


# PCRU

**MENTAL HEALTH OUTCOME MEASUREMENT IN THE GENERAL PRACTICE SETTING**

Caroline Johnson  
Jane Gunn



PRIMARY CARE RESEARCH UNIT DEPARTMENT OF GENERAL PRACTICE THE UNIVERSITY OF MELBOURNE

## The re-order project





Australian Primary Health Care Research Institute (APCHRI)




## OUTLINE

- History of mental health outcome measurement in general practice
- Progress with MH outcome measurement in general practice
- Case studies from general practice
- Challenges for the future



## A Brave New World



## A Brave New World

“Consumer outcome is:  
The effect on the patient’s health status that is attributable to an intervention”

»Andrews et al 1994



## A Brave New World

## General Practice as a Mental Health Service

Table 2. Relation between individuals with severe, chronic, mild or transient mental disorders, and the number (and %) of patients in these categories being seen by various sectors of the medical workforce for their disorders (all numbers as 000's).

	Severely	Chronic	Mild or Transient	Total: any diagnosis
<b>Total Numbers (000's)</b>	<b>510</b>	<b>880</b>	<b>3290</b>	<b>4680</b>
Public mental health service	94 (41%)	33 (9%)	-	127 (9%)
Private psychiatrists	69 (30%)	92 (17%)	-	161 (12%)
General practitioners	35 (19%)	402 (72%)	560	997 (74%)
Addictive services	30 (13%)	30 (5%)	3	63 (5%)
Total patients seen	228	557	563	1348
Percent being seen	45%	63%	17%	29%

» Andrews et al 1994



## General Practice as a Mental Health Service

- 20% 12 month prevalence of mental illness
- 35% had attended a health service
- GP most commonly consulted health professional
  - » Australian Bureau of Statistics 2007
- 10.8% of GP attendances (about 10.4 million) involved the management of at least one mental health-related problem
- Depression was the fourth most commonly managed problem in general practice (3.7 per 100 encounters)

» AIHW: Britt et al 2005



## Routine mental health outcome measurement

### 1997 Field Testing included General Practice

- Higher rates of co morbidity
- Longer term contact between consumers and clinicians
- Concerns raised re adequate training to use the measures, impact on practice systems, frequency of use

» Stedman et al 1997



## Primary Care Mental Health Initiatives



Better Outcomes in Mental Health Care Initiative (including Access to Allied Psychological Services)



## Better Outcomes in Mental Health Care

- GP education
- 3 step process (assess / plan / review)
- Access to psychological therapies via fund-holding model

An assessment of a patient must include:

*administering an outcome measurement tool, except where it is considered clinically inappropriate.*

» Medicare Benefits Schedule [www.health.gov.au](http://www.health.gov.au)



## CLINICAL BENEFIT

### PROS

- Objective assessment of severity
- Enhances interprofessional communication
- May assist with self-monitoring and relapse prevention

### CONS

- Doesn't add to clinical assessment
- Doesn't change the outcome
- Difficult to interpret at the individual patient level

» Hickie et al 2002, Gilbody et al 2003, Nutting et al 2006



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**Lessons learned from ATAPS**

**Evaluating the Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program**

*Eighth Interim Evaluation Report*

» Morley et al 2006




**Lessons learned from ATAPS**

- "the projects are effective in improving the mental health of consumers who are receiving psychological services".....BUT
- Outcome data was available for only 27% of projects
- Outcome data was only available for 5% of all consumers

» Morley et al 2006

**K10 (www.gpcare.org)**  
BAI, BDI  
HADS, DASS-21, DASS-42  
HoNOS, GWBI, STAI, BASIS 32, SDS, GHQ-28




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**Moving from outcomes to access??**

1. Better Outcomes in Mental Health Care Initiative (including Access to Allied Psychological Services)	» ATAPS has continued with targeted funding for groups in need
2. Better Access to Mental Health Care Initiative	» For all GPs but outcome measures still mandated, 900 000 GP MH plans billed since Nov 2006
3. Mental Health Nurse Incentive Program	» MH nurses for the severely unwell, based in general practice and must use the HoNOS




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### Moving from outcomes to access??

