Ageing and Queensland Health.

The ideal

Ideal primary mental health care is where all available resources are used as effectively as possible, where services are interconnected and work well together, where clients can easily access and navigate the system and do not fall through gaps, where services are evidence-based and address the broad spectrum of client needs, where the work to develop linkages is prioritised, funded and supported, where funding is provided efficiently

and appropriately to local services, and where there are

enough resources to meet local demand.

Ideal primary mental health care is a long-term goal. In fact, work towards achieving this goal is often time-consuming and slow-paced. Much of the work is in change management processes and encouraging a cultural shift from being individual services/practitioners to becoming a part of a connected and communicating network.

Additionally, services and service providers are working in a highly demanding environment of competing priorities, which can make it difficult to focus on a goal that may not appear to have an immediate impact for the patient in the room.

However, implementation of this Framework will mean that service providers can reduce their workload by sharing tasks with other appropriate agencies, or by having a clear idea of the capacity and abilities of other local service providers they will be more able to refer effectively, or by sharing resources and attending joint education sessions they will be able to provide more efficient evidence-based treatment for their patients. It also means that when the patient in the room needs other forms of treatment or attends other service providers, they will receive high-quality services and will not be lost in the system.

Particularly for Queensland Health District Mental Health Services, it means that those patients that need primary care will be able to meet their needs with other local service providers instead of presenting to the Mental Health Service and using time that should be committed to other patients. And it will provide a network of evidence-based resources within the community to refer discharging patients that will mean they require the mental health service less often in the future.

Prioritising the work you do in implementing this Framework will make a difference to your patients and it will likely be at a time when they most need it. The more work you put into developing this network, the more you, as a service provider, will feel connected, informed, and supported – in other words, part of a professional team.

How to use

A list of Framework elements appears on the following pages. This list can be used by a service provider/agency to either implement elements of the Framework within their own agency, or to facilitate broader regional implementation with other local service providers/agencies. Where feasible, the Divisions of General Practice would be particularly well placed to act as the facilitator for broader regional implementation. The following pages also include suggested outcomes to work towards and possible strategies to support implementation. www.partnersinmind.com.au provides more detailed information, additional suggestions and resources to support local implementation.

Context

The Framework sits within the current State and National policy environment, including:

- Fourth National Mental Health Plan
- Queensland Health Mental Health Service Plan 2006-11
- The National Mental Health Strategy 2005-08, particularly the Better Access and the Better Outcomes in Mental Health Care Initiatives and the Mental Health Plan
- The CoAG National Action Plan on Mental Health 2006-2011
- The Queensland Plan for Mental Health 2007-2017

The Framework is closely aligned with the priorities identified in the Queensland Plan for Mental Health 2007-2017, particularly Priority 2: Improving and Integrating the Care System, Priority 4: Coordinating Care and Priority 5: Workforce, Information Quality and Safety.

The Framework Implementation is supported by a number of similar/linked initiatives, including the Queensland Health Care Coordination Model and Service Integration Coordinators, the Mental Health Nurse Incentive Program, the Personal Helpers and Mentors Program, the 'Can Do' Initiative, the Access to Allied Psychological Services Program, the Connecting Healthcare in Communities Initiative, the More Allied Health Services Program and the Queensland Health Primary Care Liaison Officers.

