

**FAR WEST AREA HEALTH SERVICE
INTEGRATED MENTAL HEALTH PROJECT**

**Project Response to
Evaluation**

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***SUMMARY AND COMMENT ON THE EVALUATION OF THE FAR WEST
MENTAL HEALTH INTEGRATION PROJECT***

Review of Methodology

It is the view of the Far West Area Health Mental Health and Counselling Service that the evaluation of the Integrated Mental Health Project conducted by the Centre for Equity and Primary Health Research in Illawarra and Shoalhaven (CEPHRIS) represents a fair and comprehensive assessment. It utilised several methodologies and collected data from a wide variety of sources. The Far West Area Health Service (FWAHS) generally supports its conclusions.

The evaluation combined several data-gathering techniques consisting of:

- Semi-structured interviews conducted with key informants;
- Focus group meetings;
- Questionnaires;
- Observations of project-related activities through site visits; and
- Analyses of project documents and outcome data.

It also collected information from a wide range of project stakeholders including:

- Mental Health and Counselling Team staff and their managers;
- Health Service Managers;
- Visiting psychiatrists;
- General practitioners (including the Royal Flying Doctor Service);
- Managers and clinicians employed with Aboriginal health services;
- Consumers;
- Carers; and
- Representatives from non-government organisations such as Lifeline.

Key Informant Interviews

Interviews were conducted across a range of key informants from within and outside the health sector as indicated above. Responses from **community**

members indicated the project has resulted in an increase of quality psychiatric services to the communities. Responses from **mental health professionals** based in the community teams indicated an increase of support for mental health professionals based in the community. Responses from **visiting psychiatrists** identified exposure to rural and remote practice, allowing them to experience challenging and rewarding forms of community psychiatry, with a particular focus on the opportunities to contribute to building the capacity of the rural and remote workforce.

The data gathering process in Far West was presented with a range of challenges including the fluctuating establishment levels of Mental Health and Counselling staff and turnover rates of general practitioners. This gap in corporate knowledge may have affected the quality of some of the data (for example, in the case of general practitioner interviews), however, the continuity of care provided by the visiting psychiatrists to the area, alternatively, provided a consistent picture of project developments over time. The average length of service provided to the Far West by these visiting psychiatrists was 6.9 years, with one psychiatrist having visited Broken Hill for over 20 years.

The evaluation reported on the lack of clarity regarding relationships between Aboriginal Medical Service (AMS) providers and the local Mental Health and Counselling teams. This was due to a number of factors including retention and turnover of staff in both services, changes in team leaders, different approaches to health care delivery, as well as the temporary closure of one Aboriginal Medical Service in Brewarrina. **Clinical supervision** by visiting psychiatrists was **offered to AMS staff** (including trainee Aboriginal Mental Health Workers), and led to formal and informal agreements between services for clinical supervision programmes. These agreements were developed between the Brewarrina, Bourke and Walgett AMSs, and their respective Mental Health and Counselling teams.

Focus Group Meetings

Information gathered from consumers, carers and non-government representatives across the area was sourced from focus groups, individual meetings and through steering committee meetings. Upon hindsight, questions might have been better formulated (with less jargon) had the evaluators had more time, or been able to employ specially trained consumer participants as had originally been proposed by the University of NSW.

One of the gaps identified through the evaluation of the Integrated Mental Health was in the level of client satisfaction with the quality of service being provided in Far West. In response to this, the Far West Area Coordinator for Adult Mental Health is currently composing a client satisfaction questionnaire in relation to the services being received by Mental Health and Counselling consumers across the area. This will undoubtedly provide some useful information regarding current service provision and recommendations for future service provision.

Questionnaires

At the time the draft evaluation report was submitted, CEPHRIS had concentrated on the dissemination of surveys to general practitioners in the Upper Western Sector. The response rate from general practitioners of 59% appears to be low, however, there had been a steady rate of general practitioner turnover in the Far West since the inception of the Integrated Mental Health Project. This may have affected the rate and quality of responses to the questionnaires, further supporting the hypothesis of lack of retention of corporate knowledge.

The **effectiveness of the quarterly roster** was identified as a positive linkage tool to the Mental Health and Counselling Team and the visiting specialists, allowing better organisation and collaborative planning. The BEACH data set was useful when applied to Far West Area Health Service, in that it supported the significant number of presentations involving psychological distress seen by

general practitioners. The NSW Health Survey Program reported that persons over 16 who reported high to very high psychological distress on the Kessler 10 scale from 1997-2002, were in keeping with the state average (e.g., by 2002, 10.1% for males and 12.1% for females compared with 10.5% and 12.2% respectively).

