This submission

The Mental Health Professionals' Network [MHPN] presents the following submission to the Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health. We believe this inquiry is a major opportunity to review Australia's mental health policy and service system and look beyond the historical framing of mental illness where jurisdictional, organizational and professional boundaries have been the key factors that have shaped our fragmented and inefficient approach to supporting Australians with a mental disorder.

Our focus in this submission will be through the lens of interdisciplinary professional development, workforce, community mental health and primary care which we believe are core components in delivering value for money and improved outcomes for individuals and families. It is also the area that MHPN has developed its presence as a unique national program. Our experience shows how sustained, low-level investment can provide a national platform which engages time-poor practitioners in interdisciplinary professional development that is both relevant and easily accessible. The following submission will address those areas where MHPN feels it can contribute evidence-based commentary and practical solutions.

Background

Implementing a collaborative care model requires the facilitation of interdisciplinary practice. Interdisciplinary practice is the foundation stone for the development of a collaborative practice culture. A collaborative practice culture has long been recognized as a necessary element for a better integrated health delivery system (Barrett et al., 2007; Davis et al., 2003; Mitchell et al., 2009; Zwarenstein et al., 2009). However, matching policy with the required resource is a challenge.

National and international evidence shows that collaborative partnerships can improve consumer outcomes, increase workforce efficiency and effectiveness, as well as enhance the experience of seeking and receiving care (Fletcher et al., 2014). Notwithstanding the challenges that exist at the interface between primary care and acute care, the Australian primary care setting is characterized by uneven distribution of practitioners, funding models that support short-term interventions, and insufficient coordination in the face of a growing demand for early intervention and better management of chronic disease (Fletcher et al., 2014). A recent analysis of expenditure and system design of mental health in Australia concluded that "the current system is extremely fragmented – across the supply of services, expenditure and funding. Health services are supplied in and out of hospitals (public and private) by psychiatrists, general practitioners (GPs) and other doctors, psychologists, counsellors and other allied health professionals. Individuals with mental illness and their families also shoulder most of the burden" (Medibank Private and Nous Group, 2013).

This submission describes the development and experience of the MHPN in promoting interdisciplinary professional development to practitioners working in primary mental health in Australia. The progress and learnings to date offer some useful insights into the way that the MHPN

model assists practitioners to work better together and in more informed ways to better respond to the needs of those with whom they are working.

The MHPN experience can be viewed through the lens of professional development, interdisciplinary practice, mental health, workforce development, and primary care. It shows how sustained, low-level investment can provide a platform which engages time-poor practitioners in professional development that is both relevant and easily accessible.

What is MHPN?

MHPN was established in late 2008 to improve consumer outcomes in the primary care sector by fostering a collaborative practitioner approach to the provision of mental health care. MHPN is a not-for-profit organization funded by the Australian Government Department of Health. The development of the MHPN model has been described previously (Fletcher et al., 2009).

MHPN's activities are based on the premise that if practitioners from the different disciplines working in community mental health, in both public and private practice, are able to connect and communicate on a regular basis, clinical pathways will be more effective, referrals better informed, and consumers will receive a better service and improved outcomes. MHPN therefore promotes interdisciplinary collaboration and networking between psychiatrists, GPs, psychologists, mental health nurses, social workers, paediatricians, occupational therapists, and other associated mental health practitioners to achieve its aim of improving interdisciplinary practices.

It undertakes this through two platforms: face-to-face interdisciplinary mental health practitioner network meetings and a comprehensive online professional development program.

To date, the initiative has seen significant investment and resources dedicated to develop both the interdisciplinary practitioner networks and the online professional development program that is accessible to community mental health practitioners and GPs across Australia. The MHPN platform is a key contributor to fostering interdisciplinary practice in the community mental health workforce.