Local Framework Elements	Outcomes	Possible implementation strategies
Improved linkages and increased capacity	Service providers have a thorough knowledge of other services – their capacity, their skills and how to access them	<ul style="list-style-type: none"> • Develop/enhance a local resource directory. • Hold/build on 'meet and greet' functions. • Establish/enhance a Service/Resource Coordinator (services may be able to pool funds and/or share this position). • Target strategies at both primary mental health care services and other services that do not directly provide primary mental health care services, for example. emergency services, schools, prisons, Centrelink, churches, employment agencies, accommodation services, Home and Community Care, etc. • Develop/enhance local referral pathway tools in primary mental health care and make them available in electronic format.
	Service providers value other services	<ul style="list-style-type: none"> • Use training opportunities to assist service providers to get to know and respect other providers. • Provide support to service providers working together on individual cases. • Encourage service providers to collaborate with other providers to address primary mental health care issues within the region. • Foster joint training opportunities to enhance collaboration between service providers. • Encourage linkages with services that address physical health, social and community needs of people with a mental illness.
	Service providers implement improved processes for sharing patient information	<ul style="list-style-type: none"> • Develop/enhance existing referral and discharge templates and agree on processes/procedures. • Utilise Continuity of Care Planning (CCP) framework for Queensland to support continuity of care and discharge planning between general practitioners and hospitals (see www.partnersinmind.com.au for links). • Where not already in place, Queensland Health Mental Health Services (QH MHS) ensure general practice/other primary mental health care service providers are listed on their intake forms, both to ensure ongoing care and to address physical health care needs. • Where possible, support the availability/effectiveness of electronic sharing of patient information.

Local Framework Elements	Outcomes	Possible implementation strategies
	Partnership Agreements (PA) between key local stakeholders are developed.	<ul style="list-style-type: none"> • See www.partnersinmind.com.au for templates and information in relation to the development of Partnership Agreements (PAs). It is essential that PAs have clear objectives and are supported by a local commitment to foster partnerships. Review these issues and other criteria identified on partnersinmind.com.au where PAs or MoUs are already in place. • Initial partnership agreements developed between local Division and Queensland Health Mental Health Services– further stakeholders to become involved as appropriate (NOTE: Division involvement may not mean that ALL GPs in the region participate). • A staff member within each service participating in the partnership agreement (PA) needs to be identified as responsible for supporting the achievement of the PA objectives and as the contact/liaison in relation to PA matters (include in position description). It can be particularly helpful where one position is shared across services. • Consider/review local targeted resource management or pooling funds to create innovative models for service provision and primary mental health care teams. • Set up/enhance a steering committee/working group/executive of local service providers to support framework implementation.
	Service providers are well trained for the issues particularly relevant to primary mental health care.	<ul style="list-style-type: none"> • Support attendance of service providers at Queensland Health Mental Health Services case discussions. • Coordinate interdisciplinary training and/or peer support activities. • Identify and support opportunities for co-location of service providers, clinical attachments / rotations, secondments and intern placements in primary care.
Clear roles	Service providers understand critical mental health care roles.	<ul style="list-style-type: none"> • Consult, define and document critical mental health roles (use www.partnersinmind.com.au to assist). • Disseminate information in relation to critical primary mental health care roles. • Coordinate a training session or discussion group to refine local primary mental health care roles. • Case management, health promotion and prevention roles are clearly defined in local areas and regions.
	Service providers agree on the distribution of critical roles across the mental health sector.	<ul style="list-style-type: none"> • Facilitate meetings to encourage decision-making and agreement across local service providers in the allocation of critical roles to the most appropriate service providers.
Local service provision with a consumer and carer focus	Service providers: <ul style="list-style-type: none"> • Respect clients and their carers • Empower clients and their carers to be active in their recovery • Offer choices in service type and modality 	<ul style="list-style-type: none"> • Develop internal policies and procedures that encourage respect, empowerment, “whole of person” care and choice across the agency. • Invite feedback from consumers & carers on policy and service development (either through reference or steering group members, or by contacting consumers & carers directly for input). • Support positive media images and appropriate community education campaigns. • Encourage consumer involvement in development of care plans, discharge planning, etc. • Encourage a collaborative relationship between consumers and services – not just one of “providing services”.

