To: Australian Government Productivity Commission, New Inquiry Mental Health,
Areas: Health and Medical Services, Mental Health Workforce and Prevention and Early Intervention
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This submission under the areas of Health and Medical Service, Mental Health Workforce and Prevention and Early Intervention has two aspects: 1) the loss of nursing leadership positions in mental health services throughout Australia, and 2) new nursing models of mental health care that bridge the tertiary/primary care interface.

1) Loss of nursing leadership positions in mental health services throughout Australia

Nurses are the largest group of mental health professionals in Australia. Yet, their ability to make contributions to mental health policy, strategic planning and clinical decisions has been severely eroded in many services through the integration of mental health into the general health service leadership structure. For example, in Western Australia Mental Health Nurse Director positions have been eliminated in favour of generic service director roles. As a result, nursing leadership at each mental health service is now provided by less experienced nurses with limited leadership development to influence mental health nursing practice and to contribute to policy development and clinical practice innovations.

Effective mental health nursing leadership at clinical, strategic and policy levels is vital to provide service capacity building, effective mentoring and role modelling to emerging nurse leaders to ensure a skilled mental health workforce now and in the future. It is also essential to ensure mental health nursing practice remains evidence based and contemporary. While many of the recent losses of mental health nursing leadership positions have been made for financial reasons, the ramifications of these decisions for long term health budgets and consumer outcomes are rarely discussed with the nursing workforce. However, these outcomes are often reflected in the increased use of restrictive practices and the resulting impact on the consumer, nursing staffs reduced ability to work with risk, over use of medication with consumers to manage high levels of acuity in the workplace, work related staff injuries, burnout, fear, high levels of anxiety and leaving the profession as nurses feel unsupported by management. The loss of mental health nursing leadership positions continues while the importance of effective leadership and support to the health and wellbeing of staff working in high stress health care environments is increasingly being highlighted in the Australian community, for example, on television programs such as SBS "Insight" (Wantanabe, 2017).

A national focus of mental health policy is to change the culture of service delivery in acute mental health inpatient units. This means reducing or eliminating the use of restrictive practices, practising co-production with consumers and ensuring mental health care facilitates the consumer's recovery journey. Successful cultural change will occur more quickly if nurses are engaged in this process with effective leadership to guide important clinical and professional practice changes. This is particularly important as professional development opportunities for nurses have also significantly reduced over recent years, again due to financial constraints and nursing research in mental health nursing is generally not well supported. These constraints provide limited opportunities for 'nurses on the floor' to evaluate their practice, to develop evidence based practice and to be involved in practice changes that benefit consumers' health and wellbeing. However, all of these things are essential to facilitate the national agenda of cultural change within the mental health care

system. These constraints have also undermined the scope of practice of the nurse, nurses' ability to gain specialist knowledge in their chosen area of practice and the professions' ability to deliver quality care. Yet a high standard of nursing care is integral to an effective mental health care system. One must question "what is the future standard of mental health care for Australians is if we continue to use the profession of nursing as a 'commodity' to balance health care budgets". Nurses are perceived by many business managers as a "disposable workforce" to be terminated during budget deficits and expanded when needed. One must ask "How does this type of workforce management build service experience, nursing expertise and the service culture to deliver quality care?" Addressing the "disposable nursing workforce" issue is urgent with the planned retirement of a large number of highly experienced mental health nurses in the next few years (HealthWorkforce Australia 2014).

Finally, at the national level, in most Australian states and territories there is no principal mental health nurse and so decisions made at the executive national level of mental health often do not have mental health nursing input and are largely psychiatrist driven. It is pleasing that mental health nurses are Commissioners on the National Mental Health Commission, but this is not always replicated in each State/Territory that have Mental Health Commissions and Mental Health Advisory Boards. Nurses make huge contributions to the health care of Australians in all settings and their leadership contributions to the workforce need to be supported and acknowledged. This will provide benefits to consumers, team functioning and the health care system.

2) New nursing models of mental health care that bridge the tertiary/primary care interface.

