
CONFERENCE ABSTRACT

No Funding for mental health in chronic disease? HIP found a way down the K10 highway.

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Introduction/Background: The Health Independence Program (HIP) at Werribee Mercy Hospital (WMH) is an integrated multidisciplinary model of care providing a responsive and flexible approach between acute health services and community and social support services.

Problem statement: A significant number of HIP clients struggled to engage and achieve their physical rehabilitation goals due to the impact that chronic illness had on their mental health. ANMJ suggest 'In Australia, the separation of mental and clinical healthcare funding has made integration of care impossible to achieve in the practical setting' (ANMJ, 2015). What, if any assessments and treatment options could be considered to support the clients attending HIP?

Aim & theory of change: The Kessler Psychological Distress Scale (K10) was identified as the most appropriate tool for use alongside HIP's comprehensive physical assessment to integrate physical and mental health care within HIP and for the community stakeholders. The K10 is utilised within the GP practices and readily translates between sectors (Kessler, R.C., Andrews, G., Colpe, .et al 2002).

Targeted population and stakeholders: All clients attending HIP are screened using the K10 tool.

Stakeholders: include HIP clinicians, WMH community liaison psychiatry, community psychologist and psychiatrists, generalist counselling staff at community health services and the GPs caring for these clients.

Highlights:

- Innovation: Using K10 provided for early identification/intervention of client's mental health issues that could be addressed/treated during their physical rehabilitation episode. Communication and sharing of information was made easier with a screening tool that crossed all health sectors and provided dialogue between the client and their GP.

- Impact: A calibrated response depending on the K10 score was established for all clients of HIP with appropriate treatment and referrals to services established. Clients were better placed to address their goals when attending HIP due to a more holistic approach. " If I get my medication for depression right and feel better I won't drink as much" (Statement by HIP client – Mary, April 2019)".

- Outcomes: Client's self-reported greater autonomy to direct their care planning having addressed their mental ill health. Clients are empowered to act on recommendations i.e. speak with their GP re: care plan for psychological support.

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Recognition of the extent of the issue - 30% of all HIP clients screened each month scored 30/50 or above in their K10 indicating severe mental ill health.

The service gap between physical and mental health services has been reduced leading to better communication and options for treatment.

Partnerships are established with internal and external agencies, i.e. GP's improving and simplifying communication-using K10.

Conclusion: Holistic care addressing both mental and physical health issues, it would appear, has the potential to improve the overall health outcomes for those with mental illness (The Lancet 2014).

References:

- 1- Australian Nursing and Midwifery Journal. Holistic care approach. Pg 38. Vol:22, 8 March 2015.
- 2- Editorial, The Lancet, 2014; 384:1072
- 3- Kessler, R.C., Andrews, G., Colpe, .et al. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. Psychological Medicine, 2002;32;959-956.