Local Framework Elements	Outcomes	Possible implementation strategies
	<ul style="list-style-type: none"> • Ensure equity in service provision • Address local consumer needs, particularly in relation to high risk and disadvantaged groups and comorbidity issues 	<ul style="list-style-type: none"> • Develop internal policies and procedures that address local consumer and carer needs, including: high and low prevalence disorders (eg. psychosis, PTSD), intellectual disabilities, drug and alcohol issues, indigenous issues, people from culturally and linguistically diverse backgrounds, rural and remote locations, financially disadvantaged and other special needs.
	<p>Service providers encourage participation and involvement from consumers and carers in service development.</p>	<ul style="list-style-type: none"> • Incorporate the need for consumer consultation into Position Descriptions. • Coordinate functions/training/workshops and invite consumers and carers to participate/attend. • Identify and engage with consumer & carer groups and representatives in your region to advance developments in this area.
<p>Better understanding and use of available resources and initiatives</p>	<p>Service providers efficiently and effectively access resources and initiatives to support quality mental health care.</p>	<ul style="list-style-type: none"> • The following is a list of some of the available resources and initiatives – further details are available on the partnersinmind.com.au website: • Better Outcomes in Mental Health Care Initiative (BOiMHCI) <ul style="list-style-type: none"> - The Access to Allied Psychological Service (ATAPS) - The ATAPS Expansion Programs (Telephone-based CBT, Suicide Prevention and Peri-natal Psychological Services) - The GP-Psych Support Service • Better Access to Mental Health Care Initiative • Chronic Disease Items - Strengthening Medicare Package • Medical Specialist Outreach Assistance Program (MSOAP) • National Primary Mental Health Care Network • Psychiatric Opinion Services • Queensland Health Place-based and Statewide Chronic Disease Strategy • General Practice Advisory Council (GPAC) Continuity of Care Planning (CCP) framework • beyondblue tools, e.g., screening tools • National Suicide Prevention Strategy and the LIFE framework • Shared Care Resource • Registrars in Community Settings • Queensland Health Care Coordination Model and Service Integration Coordinators • Personal Helpers and Mentors Program • Headspace: the National Mental Health Youth Foundation • Mental Health Nurse Incentive Program • COAG National Action Plan on Mental Health 2006-2011 • Enhanced Primary Care • More Allied Health Service (MAHS) Program • 'Can Do' Initiative • Mental Health Services in Rural and Remote Areas Program • Mental Health Support for Drought Affected Communities Initiative • Queensland Consultation into Improving the Physical Health of People with a Mental Illness

The statewide reform guide

Aim

The Queensland Framework for Primary Mental Health Care (the Framework) aims to improve patient outcomes through more effective utilisation of available resources and informing future primary mental health care policy direction. The Framework consists of three components: 1) Local Implementation Tool, 2) State-Wide Reform Guide, and 3) the full document describing The Queensland Framework for Primary Mental Health Care.

This Statewide Reform Guide is designed to provide direction for work undertaken at a State level towards fostering ideal primary mental health care in Queensland.

Who benefits

The Framework has been developed for all primary mental health care service providers. Benefits of using the framework will include better communication between providers, improved skills and training opportunities, increased sharing of resources and tools and ultimately, improved patient outcomes.

Service providers that will most benefit from using this State Wide Reform Guide include: Queensland Health Mental Health Directorate, General Practice Queensland, professional associations (for allied health providers and specialists) and relevant peak bodies.

How to use

A list of Framework elements appears on the following pages. This list can be used by State level agencies/ associations to inform future policy and service planning/ development/ implementation/ evaluation and assist in resource allocation. The following pages also include suggested outcomes to work towards and potential activities/issues to address. More detailed information, additional suggestions and resources to support policy and service development activity is available on the website www.partnersinmind.com.au gives more detailed information.

Additionally, local implementation sites may find it helpful to use this Statewide Reform Guide to help local negotiations and provide a state-wide direction for local activity.

The ideal

Ideal primary mental health care is where all available resources are utilised as effectively as possible, where services are interconnected and work well together, where clients can easily access and navigate the system and do not fall through gaps, where services provided are evidence-based and address the broad spectrum of client needs, where the work required to develop linkages is prioritised, funded and supported, where funding is provided efficiently and appropriately to local services, and where there are enough resources to meet local demand.

Ideal primary mental health care is a long-term goal. In fact, work towards achieving this goal is often time-consuming and slow-paced. This is because much of the work is in change management processes and encouraging a cultural shift from being individual services/practitioners to becoming a part of a connected and communicating network.