Observations of project-related activities through site visits

Steering committee meetings and Psychbabble education sessions were observed by CEPHRIS during visits to the Far West. Monthly steering committee meetings allowed consumer and carer representatives to alert the area health service to concerns regarding care that might not have otherwise been aired appropriately. Observations of the Psychbabble education sessions reiterated the opportunities made available to staff and relevant stakeholders to take advantage of the wealth and variety of specialist knowledge across the area.

Analyses of project documents and outcome data

Reporting proformas entailing the activity of each psychiatric visit were collated and reported to the Commonwealth Department of Health and Aged Care and the Centre for Mental Health on a quarterly basis. A number of trends became evident as the quality of data improved. For example, **an increase in the number of Aboriginal clients** seen by a visiting psychiatrist was observed over the term of the project well beyond the predicted portion of 13% of all clients seen. In addition to this, the flexible practice of **psychiatrists in supporting other specialties** outside adult mental health was evident in the areas of child and adolescent and alcohol and other drugs, particularly in the case where a specialist worker position was vacant.

The other point to make here is that the profile of individuals seen by private psychiatrists under the Integrated Mental Health Project suggested an increasing number of **more appropriate referrals**, given the diagnostic information provided in the reporting proformas. Presentations were, on the whole, made up

of Mood, Psychotic and Stress-related disorders, with a significant number of co-occurring disorders (usually substance-use related disorders).

UNIQUE CHARACTERISTICS OF THE FAR WEST

The multidisciplinary nature of Far West Mental Health and Counselling Services

The hub model promulgated by the Far West Area Health Service promotes greater integration of services. In addition to mainstream mental health workers, the employees in these hubs work as a true **multidisciplinary team to provide an integrated service** to clients across each of these domains through joint clinical review processes. Each hub consists of workers specialising in alcohol and other drugs, sexual assault/domestic violence, child and adolescent mental health and physical abuse and neglect of children (PANOC), Visiting psychiatric specialists provide education, support and supervision in this multidisciplinary context.

Three of the hubs are co-located within Primary Health Teams, facilitating ready **access to specialist consultancy services** in psychiatry. For example, aged care assessment teams and palliative care/oncology staff regularly utilise visiting psychiatrists in Broken Hill and outlying sites for their professional development and consultation skills.

It is important to note that supervision and education services offered by the visiting psychiatrists were in addition to direct client consultation provided by visiting psychiatrists outside Broken Hill. In the context of recruitment difficulties such as high staff turnover and long-term vacancies in the Mental Health Teams, often the visiting specialists **provided the continuity of service delivery**. With the ongoing staffing challenges it is imperative that visiting psychiatrists continue to provide direct client contact.

Planning and organisational demands of visiting psychiatrists

The evaluation reported that one of the major reported sources of satisfaction for psychiatrists who visited the Far West were **well-planned and coordinated visits** and involved a reasonable amount of **variety in their activities**. These visits place **significant organisational and administrative demand** on teams, in addition to their regular duties. As such, should the Project approach become permanent, one of the recommendations is to establish a level of administrative support for each Hub and a central Programme Administration position to continue the rostering and to ensure the reporting requirements are met.

The Mental Health and Counselling Team members, their managers and respective administrative workers have also highlighted the amount of planning and organisation required in scheduling secondary activities. The organisation of travel, workshops, arranging of appointments with general practitioners (for example, case conferencing and care planning) and health promotion activities are dependent on good liaison, and sensitive, collaborative planning for their success. Some of these teams operate without any clerical support or at most, in a limited capacity, leaving much of the administrative work to case managers.

Unique nature of local community need profile

Though commonly used to describe the Far West, the expression 'rural and remote' does not only signify remoteness from a major city, but is indicative of the vast distances between Mental Health hubs. There is tremendous variety in the structure, type and plethora of issues evident in the communities associated with all hubs.

Feedback received from visiting psychiatrists and Mental Health and Counselling staff both through the evaluation process and individually to the Project Manager identified some gaps in the levels of service provision particularly in relation to the unique constellation of these communities. For example, **Lightning Ridge**, has a significant proportion of residents from **culturally and linguistically**

diverse backgrounds. The visiting psychiatrist and local team manager estimate the catchment area as being around 17 000 residents, implying that nearly half of these people are unaccounted for in the national census data. Reasons given for this include the transient nature of the opal mining industry and reluctance to access Mental Health and Counselling Services that may not be configured to adequately provide for individuals from such a diverse range of cultural and linguistic backgrounds.

Communities such as **Bourke and Brewarrina**, report a **high incidence of sexual assault/domestic violence and substance abuse problems**, yet the service has been unable to fill the sexual assault/domestic violence position for the entire live phase of the Mental Health Integration Project.