MHPN has four member organizations and three partner organizations. They are:

- Member organizations: The Australian Psychological Society, The Royal Australian College of General Practitioners (RACGP), The Royal Australian and New Zealand College of Psychiatrists, and The Australian College of Mental Health Nurses. These organizations are represented on the MHPN Board. The Board is chaired by an independent director.
- Partner organizations: The Australian Association of Social Workers, Occupational Therapy Australia, and The Australian College of Rural and Remote Medicine (ACRRM).

MHPN has been further strengthened by collaborative relationships with a range of other key national stakeholders. Overall, these partnerships have been essential to the development of MHPN.

Policy context

Introduced in 2006, the landmark Australian Better Access mental health reform initiative provided demonstrably effective, cost-efficient, and accessible psychological services for millions of Australians with common mental health disorders. The purpose of Better Access was to enable low-cost access to psychological treatment through Australia's Medicare scheme. Medicare is Australia's publicly funded universal health care system. The Better Access initiative has significantly increased the treatment rates of people with mental health disorders and reached large numbers of people in

communities across Australia who did not previously have access to mental health services (Pirkis et al., 2011). Under the Better Access initiative private psychiatrists, GPs, psychologists, mental health social workers, and occupational therapists receive subsidized payments for the treatment. At the time of its establishment, the large majority of private mental health practitioners worked in solo or joint practices that resulted in occupational siloes that did not have a multidisciplinary focus (Mental Health Professionals' Association, 2008).

MHPN was initially funded from the Better Access initiative to improve interdisciplinary engagement and the integration of multidisciplinary practice in the private mental health practitioner sector. The uneven distribution of private practitioners across Australia and the fact that many practitioners worked across both the public and private sectors meant that MHPN welcomed public sector practitioners into its program from the beginning.

MHPN supports the view that a review of Better Access is necessary to address issues of distribution, equity and effectiveness.

The MHPN platform comprises two key programs that support collaborative care.

Program 1: Interdisciplinary Practitioner Networks

MHPN has developed a platform to support sustainable, locally-based Interdisciplinary Practitioner Networks in communities across Australia. A MHPN network comprises a group of practitioners who meet face-to-face on a regular basis. Membership is voluntary and each network is coordinated by a volunteer practitioner. Networks are self-directed, in that each network is responsible for determining who joins and the content covered.

To be eligible for MHPN's support networks must involve at least three of the core professions, namely psychiatrists, GPs, psychologists, social workers, mental health nurses and occupational therapists.

MHPN supports networks by providing strategic and planning advice, managing meeting logistics, communications, reporting and administration tasks, as well as direct relationship management with network coordinators and members. MHPN's structure seeks to deliver centralized support from a small national team, while encouraging practitioner flexibility to adapt networks to suit their own unique local circumstances. The network coordinator volunteers to communicate with the group, to organize topics, meeting and a venue, and to provide participant details to MHPN. Training and support materials are provided by MHPN and a modest rebate for venue and catering costs is provided. MHPN has deliberately maintained a "light touch" in terms of topic selection and network membership and trusts the local practitioners to manage this process. This has enabled networks to adapt to the needs within their local workforce and community.

At 30 June 2018, there were 360 MHPN-supported networks. The networks had a total of 10,000 participants. Practitioners in regional, rural, and remote areas made up 41 percent of participants. Practitioner participation in MHPN supported networking activity, has engaged 10,000 individuals on a year-on-year basis.

During 2017-18 there were 1,133 network meetings and 16,000 network meeting attendances.

Many of the networks (approximately 45%) link practitioners with a shared interest in specific subject matter. Illustrative topics of specific interest are:

- trauma and mental health (17 networks);
- young people and mental health (30); and
- culturally and linguistically diverse groups and transcultural mental health (13).

Who attends? Networks attract a range of public and private practitioners. MHPN networks have attracted a range of participants beyond its original target professions (psychiatrists, GPs, psychologists, social workers, mental health nurses, and occupational therapists) who are recognized at a local level as having a role to play in the delivery of community mental health. These include, for example, counsellors, peer workers, general nurses and nurse practice managers, as well as dieticians participating in specific interest eating disorder networks.

