

## **System Change- Not the 100 metre sprint**

The link between serious mental illness and poor physical health has been widely documented nationally and internationally. Research has shown that people with serious mental illness are more vulnerable to chronic physical conditions such as diabetes and heart disease. Barriers to the provision of adequate health care are present, including client service access challenges, and mental health and medical health service system challenges. This supports the recommendations from Coghlan et al. (2001) to provide better support for the broader health needs of clients with serious mental illness.

### The Project

The evidence has led the Department of Health (Victoria) to explore this complex issue further by funding a demonstration project in 2009 – 2010: *Improving Access to Primary Health Care Services for people with serious mental illness*.

The project aims were to:

- Improve access to services through screening and identification of physical health needs and
- Improve access to models of care that support identified client needs.

Demonstration sites were funded through the Inner South Community Health Service and Eastern Access Community Health. The two Community Health Services worked with their respective Area Mental Health Services, Alfred Health and Eastern Health. The demonstration project was established on the hypothesis that the co-operation and interactions between Area Mental Health Services and Primary Health Care Services could be vital to addressing the physical health needs of people with serious mental illness. Consequently the main focus of the project was in these two Service areas and the interactions between them. However consumers, Divisions of General Practice and Primary Care Partnerships were also identified from the outset as important stakeholders.

### System Approach to Change

The demonstration project took a systems change approach using the Chronic Care Model (CCM)<sup>1</sup> as a guiding framework for improving care. The CCM has six interdependent components that identify key aspects of the health service system that must be in place to ensure effective client outcomes. The project identified and recommended 15 key areas for change that would address the needs of the six interdependent CCM components. It was evident that effecting such significant change across an organisation in all 15 areas in a 12 month demonstration project was unrealistic. Key target areas were prioritised and given

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<sup>1</sup> Wagner, E.H 1998, Chronic Disease Management: What will it take to improve care for chronic illness? *Effective Clinical Practice*, vol. 1 no.1, pp.2-4.

focus during the project period. Certain recommendations, although seen as a high priority for change, sat outside of the authorising environment of the project. These areas were:

- 1) policy and work instruction review and development,
- 2) existing or new system refinement to support practice change including
  - more time allocated or
  - capping caseloads for role expansion, and
- 3) the effectiveness of electronic Client Management Systems.

As the recommended areas for change are generally interdependent, this meant that to effect change in one area without changing others was challenging for staff. Tension was present within AMH staff between the understanding and agreement to address an important issue through a targeted piece of work, and an authorising environment that had minimal formal policy identifying the importance and providing directive, and limited clarity about how to best use existing resources to meet current requirements along with the added demand of introducing health screening, and all within an uncapped case load environment.

#### Primary Health Care

Change to Primary Health Care was highlighted with focus given to Community Health Services and General Practice. Through a staff survey, Community Health Care providers expressed varied confidence, skill, knowledge, capacity to respond to challenging behaviour, capacity for supporting change and improving physical health outcomes as issues when working with people with serious mental illness. In response, training was provided for Community Health Staff in both projects to build the knowledge and confidence of practitioners to work with, and fully engage the client group. One site provided in-service Mental Health training, and the other provided the existing 2 day Mental Health First Aid training to allied health workers. Feedback from participants at both sites was very positive, reinforced the need for a training focus to support system change.

However from a system change perspective, embedding the learning in staff requires change beyond providing regular training or refresher training. Participants identified a need for opportunities post training that could be used to present case studies and draw on learning from training. Existing platforms identified included: case review (including cross discipline), supervision, and team meetings. The challenge is in formalising the processes, whatever platform is used, to ensure allocated time is provided and remains an important standing agenda item.

Although the project attempted to engage General Practice, the authorising environment made it challenging and unrealistic to implement change to such a wide spread and often

independently run network of professionals. Engagement was generally on an individual basis with reliance on voluntary participation. For the project period, priority was given to changing practice in Community Health and Area Mental Health rather than within General Practice. There remains a need for further exploration of the barriers preventing a systematic approach within General Practice to fully supporting the physical health needs of clients with a serious mental illness. Once the barriers are understood, further development within General Practice could occur to more fully support the physical health needs of clients with serious mental illness.

### Area Mental Health

Routine measurement and conversation with clients about their physical health through client centred screening, and associated referral to allied health services within Community Health was prioritised as a key area for trial within Area Mental Health Service (AMHS). Small trials of three screening tools were conducted over a three month period with 19 SCTT (Health Conditions and Health Behaviour) screens and 8 Client Physical Health Guide's completed within the three months across the two sites. Despite the limited trial information, the trial data supported the extensive evidence regarding poor physical health risk and outcomes for people with serious mental illness, and need for improved systems that support early identification of broader health needs.