Dareton Mental Health and Counselling Team is very well supported as a result of its cross-border agreement with Mildura Base Hospital and two private psychiatrists who also reside in Mildura. It has been felt that the increase of visiting psychiatric services to five days every two months have not been necessary given the **close links with Mildura**. Both the Dareton Mental Health and Counselling Team and visiting psychiatrist have suggested that that monthly visits of two days duration continue, but that three-day visits only occur on a quarterly basis.

The **Broken Hill** Mental Health and Counselling Service currently provides an outreach service to the communities of White Cliffs, Menindee, Wilcannia and Ivanhoe. Psychiatric visits occur on a quarterly basis to White Cliffs and Ivanhoe, in conjunction with a Mental Health and Counselling Worker. There is an increased **expectation of overnight stays** in White Cliffs and Wilcannia (driving clinics) in order to facilitate secondary activities such as evening meetings and educational workshops, yet Mental Health and Counselling Services in Broken Hill do not have funding allocated to these overnight clinics.

The Social and Emotional Wellbeing Service (referred to as **the 5th Hub**) continues to be supported by the Broken Hill Mental Health and Counselling Team for a transitional period of a minimum 6 months upon positions being filled. The aim of the service is to take on a community development and capacity-building approach to the mental health of the designated outreach communities. Visiting psychiatrists to Broken Hill will be expected to incorporate **one outreach day per visit to these predominantly Aboriginal communities**, whether in conjunction with the Royal Flying Doctor Service or as part of a driving clinic (as is currently the procedure with service to White Cliffs).

Each of the Mental Health Teams aim to be responsive and flexible to its community's unique profile of need. The provision of psychiatry services in conjunction with each of the teams has facilitated a similar responsiveness to community need.

Definition of priority areas

The recent dissemination of the NSW Health Survey (1997-2002) identified that male respondents from the Far West over the age of 16 reported engaging in **alcohol risk taking behaviour** at a rate of nearly 10% higher than the state average (43% vs 35%). The reporting of co-morbid disorders had been encouraged in the latter half of the project, particularly as substance use-related disorders appeared to make up a considerable number of presentations to Mental Health and Counselling Services in the Upper Western Sector.

Training and supervision

Staff in remote areas can experience isolation and lack of sufficient professional support. In this context, the provision of consistent, reliable support and supervision and well co-ordinated training becomes vital. The psychiatric visits have **contributed to the professional development and supervision of staff** through regular education programmes, participation in clinical review processes and individual consultations.

A Far West **Training and Supervision Working Party** has been developed in the latter part of 2003 and one of the responsibilities of this group is to make recommendations for the professional development of Mental Health and Counselling staff and to provide an overview of the training and supervision opportunities available to staff. The training and supervision provided by visiting psychiatrists and the Psychbabble videoconferencing program would be a key component of this initiative.

Videoconferencing

Optimum exposure to specialist fields of expertise could be canvassed more widely through the use of videoconferencing technology. Whereby videoconferencing with consumers tends to occur most frequently with Westmead Children's Hospital through the Child and Adolescent Telepsychiatry Project, it is envisaged that visiting psychiatrists could provide a variety of expertise in other areas of Mental Health. The wide range of expertise has the potential to **contribute positively to the professional development** of workers across the area. These areas include psychogeriatrics, forensics, and development disability as well as specific areas including alcohol and other drugs and the treatment and management of personality disorders and pain.

CONCLUSION

In the opinion of the Far West Area Health Service, the Evaluation Report represents a fair and comprehensive evaluation of the Mental Health Integration Project. It used a range of methods across a variety of sources of information. It indicated that most stakeholders were satisfied with the project results. The well-coordinated structure of the visits, the increased level of psychiatry service, improved access for people from the remote communities, and its success in accessing groups with higher need (e.g. Aboriginals), were particular areas of success. Other benefits included the contribution of the visiting psychiatrists to providing the following: continuity of care; supervision and support to mental

health workers; and cross-disciplinary training, support and education to other professionals, health and welfare workers and the broader community.

These benefits need to be considered in light of the unique challenges faced by Far West Area Health Service in the provision of specialist mental health services. One of these challenges includes geographical factors such as the vast distances between major centres and the widely dispersed populace of the Far West. Additionally, the professional isolation in the Far West is a major contributing factor to recruitment and retention of staff, at the same time highlighting the need for increased access and commitment to training and supervision opportunities.

Despite these challenges, however, the service model of a multidisciplinary Mental Health and Counselling Team supported by visiting psychiatrists has created a more responsive and flexible framework within which mental health care can be delivered - by enhancing access to psychiatry services and secondly, by building the capacity of professional and non-professional personnel into the provision of mental health care by adopting the primary health care approach.