Additionally, state level agencies/associations are working in a highly demanding environment of competing priorities, which can make it difficult to focus on a goal that may not appear to have an immediate impact. However, implementation of this Framework at a state level will mean that decisions that are made about system reform and new policy/ programs will be higher quality (due to constructive input from many sectors and more representative of the services/agencies that will be implementing them).

The focus of the Framework at a state level is to foster an environment of true collaboration where respect and acknowledgement for the roles and skills of other services and agencies is the norm. Modelling this behaviour at a state level will encourage the same at a local level and will support local implementation by better engagement of local service providers.

The Framework provides a shared vision for the future of primary mental health care, thereby reducing the need for short-term, unsustainable projects. As a result of implementing the Framework, primary mental health care will become more evidence-based, efficient and effective, reducing wastages in cost, time and resources – for state level agencies/services, for local service providers, and most importantly, for patients/clients/consumers.

The more work you put into implementing the Framework, the more you, as a state level agency/ service representative, will feel connected, informed, and supported – in other words, part of a professional and united team.

Context

The Framework sits within the current State and National policy environment, including:

- Fourth National Mental Health Plan
- Queensland Health Mental Health Service Plan 2006-11
- The National Mental Health Strategy 2005-08, particularly the Better Access and the Better Outcomes in Mental Health Care Initiatives and the Mental Health Plan
- The CoAG National Action Plan on Mental Health 2006-2011
- The Queensland Plan for Mental Health 2007-2017

The Framework is closely aligned with the priorities identified in the Queensland Plan for Mental Health 2007-2017, particularly Priority 2: Improving and Integrating the Care System, Priority 4: Coordinating Care and Priority 5: Workforce, Information Quality and Safety.

The Framework implementation is supported by a number of similar/linked initiatives, including the Qld Health Care Coordination Model & Service Integration Coordinators, the Mental Health Nurse Incentive Program, the Personal Helpers and Mentors Program (PHaMs), the 'Can Do' Initiative, the Access to Allied Psychological Services (ATAPS) Program, the Connecting Healthcare in Communities (CHIC) Initiative, the More Allied Health Services (MAHS) Program and the Qld Health Primary Care Liaison Coordinators.

Development

The Framework was developed through extensive consultation as part of the Partners in Mind Initiative. This initiative was coordinated by GPQ and jointly funded by the Australian Government Department of Health and Ageing (DoHA) and Queensland Health (QH). The framework and associated documents (including the Local Implementation Tool and this State-Wide Reform Guide) have been endorsed by DoHA and QH.

Statewide framework elements	Outcomes	Potential activities and issues to address	Key stakeholders
Leadership/governance/state coordination	Structures/systems in place to facilitate intersectoral statewide coordination of primary mental health care activities.	<ul style="list-style-type: none"> State level mental health stakeholders cooperate and communicate with one another. State level mental health stakeholders proactively influence policy and project development through efficient communication mechanisms. A state level mechanism for consumer input ensures feedback from grass-roots level. 	<ul style="list-style-type: none"> GPQ Divisions of General Practice QH MH Directorate DOHA Qld Alliance Peak Allied Health Professional Bodies NGOs DSQ DVA Consumer & Carer Representatives
Service integration and linkages	Formal collaborative partnerships are established and supported between key primary mental health care service providers.	<ul style="list-style-type: none"> Funding/capacity/resources provided to develop/enhance existing linkages within regional mental health services. State level mental health services/agencies work together in true collaboration. State level mental health services/agencies have formal collaborative arrangements in place. 	<ul style="list-style-type: none"> GPQ Divisions of General Practice QH MH Directorate DOHA QH Mental Health Services (QH MHS)
	Support provided to regions to improve linkages within the primary mental health sector.	<ul style="list-style-type: none"> General Practice Queensland and Queensland Health Mental Health Directorate provide leadership and coordination to the implementation of the Framework. A broad range of state-level mental health stakeholders (including NGOs and the broad spectrum of services for people with a mental illness) participate in, and support, the implementation of the Framework. 	<ul style="list-style-type: none"> Local PMHC service providers Qld PMHC Collaborative QH MHS Divisions of General Practice
Service provision with a consumer & carer focus	An increased consumer and carer focus and participation is adopted across the primary mental health care system.	<ul style="list-style-type: none"> Incorporate/enhance consumer and carer focus in new policy development, including a focus on recovery (as defined in the Queensland Plan for Mental Health 2007-2017). Encourage an increased consumer and carer focus and consumer and carer participation in regional services. 	<ul style="list-style-type: none"> Consumers Carers Qld Alliance All PMHC Service Providers

