MENTAL HEALTH NURSES WORKING WITH GENERAL PRACTITIONERS IN PRIMARY CARE
DESTIGMatisING MENTAL ILLNESS: AN AUSTRALIAN INITIATIVE

Session #2045
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SESSION OBJECTIVES
- Upon completion of this presentation, the participant will be able to:
  - Identify the potential benefits in the integration of Primary and Specialist mental health care through an Australian Government Initiative.
  - Identify how Psychiatric Nurses can help reduce stigma associated with mental illness in primary care through collaborative Practice.

Disclosures: The speaker has no conflict of interest, commercial support, or off-label use to disclose.

PREVALENCE
- An estimated 7 million Australians (45% of the population aged 16–85 years) will experience a mental disorder over their lifetime. In addition, an estimated 3 million Australians (20% of the population aged 16–85 years) will experience symptoms of a mental disorder each year (Australian Institute of Health & Welfare, AIHW, 2011).
ACCESS TO MENTAL HEALTH CARE

- In Australia, people with mental illness access care from community mental health teams (CMHT) which is funded by state and territory governments.
- Also in Australia, GPs provide services to their clients under a fee-for-service arrangement where a rebate up to a schedule is paid by Medicare Australia.

MENTAL ILLNESS & STIGMA

- In spite of significant progress that has been made over the years in terms of treatment for mental health disorder as well as increased public awareness programs, there is still a high degree of stigma associated with mental illness.
- Stigma has been identified as a factor that hinders people who would otherwise have sought help from doing so.

SERVICE INTEGRATION (PRIMARY & SPECIALIST MENTAL HEALTH)

- Primary care for mental health enhances access. When mental health is integrated into primary care, people can access mental health services closer to their homes (World Federation for Mental Health, 2009).
- Primary care also promotes respect of human rights. They also remove the risk of human rights violations that can occur in psychiatric hospitals setting (World Federation for Mental Health, 2009).
Studies show that people with a concealable stigma such as a mental illness try to avoid the stigma by “staying in the closet”. They deny their group status by not wanting to associate with institutions that would identify them, such as public mental health systems (Corrigan, 2004).

Mental health services delivered in primary care minimize stigma and discrimination (World Federation for Mental Health, 2009).

According to Thielke et al (2007), there is strong evidence that the best outcomes for treating common mental health disorders in primary care comes from a “collaborative care approach” in which primary care and mental health providers collaborate to provide care in an organised way to manage common mental illness.

Historically, Community Psychiatric Nurses in Australia have worked as part of Community Mental Health Teams which are usually part of a larger public general hospital where they deliver care to people with severe mental illness and other minor disorders within a multidisciplinary team structure.
CURRENT STUDY
- This current study evaluated an Australian Government Initiative (MHNIP) which sees Mental Health/Psychiatric Nurses working alongside General Practitioners (GP)/Family Physicians (FP) in Primary Care.
- Semi-Structured Interviews (n=22 Psychiatric Nurses) and Questionnaires to Psychiatric Nurses (n=87) and GPs/FPs (n=68).

RESULTS FROM THE STUDY
- Since the introduction of the MHNIP, there has been an improvement in mental health seeking behaviours of people with a severe mental illness.
- Clients who would normally be avoidant of psychiatric services are engaging with psychiatric nurses at the primary care level.
- The MHNIP has also increased access to the so-called “non-squeaky wheel” clients in the community.

RESULTS FROM THE STUDY
- Most of the participants in this study noted that the presence of a Psychiatric Nurse in General practice has provided more treatment options to people with a severe mental illness.
- The service has been viewed by the clients as less threatening as to what occurs at public Community Mental Health Teams.
- Other practice staff members such as GPs and Practice Nurses have a better awareness of mental health issues.
RESULTS FROM THE STUDY: QUOTE FROM STUDY PARTICIPANT

- “I’ve found they’re more willing to come and see you in a General practice setting. There is less stigma coming here as opposed to Mental Health Service, coming here, so they’re getting seen by the GP, so people just see them in that way too.” (Par #7)

QUOTE FROM STUDY PARTICIPANT

- “It’s interesting you mentioned the stigma, because I had someone actually in the waiting room, like they weren’t one of my patients, but they asked me ‘what do you do here?’ and I said ‘I’m a counsellor’ and they went into the doctor and said ‘I want some of that.’” (Par #12)
- “So it’s a different cohort completely. And they’re often people who fit into that 60% that the literature says never go near mental health services. And in some ways they are what have been termed the ‘non-squeaky wheels.’” (Par #2)

CONCLUSION

- Integration of mental health care with General Practice has a significant impact in Destigmatising mental illness and improving health seeking behaviours.
- Psychiatric Nurses are able to engage in health promotion activities in primary care to increase awareness of mental health issues.
REFERENCES


- World Federation for Mental Health (2009). Mental Health in Primary Care: Enhancing Treatment and Promoting Mental Health