Adapting to local need. A key challenge in Australia and in many other primary care landscapes is the difference in regional areas in workforce, services, funding, and presentation of need. MHPN encourages networks to remain relevant to their unique situations while meeting the objective of the initiative to enhance local referral pathways by:

- engaging in interdisciplinary professional development;
- building practitioner relationships;
- learning about each other's expertise;
- expanding knowledge of local services; and
- providing peer support.

Practitioner networks are not static. Fluctuations in total network numbers occur as new opportunities are identified, existing networks move through a life cycle, and networks realign to reflect the needs and interests of practitioners in specific areas and communities. The regularity of network meetings and rates of participation are affected by local events, personal issues, and the availability of workforce particularly in rural and remote areas.

It is important to note that there is ongoing renewal of networks, as new networks replace those that discontinue. Networks essentially take on a life of their own, adapting to the needs and challenges of their participants. MHPN supports these needs to ensure that content and support is contemporary, relevant and useful. This agile approach to development has enabled MHPN to work with networks at different levels of progress, apply learnings and good practice from some networks to others and gain key insights into enablers and barriers.

Evidence of Effectiveness

A recent evaluation commissioned by MHPN and published in the Journal of Integrated Care shows considerable evidence of change in the attitudes and practices of MHPN network members over a relatively short-time period, towards a more collaborative approach to providing mental healthcare. In particular, there is evidence of increased awareness of mental health professionals from other disciplines, increased interdisciplinary interactions and increased interdisciplinary networking.

Program 2: Online Professional Development Program

The Online Professional Development Program is the second core activity undertaken by MHPN. This activity comprises live, interactive webinars featuring case-based discussions by leading experts, modelling interdisciplinary practice and collaborative care. The webinar program is a cost-free, online professional development opportunity, available to practitioners in their workplace or at home. Participants are able to ask questions and make written comments online during the webinar. The webinar program is available nationally and provides a logistically friendly professional development opportunity for all practitioners, including those working in regional, rural, and remote areas, to access the views of national experts. All webinar recordings are available for downloading and are accessed through an open access webinar library. The objective of the webinar program is to provide practitioners with access to contemporary clinical practice approaches and expert opinions in their home or practice through the lens of interdisciplinary practice.

Webinar topic selection, expert presenter selection, and the conduct of the program are overseen by the MHPN Quality Assurance and Clinical Education Committee, a Board Committee chaired by a Director with clinical experience and includes expert practitioners from the member professional associations.

From December 2010 to February 2019, MHPN's Online Professional Development Program has:

- produced 101 webinars, the majority featuring an interdisciplinary panel case study discussion of a contemporary mental health topic;
- seen participation rates triple, increasing from an average of 270 attendees per webinar in 2011/2012 to 1,182 per webinar in 2017/2018; and
- seen more than 300,000 individual views of webinars either through attending the live event or watching the recording.

MHPN has a data base which has over 60,000 practitioner contacts. This combined with the reach and scalability of the MHPN platform has seen MHPN develop its contracted webinar program since 2017 and produce webinars for other organisations including Department of Veterans' Affairs [transition from military to civilian life], the National Mental Health Commission [Borderline Personality Disorder] and the Department of Home Affairs [Grievance fuelled violence],

The success of the Online Professional Development Program is evidence of the value it delivers to time-poor mental health practitioners across Australia. Prior to MHPN, there was limited opportunity for practitioners to access professional development featuring an interdisciplinary focus. In a crowded market the program must continue to deliver contemporary and useful content that is relevant to the busy practitioner and eligible for Continuing Professional Development (CPD) recognition. CPD is how health practitioners maintain, improve, and broaden their knowledge, expertise, and competence, and develop the personal and professional qualities required throughout their professional lives. Health practitioners who are engaged in any form of practice are required to participate regularly in CPD that is relevant to their scope of practice in order to maintain, develop, update, and enhance their knowledge, skills, and performance to help them deliver appropriate and safe care.

