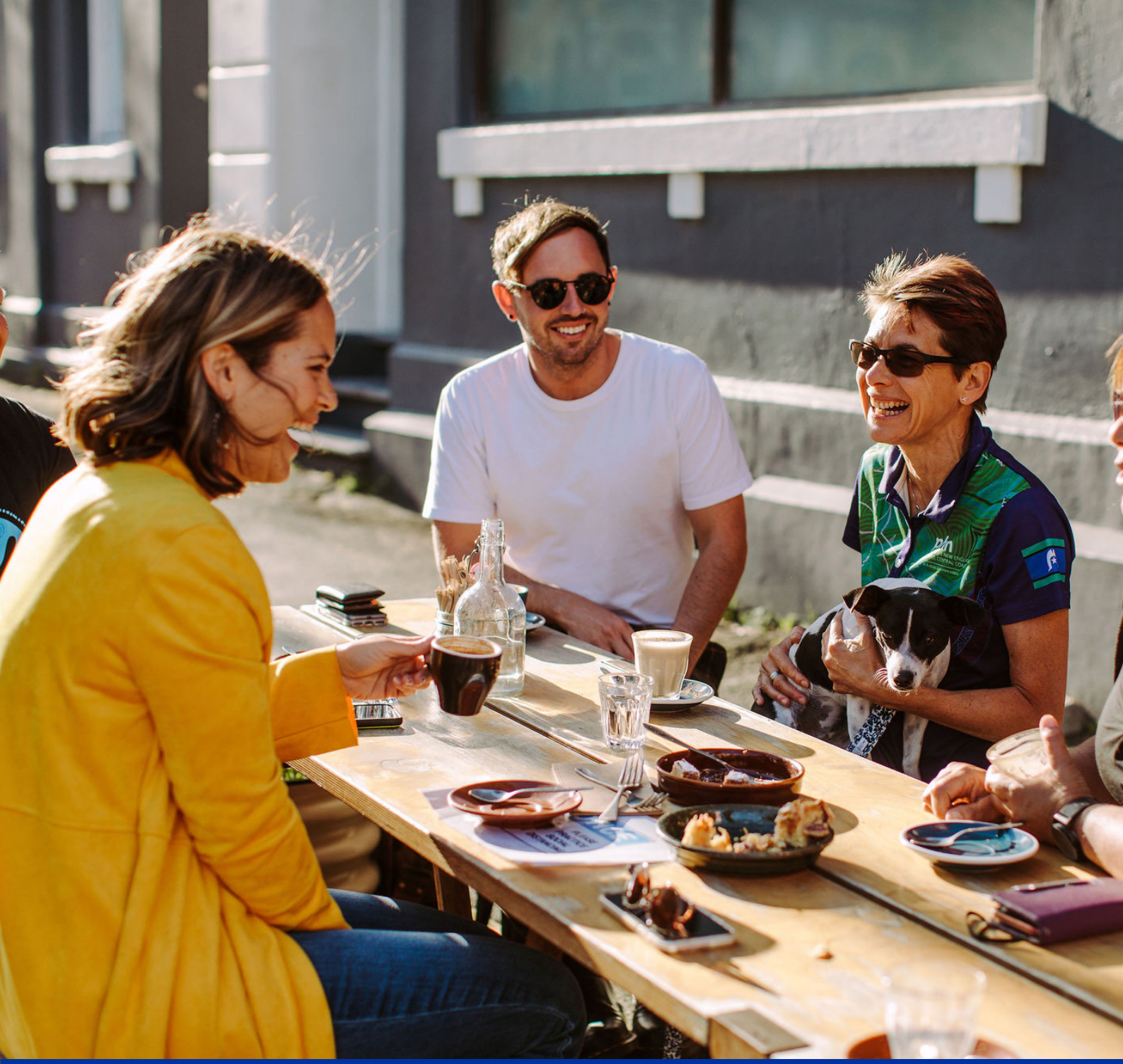


Mental Health & Suicide Prevention Toolkit

PRIMARY HEALTH NETWORK

phn
HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative

CONTENTS

Hunter New England Central Coast Limited is a not for profit organisation funded primarily by the Federal government to operate a Primary Health Network (PHN). PHNs are responsible for improving the health of their communities by working cooperatively with hospitals (both public and private), general practitioners, specialists, nurses and midwives, and allied health professionals.
HNECC covers a diverse geographical area reaching from the Queensland border in the north to Gosford in the south, and west past Narrabri and Gunnedah.
HNECC respectfully acknowledges the traditional owners and custodians of the land in the region that it covers which include the traditional nations of the Awabakal, Biripi, Darkinjung, Geawegal, Kamiliroi, Wonnarua and Worimi people.