Statewide framework elements	Outcomes	Potential activities and issues to address	Key stakeholders
		<ul style="list-style-type: none"> • Increase opportunities for feedback from consumers and carers on policy and service development. 	
Increased primary mental health care system capacity	Increased access to service providers and new roles/functions developed in primary mental health care.	<ul style="list-style-type: none"> • Partners in Mind Coordinators located at the Implementation sites (PIM Implementation Project). • Queensland Health Primary Care Liaison Officers. • Queensland Health Service Integration Coordinators. • Mental Health Nurses in General Practice (Mental Health Nurse Incentive Program). • Increased use of the Better Access and Better Outcomes in Mental Health Care Initiatives (including the Access to Allied Psychological Services Programs). • Increased use of Enhanced Primary Care MBS Item Numbers. • Increased use of Chronic Disease MBS Item Numbers. • Increased understanding and appropriate use of accommodation, social support, employment agencies and other services available to people with a mental illness. • Non government organisations with resources to provide an enhanced role in primary mental health care coordination, continuity of care, case management, counselling, and coordination of employment and accommodation services. 	<ul style="list-style-type: none"> • DOHA • Divisions of General Practice • QH • GPQ • QH MHS • All PMHC Service Providers • Qld Alliance
	Streamlined data management processes and reduced paperwork/bureaucracy.	<ul style="list-style-type: none"> • Incorporate more efficient data management processes into new policy developments (with possible support for integrated electronic records that are held by the patient and managed and monitored by the patient). 	<ul style="list-style-type: none"> • Divisions of GP • DOHA • QH
Focus on health promotion and Prevention	Health promotion and prevention programs developed and supported.	<ul style="list-style-type: none"> • Key state level primary mental health care services/agencies contribute to programs to increase community awareness, reduce stigma within the community and the workplace, and provide community education concerning signs, symptoms and appropriate strategies for managing mental illness. • Key state level primary mental health care services/agencies support positive media images and appropriate community messages, including co morbidity issues. 	<ul style="list-style-type: none"> • DOHA • QH MHPPEI & Population Health • GPQ • Divisions of GP • Qld Alliance • DVA • DSQ • APS
Quality	Evidence base informs service reform.	<ul style="list-style-type: none"> • Key state level primary mental health care services/agencies increase the effectiveness and relevance of evaluation strategies for primary mental health care Programs. 	<ul style="list-style-type: none"> • Universities • QH • DOHA • GPQ

Statewide framework elements	Outcomes	Potential activities and issues to address	Key stakeholders
	Performance indicators in primary mental health care inform activity.	<ul style="list-style-type: none"> Performance indicators inform Partners in Mind implementation. 	<ul style="list-style-type: none"> QH GPQ
Training and workforce	Increased access to primary mental health care training programs for service providers.	<ul style="list-style-type: none"> Training in relevant primary mental health care areas such as risk assessment, CBT interventions, communication skills, comorbidity issues, etc, is made available to general practitioners and practice support staff (eg. practice nurses & managers). Key state level primary mental health care services/agencies provide training and support for local participation in policy development. 	<ul style="list-style-type: none"> Divisions of GP GPs General Practice support staff QH GPQ
	Primary mental health care training and experience is made more available to general practitioners and other professions.	<ul style="list-style-type: none"> General practitioners (GP) registrars have increased access to placements in specialist mental health system. Psychiatrists & other mental health specialists have increased access to placements within GP practices. 	<ul style="list-style-type: none"> Universities RACGP GPs Psychiatrists
	Shared Care models of service delivery are enhanced.	<ul style="list-style-type: none"> Increase research/evidence base for models of shared care, particularly identifying effective and financially viable models appropriate to the Australian context. Develop/enhance a clear set of recommendations for funders and service providers in relation to effective shared-care models. Develop best practice models and recommendations focusing on Psychiatrist support to general practitioners and allied health providers (including use of MBS Item Numbers). 	<ul style="list-style-type: none"> GPQ ADGP, ANU APHCRI RANZ College of Psychiatrists Universities QH
	Primary mental health care multidisciplinary teams are considered and reviewed for relevance and effectiveness.	<ul style="list-style-type: none"> Consider the establishment of community-based primary mental health care teams, with access to MH specialist staff and including general practitioners, Psychologists, MH Nurses and Psychiatrists. Primary mental health care team models of service delivery (eg. in other states such as Victoria) are reviewed for possible implementation within Queensland. Investigate the effectiveness and efficiency of co-located services. 	<ul style="list-style-type: none"> DOHA Divisions of General Practice QH GPQ QH MHS All PMHC Service Providers Qld Alliance

