



## **Mental Health Case Study: Doutta Galla Community Health**

Doutta Galla Community Health Service (DGCHS) operates across 11 sites across the Cities of Melbourne and Moonee Valley. DGCHS operates a medical clinic from its Kensington site with 2.1 EFT GPs, a 0.8 EFT practice nurse and a part-time practice manager. The clinic staff work closely with other community health staff, with and a range of allied health and nursing staff providing care in collaboration with the GPs and practice nurse.

### **Provision of MBS-funded Mental Health GP Services**

DGCHS have embraced the *Better Access* item numbers as a one method of providing structured psychological assessment and therapy services to clients. Responsibility for Medicare billing and screening clients to ascertain their eligibility for certain MBS-funded services has been embedded into the position description of one of the administrative staff by the practice manager, who then reports monthly on billing targets to enhance the viability of the medical clinic. This role includes screening all clients through the medical billing system to see who is eligible for MBS services such as health assessments, chronic disease care plans and mental health care plans. The practice manager assists by identifying item numbers that may be used to fund clinical work, and these are discussed at fortnightly team meetings. If agreed that the items would assist, eligible clients are identified and a process is established to offer them a service funded through the item number.

DGCHS's analysis of client eligibility for care planning services will be enhanced by a thorough analysis of their client data with use of a software product called 'Pen Clinical Audit Tool'<sup>1</sup>, provided through the division of general practice, in conjunction with 'Pracsoft'.

### **Engaging a Mental Health Nurse**

In 2007 DGCHS became aware that the Melbourne General Practice Network (MGPN) was employing a group of nurses through the Commonwealth's Mental Health Nurse Incentive Scheme<sup>2</sup>. Due to the strength of their relationship, DGCHS and MGPN negotiated a model whereby a nurse would be located at DGCHS's Kensington site. In 2007, a mental health nurse began working at DGCHS.

The nurse's role is to support delivery of client services planned through the *Better Access* MBS-funded mental health care plans. She has been granted access to the medical software system used at DGCHS to help her review clients' progress against their mental health care plans, assisting with medication, helping the client negotiate the health service and welfare systems, liaising with family and carers, helping clients implement non-pharmacological approaches to managing their care, and liaising with community outreach services and other GPs in the area. The mental health nurse also works with other staff to strengthen relationships with case workers and with DGCHS's Mental Health and Complex Needs Program which provides a range of community mental health services. Referrals to the mental health nurse are also accepted from private GPs.

### **Enablers**

- Partnership approaches - DGCHS have worked diligently, particularly over the last 2 years, to improve relationships with other organisations and case workers. The relationship with the local division of general practice reached a level of trust whereby the division was prepared to locate one of their staff (the mental health nurse) on site at DGCHS, and has strengthened the provision of ongoing division services to DGCHS such as practice visiting. Additionally, local case workers are now comfortable to visit DGCHS, often with clients, to

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<sup>1</sup> For further information see <<http://www.nevdgp.org.au/?content=13>>

<sup>2</sup> This scheme provides non-MBS incentive payments to community-based general practices, private psychiatrist services and other appropriate organisations that engage or retain mental health nurses to assist in the provision of coordinated clinical care for people with mental disorders in the community.  
<[www.racgp.org.au/mentalhealth/nurses](http://www.racgp.org.au/mentalhealth/nurses)>

link them into services – they know the administrative staff and they know they will be welcomed.

- MBS billing - though GPs have always agreed on care plans with clients to improve their mental health, they are now assisted to bill appropriately for these services. For example in the past a GP may have claimed a long consultation item (item #44, \$91.70), whereas they are now assisted to bill a GP Mental Health Care Plan (item #2710 \$153.30). All GPs at the service, and administrative staff, have agreed on appropriate MBS billing targets in their position descriptions as well. "It's not about throughput.. it's about billing appropriately [whilst] also working to ensure that the GPs, nurses and clients are satisfied with the level of care being provided" says practice manager Janina De Silva.
- Working collaboratively - Douтта Galla's GPs, mental health nurse, practice nurse, community health nurse and refugee health nurse meet regularly to discuss client cases where mental health issues are prevalent. This has assisted staff to share effective management techniques for specific clients, to support each other, share the workload, and to debrief. It also helps prevent duplication of services.
- Planned approach to ensure client consent for viewing of their records – client consent for the DGCHS GP and mental health nurse to view the client's record is noted in client files in a systematic fashion.

### **Organisational Challenges**

- The mental health nurse found it difficult establishing her program because local GPs (external to DGCHS) were not interested in the mental health nurse initiative. The reasons for the lack of interest include the availability of other pathways for clients to access private psychological services; an unwillingness to learn of new programs and referral pathways; and a feeling that their own service provision may be "under scrutiny".

### **Next Steps**

With the support of the MGPN, Douтта Galla now employs the mental health nurse directly with funding provided through the Commonwealth's Mental Health Nurse Incentive Scheme (\$480 a day). The business model is supported through additional income generated through the mental health nurse contributing to the mental health care plans by performing the assessments and assisting in the care plan reviews, and also through an increase in GP mental health consultations as a direct result of the mental health nurse's coordination support.

Work continues with the Melbourne General Practice Network and DGCHS Mental Health and Complex Needs Program to promote the mental health service and to facilitate greater client access. The mental health nurse is now a fully integrated member of Douтта Galla Community Health Service.

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