INTRODUCTION

Overview

The Royal Australian College of General Practitioners' (RACGP) 2018 Health of the Nation Report[1] recognises that psychological issues including depression, anxiety and sleep disturbance, remains the most common issue managed by general practitioners. The latest data shows an upward trend from 61% in 2017, to 64% in 2020.

General Practitioner's are the first point of contact for people concerned about their mental health. Mostly, mental health care occurs within consultations initiated for other reasons.[2]

To provide general practice mental health care, GPs need to be able to:

- Perform a biopsychosocial assessment, taking into account the patient's chronic and acute physical and mental health issues, as well as their past and present personal, social and cultural circumstances (the GPMHSC does not endorse any diagnostic tool for GPs, who may choose the assessment method and diagnostic tool they believe to be the most suitable).
- Identify early warning signs of mental illness.
- Identify signs of suicide risk, and respond accordingly.
- Provide or recommend appropriate care based on the patient's assessed needs (eg e-mental health for mild mental health issues, face-to-face counselling for moderate to severe mental health issues) as well as taking into account cultural factors that may influence the model of care chosen.
- Provide continuity of care, which is a key component of the successful treatment of people with mental illness.

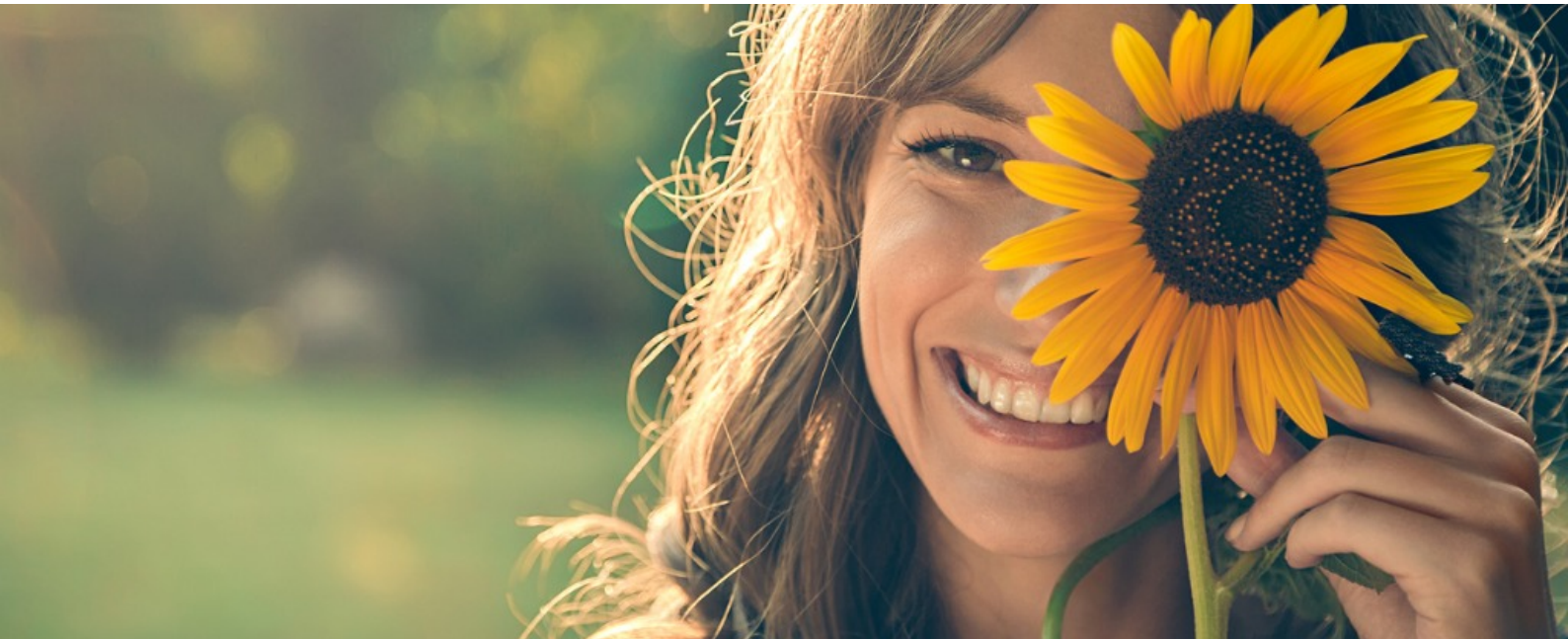
At a glance

- Use and participate in a multidisciplinary approach to care.

Almost half of the Australian population has experienced mental illness at some stage in their life.[3] One in five (around 3.2 million) Australians will be affected during any 12 month period.[4]

In 2018-19, the rate of hospitalisations for intentional self-harm was much higher for people aged 15-24 years (339.8 per 100,000 people) than for all ages (138.5) within the Hunter New England Central Coast Region and was also higher than the NSW average (225.9).[5]

The 2017 HNECC PHN Mental Health and Suicide Prevention Needs Assessment[6] indicated the most common mental illnesses experienced by people in the HNECC PHN region were depression, anxiety and drug and alcohol misuse. With this, the rate of people experiencing psychological distress and chronic mental and behavioural disorders was higher across the HNECC PHN region compared to NSW and other States and Territories within Australia.



Approaching quality improvement in your practice

1. Create a quality improvement (QI) strategic plan.
2. Using the Model for Improvement (MFI) format, complete Step 1.

E.g. Develop your QI goal, measures and brainstorm some ideas for implementation.

3. Using the Model for Improvement (MFI) format, complete Step 2.

E.g. Choose one idea from Step 1 of your MFI and implement a Plan, Do, Study, Act Cycle.