Mental health is the second most common general practice co-morbidity and general practitioners (GPs) play a strategic role in mental health care provision (Olasoji & Maude, 2010). It is estimated that mental health consumers with psychotic illnesses visit their GP approximately 12 times per year (Jablensky, et al. 2000). Since 2000, there have been several initiatives to increase mental health consumers' access to primary care services. For example, financial barriers have been reduced by Medicare (Mai et al. 2010) and access to psychological care and allied health services has been improved through the Department of Health's Better Outcomes in Mental Health Care (Council of Australian Governments, 2006). Evidence from large Western Australian population based studies suggest that people who accessed mental health services regardless of their mental health issue, visited GPs more often than those who had no contact with mental health services (Mai et al. 2010). However, the increased access to GPs is not always associated with improved outcomes (Mai et al. 2010). The problem does not appear to be related to access but to the person's level of engagement with GPs. Lam et al. (2013) suggested GPs require further training to work with mental health consumers along with the need for improved working relationships between physical and mental health professionals and the promotion of physical health as a key issue in the work of mental health professionals (Maj, 2009).

Mental health nurses have considerable expertise to work in primary care with mental health consumers and the evaluation of the Mental Health Nurse Incentive Program (MHNIP) provided significant evidence of the cost effectiveness of mental health nurse care provision to the Australian Government. However from 2017, funding for the MHNIP transitioned to the Primary Health Network flexible funding pool and the MHNIP no longer exists as a defined program (Australian College of Mental Health Nurses, 2018). In some jurisdictions, for example, in Western Australia, this funding was distributed as bulk funding to Richmond Wellbeing to employ nurses to provide support to people with serious mental illness in the community. Although these strategies have been beneficial in providing employment security

and clinical governance for nurses, they have failed to demonstrate the advanced practice roles that mental health nurses can contribute to primary care.

The Australian College of Mental Health Nurses has also developed Mental Health Practice Standards for nurses working in general practice in Australia (ACMHN, 2018). While these guidelines promote the importance of practice nurses working with mental health consumers it is dependent on the model of working between GPs and practice nurses at each practice.

There is a need for advanced nursing models of care in the primary care setting to work with GPs to facilitate integration and collaboration between tertiary mental health services and primary care interface (Wynaden, et al. 2017). These roles would support GPs and provide step up step down pathways between primary care and specialist mental health services. This collaborative approach allows all practitioners to address health issues as well as lifestyle and other factors that impact on mental health consumers' ability to access quality care (Lui et al. 2017; Wynaden et al. 2016).

Research in many countries has shown that nurse practitioners provide care that is holistic and different to other providers (Carryer & Yarwood, 2015). Systematic reviews on the efficacy of nurse practitioners consistently report high consumer satisfaction with care (arryer & Adams, 2017; Chavez, Dwyer & Ramelet, 2018). The cost effectiveness of nurse practitioners is well documented in international systematic reviews (Kilpatrick et al. 2015; Lopatina et al. 2017). The use of nurse practitioners to improve access and provision of quality care to mental health consumers in the primary care setting addresses strategic directions of Health Departments and Primary Health Networks (Government of Western Australia, 2018; Australian Government, 2018). Nurse practitioners working in primary care can increase consumer engagement and continuity of care reducing their need to access hospital and emergency services. As importantly, the model has the ability to reduce the presence of co-morbid physical health issues in mental health consumers through health promotion, early detection and intervention leading to an improved quality of life. This will reduce the huge health care costs associated with chronic disease management in this group.

Identifying gaps in current primary care services for mental health consumers that can been managed by nurse practitioners who have advance skills in mental health and chronic disease management will inform strategic workforce development strategies to strengthen the mental health workforce in the primary care. The following description of a nurse led practice innovation using nurse practitioners is an example of how the advanced nursing practice role can be used in primary care to support GPs to care for mental health consumers.

COCKBURN WELLBEING – LOCATED AT COCKBURN INTEGRATED HEALTH, SUCCESS, WESTERN AUSTRALIA

Background

It is estimated that approximately 40% of mental health consumers have physical health comorbidities such as obesity, cardiac disease, hypertension, respiratory disease, metabolic syndrome, diabetes and cancer. These increase their risk of premature death. Lifestyle factors such as a poor diet, cigarette smoking, alcohol and substance abuse and physical inactivity amplify the risk for physical health problems. Therefore, maintaining good physical health is important for people who have a mental illness. There have been many initiatives to improve the physical health of mental health consumers and to improve their access to primary care services (De Hert 2011). However, as previously mentioned it has been observed that access to general practitioner (GP) services is not generally associated

with improved physical health outcomes in this group (Mai et al. 2010) due to their lack of continued engagement with primary care services.

