

## AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

# MODELS OF MENTAL HEALTH DELIVERY: EFFICACY, SUPPORT AND POLICY

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### POLICY CONTEXT

The primary care sector in Australia is facing a number of challenges in the care and treatment of patients with depression and anxiety. They include: concerns about the quality of care for individuals not meeting standards for good, evidence-based practice; poor access to services; depression being treated in an episodic manner and the high cost of enhanced care. Finally, there may be too few practitioners to deliver care, even if it could be afforded.

We also know little about effective approaches in delivering evidence-based treatment. Although both antidepressant medication and cognitive behaviour therapy are effective therapies for depression, the models, processes or settings in which these therapies can best be delivered have been the subject of little systematic research.

Consequently, the aim of the present evidence synthesis is to provide an overview of the effectiveness of the approaches to the delivery of mental health care and to indicate the circumstances in which different models might work.

### KEY FINDINGS

Successful community interventions include direct approaches through early intervention programs in schools, the Internet and school-based clinics.

Within general practice, the core components of effective practice are care management and enhanced care. In Australia, through the Better Outcomes in Mental Health Care (BOMHC) initiative, the shared care between General Practitioners (GPs) and allied health professionals (AHPs) involves a structured care plan delivered by the GP, delivery of focused psychological strategies by an Allied Health Professional and review by the GP at a point in the cycle of care. The review found that the BOMHC Allied Health initiative is associated with reported good outcomes but low retention, the causes of which are not well understood. We conclude that the care management component of mental health delivery in this initiative may need to be optimised.

Many of the successful interventions focus on the importance of the patient or consumer playing an active role in treatment or early intervention.

Evidence indicates that GP training alone is a relatively ineffective strategy to reduce depression in consumers.

Some approaches are less successful. These include:

- Training, feedback and the provision of clinical practice guidelines alone to general practitioners;
- Linking services to mental health teams without proper infrastructure for follow-up; and
- Using the services of health professionals such as pharmacists.

## POLICY OPTIONS

The review findings suggest that mental health care in Australia could be improved by changing the service components and priorities in a number of ways as follows:

### **Support and enhance management within the community by:**

- Placing more emphasis on community-based programs, particularly those supported by an evidence base
- Developing treatment clinics associated with schools
- Placing more emphasis on empowering consumers in the management of their own mental health
- Providing more tools for consumers to manage their own mental health

### **Improve management within General Practice by:**

- Reconfiguring systems of general practice for enhanced care. One model may be for GPs to assess, provide medication if preferred and refer to other providers including GPs who provide enhanced care or psychologists, nurses, mental health workers who also provide such care or to interactive technology (IT) systems which provide evidence-based treatment.
- Reconfiguring general practice to provide improved care management and coordination through the creation of care teams, with distinct roles for each member of the team, including possible roles for co-ordinators or expert managers.
- Information technology systems to improve continuity of service.
- Using Divisions of General Practice to manage the change within general practice.
- De-emphasising programs with little efficacy for improving consumer outcomes, such as the sole provision of training and provision of clinical practice guidelines to general practitioners.
- Providing care management to first episode cases and at the time of early intervention.

### **Overcome workforce shortages and access issues by making use of alternative available workforces by:**

- Using current services such as Kids Help Line, counselling services and Lifeline telephone counsellors proactively.
- Integrating evidence-based approaches into non-government organisations (NGO) services.
- Training pharmacists and other health professionals in care management and behavioural health management.

**Ensure that programs delivering mental health outcomes are evaluated by implementing minimum data set collections to determine the effectiveness of primary care programs.**

## METHOD

The material for the review was drawn from six systematic reviews of the literature. These comprised reviews of passive education, schools, internet, tele-intervention, primary care practice (mostly general practice) and bulletin-board programs. The key outcome measure was improvement in consumer depression. The major review of primary care practice included 71 papers from an initial pool of 1691 items. Because there are limitations in extrapolating research from Northern America and the United Kingdom to the Australian context, an additional review was undertaken specifically of Australian programs for anxiety and depression, including programs focuses on the Better Outcomes in Mental Health Care Initiative.

For more details see the [full report](#).

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