Evidence of effectiveness

A recent evaluation of the longer-term impact of three separate MHPN webinars has demonstrated very favourable findings to support the impact of the MHPN webinar program. In all cases, respondents saw their webinar participation as a positive opportunity to increase their knowledge, improve their clinical skills and practice and, to a lesser extent, make contacts with other health professionals.

This evaluation has demonstrated an impact on practice change for what could be considered a relatively brief intervention that requires little time or financial commitment from participants. Many health professionals' training opportunities require face-to-face attendance over many hours or days, often at high cost to the participant. In contrast, the MHPN webinar program provides a cost-free, brief professional development opportunity, available to people in their workplace or at home, and which appears to be impacting positively and broadly. Importantly, the MHPN webinar program is available to health professionals in regional, rural and remote areas of Australia who are often unable to attend face-to-face training programs which are generally held in Australia's major cities.

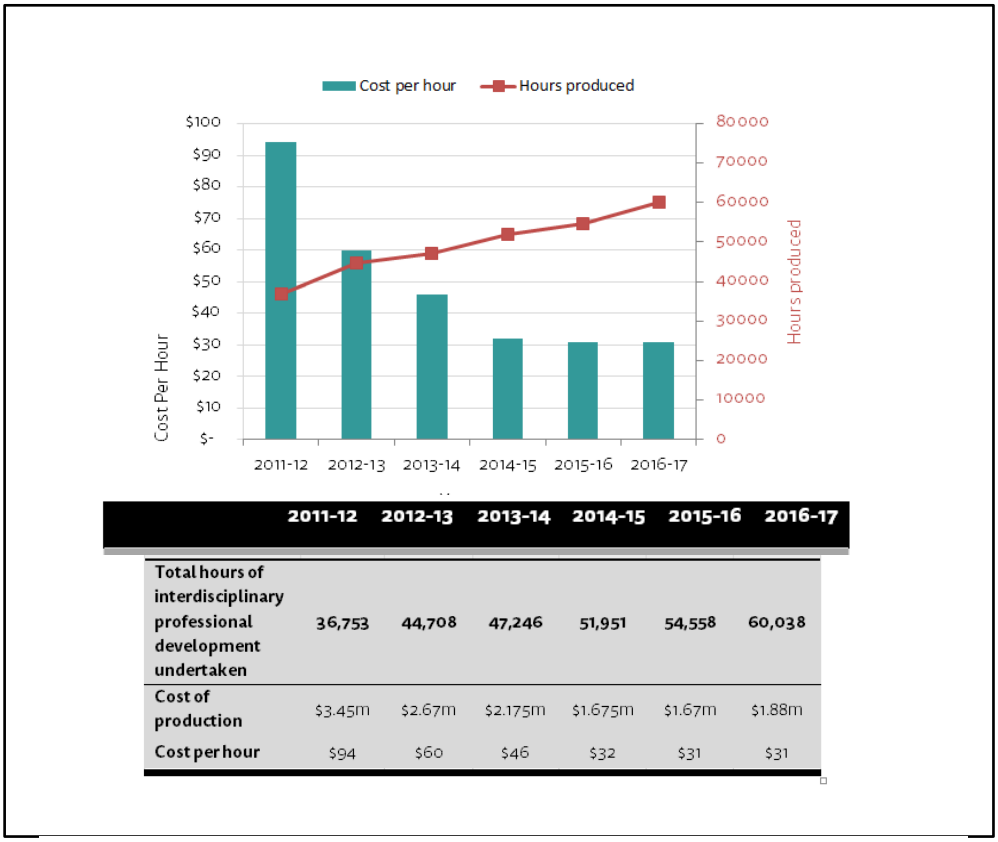
Cost/benefit of the MHPN model

MHPN has been a unique initiative. The initial investment from the funding authority recognized additional costs associated with start-up. Having established the MHPN model and brand across Australia, together with a reputation for meeting performance targets, the funding authority reduced its ongoing investment which has remained steady for the past two financial years.