Cockburn Wellbeing is an innovative model of care that ensures that consumers are engaged with and receive regular and affordable primary care services to optimise their physical and mental health outcomes. *Cockburn Wellbeing,* established in 2017 is a nurse practitioner led clinic situated at Suite 14, Cockburn Integrated Health 11 Wentworth Parade in Success, WA and is the first service of this kind in Australia.

The Company, Cockburn GP Super Clinic Ltd. (ABN 64152568477) trading as Cockburn Integrated Health was registered to operate as a service in August 2011. The construction of Cockburn Integrated Health, which is part of the Cockburn Health and Community Facility (CHCF) was completed in 2014 and the complex provides opportunities for care integration across service providers at the site and the greater Cockburn region in Western Australia. Cockburn Integrated Health has a strong focus on education, training and research with strategic partnerships with Curtin University to provide opportunities for multidisciplinary student placements and learning. *The funding provided by the Commonwealth Government to the GP Super Clinics Program had several key objectives that focused on integrated* multidisciplinary patient centered care accessed at a single convenient location (City of Cockburn, 2018, CIH, 2018).

Nurse practitioners at *Cockburn Wellbeing* specialise in adult and youth mental health and drug and alcohol issues. *Cockburn Wellbeing* was established in a collaboration between Curtin University, Fremantle Hospital Mental Health Service, Fiona Stanley Mental Health Service and Cockburn Integrated Health and supported by grant monies from the Western Australian Primary Health Alliance and the Western Australian Department of Health and Healthway WA.

To access *Cockburn Wellbeing,* clients need a referral from a mental health professional or from their GP. *Cockburn Wellbeing* provides:
1. A screening and detection function - to determine the health care needs for mental health consumers who have a co-morbid chronic disease.
2. An engagement function - to work collaboratively with tertiary mental health services to engage consumers on discharged with quality primary care services that promote their mental and physical health and social integration in their community;
3. A research function – to measure consumers' mental and physical health outcomes and to compare outcome data of people who access *Cockburn Wellbeing* with locally collected Western Australian mental health data and Commonwealth National Outcome Casemix Collection (NOCC) data. Consumer participation in the research arm of *Cockburn Wellbeing* in voluntary and in no way impacts on their access to care.

Cockburn Wellbeing is a 'one stop shop' for mental health consumers providing collaborative integrated care to address their health needs in a supportive primary care environment. The model of care provided is evidence based (De Hert et al. 2011, Hamilton et al. 2017, Hespe et al. 2018, , Hetrick et al. 2017, Lui et al. 2017), supports GPs and other primary care providers to offer mental health consumers access to quality care within one location. This model can be easily replicated in any primary care service that supports integration and collaboration of care to address consumers' mental health, physical health and social integration into their community. It is particularly relevant to rural and remote environments to support GPs to care for mental health consumers in their local community.

Reference

Australian College of Mental Health Nurses (2018). *Mental Health Practice Standards for Nurses in Australian General Practice 2018.* ACMHN, Canberra.

Accessed 10/12/2018 http://www.acmhn.org/publications/gpn-practice-standards

Australian College of Mental Health Nurses (2018). *The mental health nurses incentive program*. Accessed 10/12/2018 from http://www.acmhn.org/career-resources/mhnip/background

Australian Government (2018). *Primary care networks.* Canberra: Department of Health http://www.health.gov.au/internet/main/publishing.nsf/Content/primary_Health_Networks

Carryer J, Yarwood J. (2015). The nurse practitioner role: Solution or servant in improving primary health care service delivery. *Collegian* 22:169-74.

Carryer J, Adams S. Nurse practitioners as a solution to transformative and sustainable health services in primary health care: A qualitative exploratory study. (2017). *Collegian* 24:525-31.