Please refer to the Continuous Quality Improvement Fundamentals Guide for General Practice for detailed information as to how to complete these three steps.

To support QI work within your practice, the PHN hosts a Primary Care Quality Improvement Community of Practice (QI CoP). The CoP is a place where primary care providers, practice teams and staff can float ideas, discuss best practice approaches, share resources and learn about successful quality activities that have been implemented. The Primary Care QI CoP site is available to primary care providers within the Hunter, New England & Central Coast regions. The PHN also hosts monthly quality improvement webinars on clinical areas of interest to provide additional support to QI CoP members. Please contact the PHN or your Primary Care Improvement Officer (PCIO) to learn how to gain access to this resource.

Cultural awareness, responsiveness and safety

Cultural awareness is sensitivity to the similarities and differences that exist between different cultures and the use of this sensitivity in effective communication with members of another cultural group.[7]

Cultural awareness training is a formal information sharing process that fosters an understanding and appreciation the differences between persons from other cultures, countries or backgrounds. This may include but is not limited to Aboriginal and Torres Strait Islander populations, Culturally and Linguistically Diverse (CALD) populations, refugees, and LGBTQIA populations. Cultural awareness training should be provided to all commencing staff and all existing staff at least every two years.

Cultural responsiveness refers to health services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal and Torres Strait Islander populations. Cultural responsiveness describes the capacity of the health system and individual providers to respond to the health needs of Aboriginal and Torres Strait Islander communities. It is a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community interacted with. It requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is only possible when individuals and organisations participate in the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. To ensure culturally safe and respectful practice, health practitioners must:

- Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.[8]

READINESS TOOL

Is your practice ready to make changes?

There are many ways to improve patients' participation in mental health & suicide prevention.

The readiness checklist has been developed to assist general practices to identify areas and opportunities for change and to support practice teams to build a sustainable team-based approach to improve mental health and suicide prevention in general practice.

Completing this checklist will assist with the 'thinking part' (Step 1) of the quality improvement cycle (see the template at the end of this toolkit).