Implicit in the current funding agreement is recognition that a minimum level of investment is required to sustain the MHPN network platform. It is also clear that the future expansion of MHPN can be leveraged off the current platform at a much lower unit cost than was necessary in the establishment phase. The tools of trade for MHPN are the computer, website, and telephone. Very little interaction between MHPN and practitioners is face to face.

A major asset is MHPN's database which, in June 2016, totalled over 60,000 practitioners who have opted in to receive communications. This includes more than 3,000 GPs.

Figure 1 provides an illustration of the progressive annual reduction in budget as measured against the hours of professional development produced across the program. Over the period measured, the number of network meeting attendances has remained consistent in relation to the number of networks supported, webinar participation has steadily grown and the downloading of recordings from the library catalogue has grown significantly.



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Total hours of interdisciplinary professional development undertaken	36,753	44,708	47,246	51,951	54,558	60,038
Cost of production	$3.45m	$2.67m	$2.175m	$1.675m	$1.67m	$1.88m
Cost per hour	$94	$60	$46	$32	$31	$31

Figure 1: Budget versus professional development hours produced

Model development "Thinking nationally, acting locally"

MHPN activities purposely cross boundaries of discipline, mode of practice (private and public), location, and mental and physical health, to encourage the development of interdisciplinary collaboration, improve referral pathways, and broaden understanding of practitioner expertise, all of which contribute to better consumer health outcomes.

MHPN's flexible approach has been a positive factor in engaging practitioners to:

- influence interdisciplinary practice on a large scale;
- offer a transferable interdisciplinary practice model;
- promote interdisciplinary practice across disciplines, sectors, as well as private and public funded services;
- offer a flexible approach to interdisciplinary practice;
- suit practitioners of all ages, qualifications, and at different career stages; and
- promote interdisciplinary care in metropolitan, regional, and rural areas.

MHPN is working to leverage its professional development platform to strengthen mental health response in areas of need with a focus on the following:

- integrating mental and physical health care to address the poorer health outcomes for people with a mental health disorder
- improving mental health care for older Australians where suicide rates are increasing and there is a gap in mental health services delivery

- bridging the gap between primary mental health practitioners and the community mental health sector which is seeing steady growth in clinical services in addition to existing core psychosocial programs; and
- building awareness and more effective responses of practitioners to the emotional health and wellbeing of Aboriginal and Torres Strait Islander people.

Conclusion

The purpose of this submission is to demonstrate that it is possible to address the fast moving professional development needs of practitioners to better respond to the health needs of those with mental illness.

Improved continuity of treatment and support is a corollary to better interdisciplinary practice and access to better informed practitioners, where better and more informed referrals lead to improved consumer outcomes. All of which are demonstrable outcomes of a national workforce platform like MHPN.

From a practitioner perspective, there is strong evidence that a platform like MHPN can increase interdisciplinary consultation, referral and networking to strengthen the foundations of collaborative mental health care.

A model such as MHPN can be scaled and be directed to different audiences within or outside of mental health.

Importantly, we now have a unique and proven national platform that is cost-effective, technologically constructed and partnership driven to meet the professional development needs of practitioners across the country and a vehicle for practitioners to access content experts in local networks, at home or in their office.

One final comment

The impact of poor mental health is becoming apparent to all. It would seem timely consider the importance of both mental health and collaborative care to be more than just footnotes in many of the undergraduate and post graduate health related courses. An understanding of the impact of poor mental health should be the starting point for its mandatory inclusion.

Finally, workforce planning that addresses the kind of workforce required to present itself in an acute centric, discipline dominated, Primary Health Networks and the National Disability Insurance Scheme landscape will be key to achieving better mental health outcomes.

Submitted by

Chris Gibbs
Chief Executive Officer
Mental Health Professionals Network Ltd, ABN 67 131 543 229
Emirates House, Level 8, 257 Collins St,
Melbourne VIC 3000
PO Box 203, Flinders Lane VIC 8009

Website: www.mhpn.org.au