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SYSTEMATIC REVIEW ON SERVICE LINKAGES IN PRIMARY MENTAL HEALTH CARE: INFORMING AUSTRALIAN POLICY AND PRACTICE

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POLICY CONTEXT

There is a strong theme in Australian policy pointing to the need for effective linkages in primary mental health care to achieve comprehensive and continuous care between primary care providers, mental health and other human services, such as housing, welfare, education and employment. It is not clear, however, how these linkages are to be introduced, sustained and made to work effectively.

The focus of this review is to explore service linkages in primary mental health care in the international literature and to consider how such linkages might be developed in Australia. Specifically the review examines:

1. the link strategies found to be effective
2. the factors that enable the development and sustainability of these linkages.

KEY FINDINGS

Four macro link strategies were identified in the literature with the following link components:

Collaborative Care	Link Worker, Co-location, Consultation-Liaison, Care Management
Guidelines	Protocols, Stepped Care
Communication Systems	Enhanced Communication, Enhanced Referral, Electronic Communication Systems
Service Agreements	Service or formal work agreement

EFFECTIVENESS OF LINK STRATEGIES

Most evidence pertains to service linkages for adults with a high prevalence disorder (usually depression), which report clinical benefits and improvements in service delivery such as targeted referrals and client acceptance of treatment. Data on economic benefits is less conclusive, but with some evidence that costs were either lower, the same or acceptably higher given the clinical and organisational benefits.

There is less evidence about linkages for the low prevalence disorders (eg schizophrenia) and virtually no evidence in the black literature about service links outside of the health sector (welfare, housing, education, employment, etcetera), which would be most important for the implementation of a recovery model. While there are evaluations of such linkages in program reports, these are not yet widely available in the peer-reviewed literature.

There was little evidence for the use of single strategies and strong support for combinations of strategies. The strongest support was for those interventions that included one or more components from the (1) collaborative care, (2) guidelines and (3) communications systems macro strategies. There was no evidence to support service agreements as either a single strategy or in combination with other strategies.

DEVELOPMENT AND SUSTAINABILITY OF LINKAGES

The following process factors were found to be the service link enablers:

1. support (authority & resources) at the system level for integration
2. organisational structure conducive to collaboration (practice size, staff accommodation, etcetera)
3. facilitation of joint involvement in partnership formation including the development of compatible goals and role clarification
4. recruitment and support of staff willing and skilled to work in primary care and mental health
5. communication systems such as regular meetings and the use of a common care plan
6. guidelines that document crisis plans, referral protocols and follow up arrangements
7. feedback evidence about outcomes to service partners
8. client involvement in care.

The linkage enabling process that is best able to deal with goal and role issues, which is generalisable in different contexts, is joint problem solving between clinicians when they discuss client care. Clinical problem solving occurs from the bottom up, but can be facilitated by skilled cross-sectoral leadership and a supportive authorising environment.

POLICY OPTIONS

Service linkages can be embedded in primary mental health care if relevant institutions endorse the need for linked services in primary mental health care. This will require leadership in mental health and primary care to facilitate change, planning and accountability at a regional level, promoting bottom up models of clinical collaboration, building workforce capacity to meet competency in collaborative mental health care, using indicators to report on the outcomes of linked primary mental health services and promoting the involvement of consumers at the centre of care. These actions could be advanced in the following way:

1. Accreditation systems such as the draft Revised National Standards for Mental Health Services and the Royal Australian College of General Practitioners (RACGP) Standards for

General Practice could clearly articulate the importance of service linkages between primary mental health care providers.

2. The Australian general practice networks, the State Directors of Mental Health and the professional colleges in general practice, psychiatry, psychology and mental health nursing articulate the change leadership roles required for collaborative primary mental health care.
3. Relevant sections of the Australian Department of Health and Ageing might convene discussions on the potential role and resourcing of Primary Health Care Organisations as the auspice body for regional primary mental health care planning and accountability.
4. Performance indicators in primary care and mental health accreditation systems could count the use of joint clinical case discussions between services as a bottom up and ongoing process for program problem solving and role clarification.
5. Accreditation system indicators should include supervision, mentoring and peer support of mental health workers who provide linkage services.
6. The Royal Australian and New Zealand College of Psychiatrists, the RACGP, the Australian College of Mental Health Nurses and the Australian Psychology Association might articulate the attitude and skill competencies required for collaborative work in primary mental health care and these also be referred to in the National Mental Health Workforce Strategy.
7. Indicators related to service coordination and collaboration mentioned in the Fourth National Mental Health Plan should be developed and implemented in a timely manner and reported in the annual National Mental Health Report.
8. The Mental Health Council of Australia or another relevant peak mental health organisation should work with consumer organisations and mental health and primary care services to promote the involvement of consumers and carers in mental health care and service planning.

METHODS

The review involved ongoing reference group discussions and key informant interviews and a systematic review of policies and peer reviewed studies. This process allowed a continuous testing of the understanding and interpretation of the emerging findings and an informed consideration of how they might apply in the Australian setting.

Reference group members comprised experienced policymakers, service managers and researchers in mental health who advised about key Australian link projects for interview. Peer reviewed literature was searched from 1998 to present, limited to comparable countries and that involved a two way mental health service link in primary health care.

One hundred and nineteen (119) studies were identified and the majority came from the UK and USA (80).

For more details, please go to the full report

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.