



National Mental Health Commission Review of Mental Health Programs

**Australian Primary Health Care Nurses Association (APNA)
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The role of primary health care nurses in mental health

Nurses are a substantial component of the primary health care workforce, and make an increasingly important contribution to primary health care in Australia. Primary health care nurses play a major role in improving health outcomes through their role in delivering quality chronic disease management, immunisation services, and other preventative care, as well as curative care, care for the ageing, dealing with issues such as medicines safety, and implementing improvements in primary health care systems.

There are now almost 11,000 nurses working in the general practice sector alone, and the majority of general practices in Australia employ at least one nurse. In addition, nurses make an important contribution across a number of other primary health care settings, such as community health services, schools, workplace health, prisons and many other settings.

Nurses in primary health care are accessible and approachable to patients. It is through these interstitial interactions nurses are able to recognise the signs or elicit concerns associated to issues of mental health.



Workforce capacity and viability of nurse professionals

Primary health care nurses are proven to deliver cost effective and clinically effective care, particularly in the areas of chronic disease management, screening, prevention and population health. A widespread failure to understand the capacity of nurses working in primary health care means nurses are not being utilised as well or extensively as the nurse scope allows.

Despite being the largest health practitioner workforce in Australia with 350,000 registered nurses, many of whom work in the primary care sector, nurses are often overlooked when it comes to structures and programs to support nurse delivery of care. Systems are developed that impede nurses from applying all of their skills in what is a very broad scope of practice.

Beyond the base scope of a nurse working in primary health care in Australia are specialised roles such as general practice nurses, mental health nurses and nurse practitioners, all of which play their role in patient care for those impacted by mental health concerns and illness.

However, nurse practitioners have limited access to funding in primary health care including items on the Medicare Benefits Schedule (MBS), and for activities that attract a rebate the sum is inadequate, while general practice nurses cannot access MBS items at all. Nurse practitioners have a huge potential to benefit primary health care and this needs to be explored with investment in the role and improved funding mechanisms.

With appropriate training at undergraduate level and beyond, this workforce is a highly cost effective and clinically effective provider of care within primary health care services and programs.

APNA would support:

- **Increased mental health content at undergraduate level, and quality mental health clinical placements.**
- **Access to quality continuing professional development on mental health care for all registered nurses, with an emphasis on nurses working in primary health care.**
- **Initiatives that encourage nurses to obtain Mental Health Nurse Credentials.**
- **Making the business case for nurse practitioners in mental health viable.**
- **Incentivise collaborative arrangements and pathways for referrals between primary health care clinicians working in general practice and mental health nurses.**



Real problems, practical solutions

1. Paying for cost effective interventions

Scenario: A psychologist, in collaboration with a small group practice, wanted to try some bibliotherapy with a group of community members. Because this modality of care involves relatively little face-to-face consultation, they couldn't find an appropriate funding mechanism within Better Outcomes, Access to Allied Psychological Services (ATAPS) or the MBS. Yet, the modality is proven to be cost effective and is well suited to regional locations.

Solution: Alter ATAPS guidelines so 'sessions' can be defined against known evidence, rather than the 'face-to-face' default.

Scenario: A general practice wanted to begin assertive outreach to a relatively early intervention group which, they perceived, could benefit from structured nurse follow-up for depression. The practice wasn't able to access additional funds for this as they had reached their cap under the Practice Nurse Incentive Program (PNIP). They decided not to pursue the intervention.

Solution: Allow increments in the PNIP for evidence-based interventions that don't fit the MBS face-to-face consultation model.

2. Mental Health Nurse Incentive Program

The Mental Health Nurse Incentive Program (MHNIP) enables nurses highly skilled in mental health care to support healthcare practitioners who are otherwise unable, due to lack of knowledge and/or experience, to provide holistic care to patients with mental health needs or illness. Working in alignment with general practitioners, primary health care nurses and psychiatrists, the Program helps to avoid hospitalisation or reduces hospital stays, and facilitates a rapid response if a patient with severe mental illness declines quickly.

The Program is flexible and responds to the needs of the patient, and service provision by a mental health nurse provides care that is more economical than if it were provided by a general practitioner or psychiatrist.

APNA sees the collaboration between primary health care nurses working in general practice and mental health nurses as a viable and prosperous one, enabling positive outcomes for consumers, with general practice nurse → mental health nurse or general practitioner → mental health nurse referral pathways relatively underutilised.

Scenario: The service fee for sessions under the Mental Health Nurse Incentive Program has not increased since the program began. In one Medicare Local region, the local service is underfunded by \$100,000 per annum and will need to close. Overall, this is because the salary-based model of the nurses is difficult to reconcile with the sessional fee-based payment.



Solution: Increase the sessional payments to be a viable, responsible and respectable system, which will benefit from a multidisciplinary referral system and incentivise collaborative arrangements and pathways for referrals between primary health care clinicians working in general practice and mental health nurses working under the MHNIP.

3. The precautionary principle and MBS items

Scenario: Young clients present with mild to moderate mental health issues. To access federally-funded services, the general practitioner needs to use a mental health MBS item. In an environment where the long term implications of using such an item (e.g. inability to gain income protection insurance) are unknown, it appears that general practitioners are often using the precautionary principle and weighing the potential long term harms against short term benefits, e.g. a newly introduced drug for which there are limited long term studies. Thus, they decide not to use the mental health-specific items. Because this is already occurring, the data from the MBS is not a useful indicator of mental health interventions.

Solution: Allow general practitioners to claim a long consultation for patients under 25 years, rather than only a mental health MBS item.

4. Protecting the most vulnerable

Scenario: Restricted access of a general practice working closely with the local agency responsible for out-of-home care for children formally in the care of the State. The evidence is that these children are under-screened and are arguably the most vulnerable in the community. Unlike other children whose health is, by nature of their circumstances, likely to be vulnerable (e.g. Indigenous children, children of refugees), there is no health assessment item for the children in out-of-home care.

Solution: Include the formal status of being in the care of the State as an eligibility criterion for an annual health assessment.

5. Skewing the focus of mental health services

APNA is strongly in favour of an increased focus on the Mental Health Nurse Incentive Program aligning and better integrating with general practice, as well as increased education for nurses in general practice around mental health and chronic disease management, and collaborative arrangements with the whole of practice team.

Scenario: Many local private practice mental health providers who claim on the MBS work in solo practice, and work alone in their premises. One result of this may be a distortion of the referred population to those who are the lowest risk for patient-initiated abuse. Therefore, the system is structurally different to general practice which, by nature of its standards for sites, provides staff protections and thus increases the scope of people seen safely.



Solution: Incentivise private practice mental health providers to collocate with other services such that there is always more than one person on site during normal operations, as a precursor to MBS eligibility, thus increasing the ability to provide safe and secure multidisciplinary care.

About APNA

The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing.

APNA is the peak professional body for nurses working in primary health care including general practice. With 4000 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Primary health care nursing is wide ranging and covers many specialist areas including general practice, Aboriginal health, aged care, occupational health and safety, telephone triage, palliative care, sexual health, drug and alcohol issues, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

APNA aims to:

1. Support the professional interests of primary health care nurses
2. Promote recognition of primary health care nursing as a specialised area
3. Provide professional development for primary health care nurses
4. Represent and advocate for the profession
5. Collaborate with other stakeholders to advance our mission
6. Ensure a sustainable and growing professional association, by and for primary health care nurses.