In working through the readiness checklist, start by identifying if the practice or clinicians are undertaking activity in the identified area. In the action column you could document any ideas or processes that may need to be introduced or changed

Mental Health & Suicide Prevention Readiness Checklist

General Practice Name:	
Completed by:	
Date:	

AREA: Quality improvement change readiness	Yes/No	Action/Comment (what, when, who)
1. There is an active focus on mental health screening within the practice. E.g. Kessler Psychological Distress Score (K10) or Depression Anxiety Stress Scale (DASS 21).		
2. There is an active focus on implementing suicide prevention strategies within the practice. E.g. mental health resources in the waiting rooms.		
3. The practice are aware of and follow the RACGP Mental Health Clinical Guidelines.		
4. All practice staff access education and training (ongoing and regular professional development) in relation to mental health or suicide prevention.		

AREA: General practice systems	Yes/No	Action/Comment (what, when, who)
5. The practice uses a standard family history template inclusive of mental health history within the clinical software. E.g. Smoking, Nutrition, Alcohol and Physical Activity (SNAP), Family, Social and Occupation data.		
6. Regular data cleansing activities are undertaken to establish up to date lists of patients eligible for Mental Health Care Plans/reviews using the CAT4 suite of tools (or similar) or the practice's electronic medical record system.[9,10]		
7. Practice software is used for actions/prompts for the GP/ nurse to ask about routine mental health screening and suicide ideation.		
8. The practice's 'New Patient Form' requests patient consent for recall and reminders. E.g. SMS, letter and or phone.		
9. There are policies and procedures in place that include reminders and recalls for mental health review items and/or screening. See resources from accreditation support bodies. E.g. AGPAL, GPA.		
10. The practice has a mental health emergency policy and procedure in place.		
11. The practice has a policy and/or procedure in place that supports all staff if a patient died by suicide.		
12. The practice uses secure telehealth technology for patient consultations where appropriate.		
13. The practice's clinicians access HNE HealthPathways CC HealthPathways and HNE Patient Info and CC Patient Info websites (for clinical guidelines, assessment, management and referral information and patient information for mental health, suicide prevention and psychosocial pathways).		
14. The practice's clinicians identify patient risk factors around suicidal ideation to reduce and mitigate risk and support the patient in remaining safe. E.g. collaborative development of a Safety Plan.		
AREA: Patient centred care[11]	**Yes/No**	**Action/Comment (what, when, who)**
15. The practice's clinicians use history taking to assist identification of patients at high risk of anxiety, depression and suicidality.		
16. Mental health screening is identified in health assessments and opportunistically raised.		
17. The practice undertakes health promotion and activities for mental health and suicide prevention. E.g. RUOK Day, mental health month.		

18. The practice routinely identifies Aboriginal and/or Torres Strait Islander patients.		
19. The practice routinely identifies Culturally and Linguistically Diverse (CALD) patients, including details of their preferred language.		
20. Patients are provided with quality information (E.g. Patient Info) including resources for Culturally and Linguistically Diverse (CALD) communities, and resources for Aboriginal and Torres Strait Islander communities.		
21. The practice uses disability support and telephone interpreter services where appropriate.		
22. The practice is aware of and promotes appropriate support services for patients with diverse sexualities and genders. (E.g. ACON)		
AREA: Practice mental health and wellbeing	**Yes/No**	**Action/Comment (what, when, who)**
23. The practice has a policy and procedure in place for staff mental health and wellbeing.		
24. The practice is linked with a third-party mental health service for staff members. E.g. EAP Psychology Services.		
25. The practice has mechanisms in place to identify a range of risk factors affecting the mental health safety of all staff members.		
26. The staff have undertaken and maintain mental health and wellbeing training. E.g. Mental Health First Aid, Indigenous Mental Health First Aid, ASIST, Safetalk suicide prevention.		
27. The practice has a 'mental health champion'. Refer to the RACGP's Green Book 3rd Edition.		
28. The practice fosters an anti-bullying culture, actively combats stigma, promotes positive mental health and wellbeing, and/or supports employees who experience ill mental health.		
29. The practice has an action plan in place for the death of a staff member.		
MENTAL HEALTH & SUICIDE PREVENTION PRACTICE TEAM		
Clinical lead (GP):		
Administrative lead (PM/PS):		
Clinician involvement (GP/PN):		

CHANGE IDEAS TO CONSIDER

These ideas are suggestions only, with the concept adaptable across mental health and suicide prevention strategies.