References and appendix

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Website References

www.beyondblue.org.au

www.partnersinmind.com.au

www.ccmhi.ca

Appendix A

Contributors to the development of this framework

We would like to acknowledge the contribution of the following service providers and organisations to the development of the Framework.

- Psychologists and the APS
- Social Workers and the AASW
- Australian Practice Nurse Association (APNA)
- General Practitioners and the RACGP
- Divisions of General Practice in Queensland and the Australian General Practice Network (AGPN)
- Queensland Health, the Area Health Services and QH Mental Health Services
- Consumer and Carer Representatives
- AGDHA Qld State Office
- Dept of Veterans Affairs
- Disability Services Qld
- Queensland Alliance
- ARAFMI
- Psychiatrists and the ANZAPPL
- beyondblue
- Schizophrenia Fellowship
- DepressioNet
- Partners in Mind Reference Group Members
- Members of the Queensland Primary Mental Health Care Collaborative
- GPQ General Practitioner Mental Health Advisors
- Representatives of a variety of Non Government Organisations
- General Practice Queensland (GPQ)

Appendix B

Critical roles within primary mental health care

The following roles and functions have been identified as critical to the delivery of quality services in primary mental health care. An expanded role for Primary Mental Health is suggested, with much of the emphasis on coordinating and integrating services and recognition that there is a need for more practical support, education, and health promotion activities to be delivered to consumers.

It is anticipated that this list might serve as a guide for regional and local service providers when undertaking joint service planning and collaborative activities.

Primary mental health care roles	Description
Information giving and referral	Providing up to date knowledge of service options available and their appropriateness.
Service coordination and/or facilitating linkages between providers	A separate dedicated role that provides in-depth knowledge of local services, their capacity, their requirements and availability. It is suggested that this is provided by a person/service with training in mental health service provision and supports referrals between service providers. This role may also have a focus on building relationships between service providers.
Assessment	To lead the following: assessment of need; assessment of strengths and goals; determining eligibility for service; to assess risk.
Practical support work	Providing advice and support for welfare services, Centrelink benefits, training, obtaining or retaining employment and accommodation.
Health promotion	Including patient education, development of community resources, media releases, community education, relapse prevention.
Treatment	May include pharmacological, counselling/therapy, supportive listening, self-help programs, group therapy/education. Physical health needs and other co-morbid issues need to also be addressed.
Case management	Facilitating and coordinating a variety of services for one client. Also ensures follow up with the client both after access to services and after specialist/in-patient treatment (ie. Post discharge). This role is often appropriately provided by General Practitioners. However, whenever possible, clients themselves should be empowered to select their own case manager. In some cases, a specific service provider or several service providers may be best placed to provide case management for a client.

Appendix C

Policy context detail

National:

The Fourth National Mental Health Plan (2009-2014) has been developed to guide reform and identifies five priority areas for government action in mental health, incorporating 34 key actions that can make meaningful progress towards fulfilling the vision of the policy:

...a mental health system that enables recovery, that prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

The whole of government approach articulated within the Fourth Plan acknowledges that many of the determinants of good mental health, and of mental illness are influenced by factors beyond the health system.