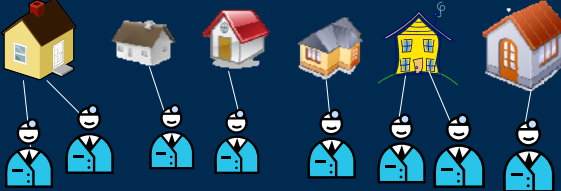

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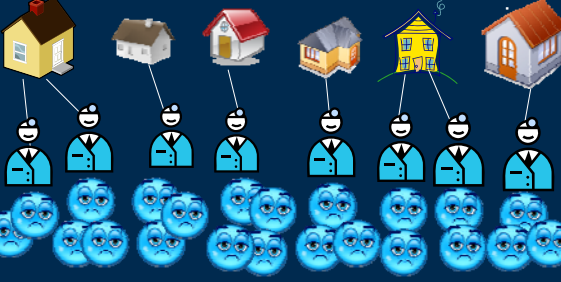

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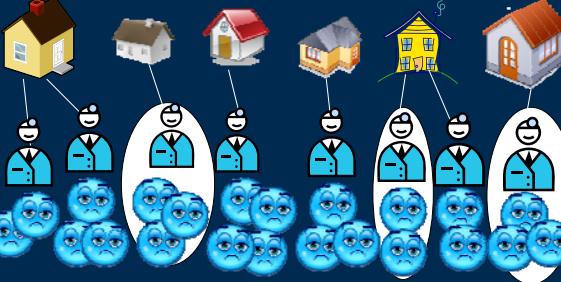

### METHOD

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### Outcome measures – because we have to!

*"the K10, I only use because we're supposed to for the mental health plan, but I've got a bit slack about that"* GP 02-01

*"I've more um sort of um done it because there was the suggestion that, ah, it was, ah, you know, something that you did as part of the mental health plan"* GP 01-06

*"if they're going to go on and have further sessions with their psychologist they're going to have to get back in here and satisfy the hoop, um, which is ah, useful but, but brutish."* GP 01-03



### Assessment versus outcome

*"Look I think the thing about K10 that probably surprised me often is the balance between the anxiety and depression symptoms that I'm sometimes not aware of just from asking much more general questions"* GP 03-01

*"I do do the formal, that, that K10 tool, when I'm doing my initial mental health plan and I find that actually is quite, although it can be a little bit clunky, um, is quite interesting. I guess for most people I find that their symptoms were probably more severe than my gut instinct had been."* GP 01-06



### Assessment versus outcome

*"The scale just gives you something that you can look back at and you can see the trend quite quickly because you can map the trend and you can see what it shows without going through your notes bit by bit"* GP 04-04

*"I think the impression I get is as the K10 score improves, so does the patient's mood, ability to cope and so forth, so I think it's a reasonable measure for psychological distress."* GP 06 -3



### Engagement.....

*"So you've got a higher score on your K10 and your other tests are negative; I think you've got, you know, some psychological issues."* GP 05-02

*"I use it for two reasons really. I like to try and get the patient involved in their care, so it's like giving them bits of homework....And so sometimes I use the K10 as evidence to say, 'Look, you've scored very highly. For someone with moderate to severe depression, the recommendations really are probably to use antidepressants'."* GP 05-03



### .....or disengagement?

*"My strong impression from this guy was that I was lucky that he was sitting in the office in the first place and ...I didn't want to do anything that came across as too paternalistic, structured, formalised that I thought he might react negatively to."* GP 01-06



### Incorporating a new tool into practice



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*"If you ask someone a question, ah, you know, 'How do you feel about this?' and they start crying, I mean normally what I'd do is just do nothing, just wait um, but it seems like when you're doing a survey, maybe it's that, my Type A personality, it's almost like you know, you, you want to sort of get through it."* GP 01-06



### Some lessons learned

- GPs are starting to use tools when assessing patients and engaging them in treatments
- These tools are not yet embedded as a way of deciding if people seeking care are getting better
- There are other methods that GPs value in mental health outcome assessment



### Challenges for the future



- An enhanced suite of tools for primary care
- A way of recording outcomes that leads to better care
- An evidence base for clinical utility of tools in primary care
- A way of communicating across sectors



### Thank you

[c.johnson@unimelb.edu.au](mailto:c.johnson@unimelb.edu.au)