Idea: Identify patients who are prescribed antidepressant and/or anxiolytic medications but do not have a coded diagnosis of depression and or anxiety.

- Plan: Use CAT4 to extract data on practice patients with a coded mental health diagnosis without an active Mental Health Care Plan. Establish a prediction on data outcomes following the activity.
- Do: Practice manager and or practice nurse extract data from CAT4 to identify patients to be reviewed by treating general practitioner.
- Study: Review percentage of patients who do not have a current diagnosis coded within patient medical record.
- Act: Data extraction from clinical software will be reviewed by treating general practitioner for confirmation of diagnosis and appropriate addition of diagnosis to patient's clinical history. Patients who require additional clinical assessment for diagnosis to be confirmed are recalled at the general practitioner's discretion.

Idea: Identify patients eligible for a Mental Health Treatment Plan.

- Plan: Use CAT4 to extract data on practice patients with a coded Mental Health Diagnosis without an active Mental Health Care Plan. Establish a prediction on data outcomes following the activity.
- Do: Practice manager and/or practice nurse extract data using CAT4 to ascertain patients who have a coded diagnosis of depression and/or anxiety who are eligible for mental health care plan.
- Study: Review percentage of patients with current Mental Health Care Plan and ascertain recall list of those eligible for care plan preparation.
- Act: Formal recall of eligible patients for development of a mental health care plan/ review (to be actioned by appropriate practice staff).

Idea: Enable person-centred care by encouraging patients to discuss and undertake mental health and suicide prevention management with their GP.

- Display promotional material in the waiting room.
- Display key support contacts in the waiting room. E.g.: Lifeline, Beyond Blue.
- Improve visibility and accessibility of help seeking cards

Idea: Appoint a staff member who is responsible for creating and maintaining a mental health register.

- Build capacity within the organisation to appropriately respond to mental health related work in a timely manner.
- Support staff members to become a Practice Champion for mental health. Provide ongoing professional development opportunities to this staff member.

Idea: Have a team meeting to brainstorm how recall and reminder systems can improve patient care and income generation.

- Link together multiple recalls such as GP Management Plans, Health Assessments, Mental Health Treatment Care Plans and Reviews, etc.
- Dedicate time at staff meetings to discuss how health assessments can include mental health treatment plan and review prompts.
- Participate in staff mental health awareness days e.g. RUOK Day.
- Review the practice mental health assessment template to ensure it includes discussion of lifestyle factors (noting that certain lifestyle parameters can increase the risk of mental illness and suicide).

Idea: Draft a written procedure for recall and reminder systems.

If the practice has a policy/procedure for recalls and reminders, check that there is a process for mental health and suicide prevention. If there is not a current policy, contact GPA or AGPAL as a starting point to generate conversation and development of a policy.

Idea: Send a health and wellbeing reminder letter to eligible patients due for mental health assessments.

- Following the establishment of your health and wellbeing patient register, identify patients due for a mental health assessment and/or review.
- There are key times where practice reminders can really add value: For patients who have never been assessed OR on a patient's review due date OR on discharge from hospital etc.

Idea: Where appropriate, offer patients the opportunity to book a Mental Health Care Plan Review appointment OR follow up appointment before they leave the practice after their initial Mental Health Care Plan appointment.

- Contact the patient to confirm their GP Mental Health Care Plan Review prior to allocated appointment time. This can be done via text message using clinical software/appointment booking systems, or phone call.

Idea: Engage the clinical team to upskill in current suicide prevention practices.

- Ensure all staff are up to date with their mental health first aid qualification and regular updates are maintained.
- Provide opportunities for further training and access to appropriate mental health and suicide prevention resources for all practice staff.
- Enable clinical staff to recognise, treat, and if necessary, refer patients with mental illness to other support services.

Idea: Encourage safety planning be done continuously with all patients presenting to their GP or Practice Nurse with ill mental health or suicidal ideation.

- Continuously work with the patient on updating their safety plan when they come in for an appointment.

UNDERTAKING QI
USING THE MODEL FOR IMPROVEMENT

Quality Improvement Goal Setting

STEP 1: Ask the three questions.

1. What are we trying to accomplish?
By answering this question, you will develop your goal for improvement.

2. How will we know that a change is an improvement?
By answering this question, you will develop measures to track the achievement of your goal.