The five priority areas for government action in mental health include:

1. Social inclusion and recovery;
2. Prevention and early intervention;
3. Service access, coordination and continuity of care;
4. Quality improvement and innovation; and
5. Accountability

The Queensland Framework for Primary Mental Health Care and the Partners in Mind Initiative have been identified as examples of cooperative approaches to primary mental health care service delivery at the state level, which fall within the third priority area.

Report of the Senate Select Committee on Mental Health (April 2006)

The Senate Select Committee on Mental Health conducted a wide-ranging enquiry into the mental health sector and developed 2 comprehensive reports that identify over 100 recommendations to reform the system and address consumer and community mental health needs. The broad areas covered by these reports are:

- Community care, crisis care and treatment
- Prevention and early intervention
- Advocacy, monitoring, accountability and research
- Consumer rights and roles
- Workforce and training
- Housing, employment and income support
- Families and carers
- The justice system
- Dual diagnosis
- Mental health strategies to address the needs of specific groups of people with a mental illness
- Funding increases
- Multi-disciplinary teams and community-based mental health centres

COAG National Action Plan on Mental Health 2006-2011

As a result of the findings of the Senate Select Committee on Mental Health, the Council of Australian Governments has developed a mental health package that forms part of a broader whole-of-government approach, including:

- Increased access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Scheme. This will also encourage team-based mental health care with psychologists working alongside GPs, psychiatrists, mental health nurses and other allied mental health professionals.
- Better access to mental health services for people in rural and remote areas.
- Opportunities for private psychiatry practices, general practices and other appropriate organisations (including ATSI Primary Care Services) to employ specialist mental health nurses to provide support services and care coordination for patients with severe mental illness.
- Specialised training for health workers in Indigenous communities for mental health and related substance abuse issues
- NGOs funded to offer best practice services to address drug and mental health co-morbidity and to provide training for ATOD workers to assist them to recognise mental illness. NGOs also funded to provide structured social activity programs to increase community participation for people with a mental illness.
- A national information campaign concerning the links between illicit drug use and mental health.
- Increased capacity of telephone and web-based counselling services. This will also include funding to support the expansion of the Lifeline network and to ensure mental health services are an integral element of the National Health Call Centre.

- Parents and teachers given access to information and training to recognise early signs of mental illness.
- Increased funding for the Mental Health Council of Australia.
- Additional mental health nursing places, postgraduate clinical psychology places, and scholarships for nursing and psychology students, and increased clinical exposure for junior medical officers.
- Provision of specialist skills and knowledge in the management and care of people with a mental illness to students in other health related disciplines.
- Expansion of the National Suicide Prevention Strategy to provide more locally based prevention activities and initiatives to raise awareness and encourage people to seek help.

Better Access Initiative

This Better Access Initiative aims to increase community access to general practitioners, psychiatrists, clinical psychologists and other allied mental health professionals for mental health care.

Under this Initiative, all GPs can refer patients being managed under a mental health care plan to Clinical Psychologists, Psychologists, Social Workers and Occupational Therapists who are registered with Medicare Australia.

The initiative also includes three Medicare items for GPs providing mental health care:

1. GP Mental Health Treatment Plan
2. GP Mental Health Treatment Plan Review
3. GP Mental Health Care Consultation

Better Outcomes in Mental Health Care Initiative (BOiMHCI)

The AGDHA Health Priorities and Suicide Prevention Branch has identified the objectives of the BOiMHCI as: “to improve the community’s access to primary mental health services by providing better education and training for general practitioners and more support from allied health professionals and psychiatrists. It aims to encourage evidence-based practice in primary mental health care and recognises that good practice in mental health includes both pharmacological and non-pharmacological interventions”.