The small size of the health screening trials somewhat reflects the challenges and impact of the change from the perspective of the Area Mental Health clinicians. It also raises the question of what change can be reasonably expected over a short period of time. Post project, a second phase of the trial was conducted within AMHS with refinements made to the screening tool, process and trial period (lengthened). The trial numbers increased considerably, with an additional 61 health screens completed. This suggests that more time would positively impact the uptake of physical health screening by staff and confirms the view that change takes time and is more likely to be successfully as and when system change occurs.

A large limitation of the trial was the lack of client outcomes reported. Clear data indicating referrals made and appointments attended as a direct result from the physical health screen was not obtained. Drawing conclusions regarding the success of the project was limited to process and practice changes, without the additional client impact information to further support the recommendations. Analysis of change over time through outcome measurement is recommended at the process, system and client outcomes evaluation levels.

In retrospect, it was ambitious planning to introduce additional challenges into the Area Mental Health environment without a clearer authorising environment and additional resources into the Area Mental Health Service.

## Key Project Findings

The Project identified a range of findings across all project activities.

Findings for Area Mental Health Services included that physical health screening of clients with serious mental health is best placed to be undertaken by AMHS as most of this client group engage with the AMHS at some time. To support and reinforce this practice change in responsibility, government and agency policy needs to be developed. Alongside policy, agency drivers, supports and resources are vital to the success of this work and the change process. As discussed, practice and attitude change is a slow and a challenging process for all change in workplaces. Time for the change to occur and outcomes to be evident needs to be supported.

Although client outcome findings for the health screening trials were limited, a range of findings through client consultation were obtained. Key findings from client consultations included the importance of client preferences such as, service options (choice, opportunity, range of services, accessibility, acceptable, cost) and relationships with service providers. It was identified that the relationship with case managers and other professionals is important and takes time to build and establish trust. Furthermore, engagement only really occurs when clients are heard. This factor is critical to client outcomes. Current practice reflects this way of working with clients with little practice change required, however formally articulating and documenting these interactions in policy is required and would take time to develop and implement.

Primary Health Care findings focussed on the need to improve interactions between services and service providers. Effective strategies for improved communication with GPs are still required. This would include further process refinement in the embedding of routine feedback processes to GPs. It was also identified that service providers should communicate relevant information to each other (with client consent) to reduce multiple referrals and “telling the story” many times. Certain triggers for feedback to service providers would require more support for practice change than others.

## Key Project Recommendations

Key recommendations were made across all project activity areas.

Recognising that implementing change without resources and a formal authorising environment is a slow process, it was recommended that further development occur to consolidate projects within trial AMHS agencies. This would allow more time to ensure the processes supporting physical health screening are embedded and include:

- Development of government and agency policy to document agreed commitment, responsibility and role regarding the physical health of clients accessing AMHS
- Providing information to clients regarding the purpose of physical health screening within AMHS
- Definition, agreement and communication of referral and information sharing pathways between GPs, community health and mental health services
- Evaluation:
  - Impact of strategies that aim to improve access to Primary Health Care Services for people with serious mental illness through client outcomes evaluation
  - Monitoring and reporting back on implementation outcomes i.e. percentage of clients screened, referred (where required) and accessing services

Further to this, additional project recommendations were made that would require significant practice change and time commitment to further explore. The recommendations were:

- The role of peer mentors in providing a link between clients and health care professionals should be explored.
- Further investigation of both the service and client factors (including high cost, limited range and lack of choice) that may influence clients to not engage or attend appointments or groups, and identified improvement strategies trialled.

The need to skill staff through training was identified within the project. The project recommended that all Allied Health staff should be trained in Mental Health, such as Mental Health First Aid and AMHS staff should be provided opportunities for behaviour change training.

It was also recommended that further strategies to develop the relationship between AMHS, PDRSS, GPs and CH be trialled, to increase staff knowledge and confidence in working with this population group.

### Conclusion

In summary, the project focus in Community Health was on building the confidence and skill of allied health staff (including administration and intake staff) to engage with the client group. In Area Mental Health, the focus was on engaging the staff and developing and trialling a physical health screening tool that could be realistically implemented given the diverse range of professional training and the uncapped caseloads of case managers.

The timelines for the project were ambitious, as indicated by the small number of screens implemented in the original time frame. The reality is practice change takes commitment, training, authorisation, resources and time to embed. It rarely happens in a sprint, especially when not compelled or resourced.

The full report of the demonstration project '*Improving Access to Primary Health Care Services for people with serious mental illness*' can be downloaded from [http://www.each.com.au/images/uploads/Improving\\_Access\\_to\\_PHC\\_Services\\_for\\_people\\_with\\_serious\\_Mental\\_Illness.pdf](http://www.each.com.au/images/uploads/Improving_Access_to_PHC_Services_for_people_with_serious_Mental_Illness.pdf)