Chavez KS, Dwyer AA, Ramelet A-S. (2018). International practice settings, interventions and outcomes of nurse practitioners in geriatric care: A scoping review. *International Journal of Nursing Studies* 78:61-75.

City of Cockburn (2018). *City of Cockburn website.* Accessed from https://www.cockburn.wa.gov.au/ on the 9th March 2018.

Cockburn Integrated Health (2018). *About us.* Accessed from https://cihealth.com.au/about-cihealth/history/ on 9th March 2018.

De Hert M, Cohen D, Bobes J, et al. (2011). Physical illness in patients with severe mental disorders. II. Barriers to care, monitoring and treatment guidelines, plus recommendations at the system and individual level. *World Psychiatry*10:138-51.

Government of Western Australia Department of Health. (2015). *WA Health Strategic Intent 2015 – 2020.* Perth: WA Department of Health

Government of Western Australia Department of Health. (2018). *Sustainable Health Review Interim Report to the Western Australian Government*. Perth: Government of Western Australia

Hamilton MP, Hetrick SE, Mihalopoulos C, et al. (2017). Identifying attributes of care that may improve cost-effectiveness in the youth mental health service system. *The Medical Journal of Australia* 207:S27-S37.

HealthWorkforce Australia (2014). *Australia's future health workforce- Nurses detailed report*, Canberra: Commonwealth Department of Health.

Hespe, C., Rychetnik, L., Peiris, D. & Harris, M. (2018). Informing implementation of quality improvement in Australian primary care, *BMC Health Services Research, 18 (*287), 1-9 https://doi.org/10.1186/s12913-018.3099-5

Hetrick SE, Bailey AP, Smith KE, et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *The Medical Journal of Australia* 207:S5.

Jablensky, A., McGrath, J., Hermann, H., & et al. (2000). Psychotic disorders in urban areas: An overview of the Study on Low Prevalence Disorders. *Australia and New Zealand Journal of Psychiatry,* 34, 221-236 DOI:10.1080/j.1440-1614.2000.00728.x

Kilpatrick K, Reid K, Carter N, et al. (2015). A Systematic Review of the Cost-Effectiveness of Clinical Nurse Specialists and Nurse Practitioners in Inpatient Roles. *Nursing Leadership* (Toronto, Ont) 28:56-76.

Olasoji, M. & Maude, P. (2010). The advent of mental nurses in Australian general practice. *Contemporary Nurse, 36*, 106-117.doi: 10.5172/conu.2010.36.1-2.106

Lam, T.P., Lam, K. F., Lam, E. W. & Ku, Y. S. (2013). Attitudes of primary care physicians towards patients with mental illness in Hon Kong. *Asia-Pacific Psychiatry: Official Journal of the Pacific Rim College of Psychiatrists*, 5, E19-E28. doi: http://dx.doi.org/10.1111/j.1758-5872.2012.00208.x

Liu NH, Daumit GL, Dua T, et al. (2017). Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas. *World Psychiatry* 16:30-40.

Lopatina E, Donald F, Dicenso A, et al. (2017). Economic evaluation of nurse practitioner and clinical nurse specialist roles: A methodological review. *International Journal of Nursing Studies* 2017;72:71-82.

Mai, Q., Holman, C.D., Sanfilippo, F.M., Emery, J.D. and Preen, D.B. (2011). Mental illness related disparities in diabetes prevalence, quality of care and outcomes: a population-based longitudinal study. *BMC Med.* 9, 118. doi: 10.1186/1741-7015-9-118

Maj, M., (2009). Physical health care in persons with severe mental illness: A public health and ethical priority. World Psychiatry, 8, 1-2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2645006/

Wantanabe, A. (2017). *Why are the rates of mental illness so high among junior doctors and nurses?* Insight, SBS, June 2017.

Wynaden D, Heslop B, Heslop K, et al. (2016). The chasm of care: Where does the mental health nursing responsibility lie for the physical health care of people with severe mental illness? *International Journal of Mental Health Nursing* 25:516-25.

Wynaden, D., Heslop, K., Laugharne, J., Happell, B., Velayudhan, (2017). *Pathways to primary care: Improving the physical health outcomes of people with severe mental illness,* Targeted Research Funding Round 3 2013, Final report to the Health Department of Western Australia.