The BOiMHCI consists of five elements:

1. Education and Training for GPs
2. MBS Rebates for the provision of Focused Psychological Strategies
3. Access to Allied Health Services through the Division Allied Health Projects
4. Access to Psychiatrist Support through the Access to Patient Management Advice from a Psychiatrist Service

The Third National Mental Health Plan (2003-2008)

The Third National Mental Health Plan emphasises the need for improving shared care and the quality of service provision in primary mental health care. The following is a summary of the relevant items which support primary mental health in the current mental health plan:

- Improved access to general practitioners and other primary care providers
- Ongoing support for existing programs in which general practitioners and other primary care clinicians (allied health providers) provide mental health care to the community
- Foster the development of primary care programs in which general practitioners and mental health professionals provide shared mental health care
- Strengthen linkages between general practitioners and providers within the specialist mental health sector (both public and private).

The National Quality Performance Framework for Divisions (July 2005)

The National Quality Performance Framework for Divisions was developed through an extensive review of the role of the Australian Governments Divisions of General Practice Program. This framework identifies areas of work and performance indicators for Divisions and State Based Organisations that reflect program, governance, planning and financial activities. The purpose of this framework is to define key priority areas, to reduce variation in performance quality and reporting, to provide evidence of the contributions and value of the Divisions of General Practice and to inform future funding and policy decisions about the network.

Mental Health is represented as a significant area of work for Divisions and for State Based Organisations. Activities include building linkages with State Health, collaboration with mental health service providers, professional development for general practitioners, early intervention strategies and supporting the uptake of the BOiMHCI.

State:

The Queensland Plan for Mental Health 2007-2017

The Queensland Plan for Mental Health 2007-2017, (Qld Government, 2008) developed by Queensland Health, provides a blueprint for reform of mental health care in Queensland over the next ten years. The priorities identified in this plan are:

- Promotion, prevention and early intervention
- Improving and integrating the care system
- Participation in the community
- Coordinating care
- Workforce, information, quality and safety

There are also six principles to guide and support this reform. Mental health intervention, care and service delivery across all sectors in Queensland are expected to conform with these principles.

1. Consumer and carer participation – consumers, families and carers are actively involved in all aspects of the mental health system
2. Resilience and recovery – the mental health system promotes resilience and recovery
3. Social inclusion – the mental health system is community-oriented, comprehensive, integrated and socially inclusive
4. Collaboration and partnerships – cooperation, collaboration and partnerships are key elements of the mental health system
5. Promotion, prevention and early intervention – promotion, prevention and early intervention are integral to the mental health system
6. Evidence-based – mental health care is evidence-based, prioritising quality and safety

There is a clear emphasis in this Plan on collaboration and integration. The Plan states that “the Queensland Government will support the development of a coordinated framework for the delivery of primary and private mental health care” (Qld Government, 2008, p.18) and it has identified PIM as a vehicle for system reform.

Queensland Health Mental Health Plan 2006-2011

A five-year state-wide Action Plan in mental health is currently being prepared by Queensland Health. Primary mental health is one of the key focus areas within this MHS Plan. Priorities and recommendations for Primary Mental Health reform in Qld have been identified, in consultation with key stakeholders.

The Report of the Primary Care Subgroup was completed in June 2006 and will be incorporated into the Mental Health Plan. This report identifies four key areas of recommendations:

- Optimising collaboration between QH, Federal Govt agencies and Divisions of General Practice on the implementation of the recent Federal Govt initiatives.
- Enhancing communication and collaboration between DMHSs and primary care providers at the consumer and Service level.
- The provision of mental health education, training and support to primary care providers.
- Workforce issues.

Queensland Health Action Plan (October 2005-2010)

The QH Action Plan was developed in response to the Forster Review to renew the health system, relieve service pressures and restore trust and accountability. Although this plan will address the whole health system, the following key elements will have particular benefits for the mental health sector:

- Improved clinical training, supervision and standards for Queensland’s health workforce.
- Build and enhance partnerships with the community and the private sector, particularly general practitioners.
- Develop new flexible models for delivering health services, promoting personal responsibility for healthy lifestyles that prevent illness, and systems to detect disease at an early stage. These models will involve more effective use of potential resources, for example, nurse practitioners and NGOs.
- Develop multi-professional health care teams and clinical networks to better use the collective skill base and strengthen hospital/ community integration.