3. What changes can we make that can lead to an improvement?
List your ideas for change.
By answering this question, you will develop the ideas you would like to test towards achieving your goal. Use the SMART approach when developing ideas (specific, measurable, attainable, realistic, timebound). E.g. By March 2020, complete 100% of HbA1c tests for all eligible (have not had a test in the past 6 months) active patients.

IDEA 1.

IDEA 2.

IDEA 3.

IDEA 4.

QI Implementation: Plan, Do, Study Act Cycle

STEP 2: Choose <u>one idea</u> from Step 1 and expand into a PSDA Cycle.

Idea being tested: From Step 1: Idea 1, 2, 3 or 4	
	**Plan** Who? When? Where? Data predictions? Data to be collected.
	**Do** Was the plan executed? Any unexpected events or problems? Record data.
	**Study** Analysis of actions and data. Reflection on the results. Compare to predictions
	**Act** What will we take forward; what is the next step or cycle?

Resources

- AIHW Mental health services in Australia: in brief 2019. Retrieved from Australian Institute of Health and Welfare: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia-in-brief-2019/contents/table-of-contents
- Central Coast HealthPathways https://centralcoast.healthpathways.org.au Username: centralcoast Password: 1connect
- Department of Health GP Mental Health Treatment Medicare Items. 2012. Retrieved from Australian Government Department of Health: http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gp-mental-health-care-pdf-qa
- General Practice Mental Health Standards Collaboration (GPMHSC) https://gpmhsc.org.au/
  - Mental Health Treatment Plan Templates. 2020. Retrieved from GPMHSC: https://gpmhsc.org.au/guidelinessection/index/ec267899-19c4-4edb-82e1-9bc3f4a40a20
  - Mental health training standards. 2020-2022. Retrieved from GPMHSC: https://gpmhsc.org.au/guidelinessection/index/8ff06001-e9b8-48ac-a7c4- c0c36069f17b
- Guidelines for Preventive Activities in General Practice 9th edition. 2016. Retrieved from Royal Australian College of General Practitioners: https://www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf
- Hunter New England HealthPathways https://hne.communityhealthpathways.org Username: hnehealth Password: p1thw1y
- Patientinfo http://patientinfo.org.au/
- Quality Improvement Resources. 2020. Retrieved from Hunter New England Central Coast Primary Health Network: https://thephn.com.au/programs-resources/quality-improvement

Education opportunities:

- BlackDog https://www.blackdoginstitute.org.au/education-training
- Question Persuade Refer https://suicidepreventioncentralcoast.org.au/question-persuade-refer-qpr/
- HNECC PHN https://www.hneccphn.com.au/education/
- Suicide Prevention Resource Centre http://www.sprc.org/
- Mindframe Reporting Suicide https://mindframe.org.au/suicide/communicating-about-suicide
- Mental Health First Aid https://mhfa.com.au
- Wesley Mission https://www.wesleymission.org.au/find-a-service/mental-health-and-hospitals/suicide-prevention/training

Relevant HealthPathways

- Suicide Ideation and Intent (HNE)
- Referral to Specialist Mental Health Services (HNE)
- Non-clinical community mental health support (HNE)
- Mental health family and carer support (HNE)
- Patient mental health hotlines and telephone counselling (HNE)
- Suicide Ideation and Intent (CC)
- Mental Health Referrals (CC)
- Mental Health Psychosocial Support (CC)

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2 Your first point of contact and your parter in recovery: The GPs role in mental health care.2019. Retrieved from The Conversation: https://theconversation.com/your-first-point-of-contact-and-your-partner-in-recovery-the-gps-role-in-mental-health-care-124083

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3 Mental Health in Australia. 2020. Retrieved from Australian Government Department of Health: https://www.health.gov.au/health-topics/mental-health#:~:text=Almost%20half%20of%20all%20Australians,affective%20disorders%2C%20especially%20depression

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11 Standards for General Practices 5th edition. 2017. Retrieved from Royal Australian College of General Practitioners: https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/racgp-standards-for-general-practices-5th-edition.pdf

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HNECC PHN acknowledges the traditional owners and custodians of the lands that we live and work on as the First People of this Country.

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