



Mental Health Nurses Transition Across Settings: Design Facilitation and Evaluation

PURPOSE

The Australian College of Mental Health Nurses (the College) has engaged Healthcare Management Advisors (HMA) to support implementation of *The Mental Health Nurses Transition Across Settings Project* (the Project).

The Project has been developed to address the lack of mental health nurses working in primary care settings throughout Australia.

This information bulletin describes the context of the Project, outlines the project method, introduces the HMA team and provides contact details for people seeking further information.

CONTEXT

The primary employer of mental health nurses (MHNs) at present are the public hospital system and, to a lesser degree, private hospitals operating mental health programs. The role of MHNs is primarily within the acute setting. MHNs may also be involved in community programs funded through state / territory public mental health systems.

However, a large proportion of people with complex mental illness live in the community – often with limited support. In 2008, the Mental Health Nurse Incentive Program (MHNIP) was developed to support individuals through a model of care that involved:

- GP care coordination, with responsibility for more regular support delegated to an MHN, and
- sessional payments funded through GP practices or Medicare Locals.

In 2016, the National Mental Health Commission undertook a *Review of Mental Health Programmes and Services* (the Review). In response to the Review, the Australian Government outlined a new approach to mental health and suicide prevention funding and reform. A key component of the reform is the emphasis of a *stepped care approach*, which focuses on service delivery matched to the needs of stratified groups of individuals.

Consequently, programs such as MHNIP have ceased and Commonwealth funded primary mental health programs have been transitioned to Primary Health Networks (PHNs). PHNs are now responsible for commissioning local mental health arrangements, guided by the Commonwealth's broad planning parameters. The role of PHNs is based around service commissioning rather than delivery. As a result, PHNs do not have obvious mechanisms to facilitate employment of MHNs in a primary care setting.

AIM

The project aims to explore a variety of employment models that facilitate MHNs to work in the primary care setting, including shared care arrangements between Local Health Districts (LHD) and GPs. Flexible employment arrangements allowing MHNs to work in both the acute (hospital) and primary care (GP) settings would provide employment security while permitting MHNs to expand their practice to a primary care environment.

PROJECT APPROACH AND TIMING

The project will be conducted in eight stages:

Stage 1: Initial scoping. A meeting between the College and HMA to initiate the project and confirm the approach being applied to ensure there is a common understanding, and a finalisation of deliverable dates and outcomes.

Stage 2: Environmental scan. Establish a survey tool to assess models currently being used by PHNs consisting of a literature review and scoping interviews to identify workforce transition models operating across similar (acute and primary health) settings, ideally in a mental health context.

Stage 3: Scoping, including initial pilot site consultation. Using information collected in the environmental scan, HMA will consult with agencies in the three pilot site locations e.g. LHDs, PHNs and commissioned agencies (NGOs) to identify the nature of employment barriers encountered by MHNs in moving from an acute employer setting to a community setting.

Stage 4: Draft manual development. Using the information collected previous stages, HMA will develop a draft manual containing tools and templates for new employment models. This will outline proposed approaches that supports MHN employment by PHN commissioned agencies

Stage 5: Consultation with pilot sites. Using the draft manual developed in Stage 4, we will work with pilot sites to identify suggested changes to the manual and refine the proposed employment transition workforce models.

Stage 6: Sign-off, prior to pilot commencement. Feedback from Stage 5 will be incorporated to finalise the pilot manual, which will then be used to facilitate implementation at pilot sites.

Stage 7: Pilot implementation. Pilot sites will recruit MHNs willing to work under the new arrangements. In this stage, we will provide telephone support to pilot sites implementing the new employment models.

Stage 8: Formative evaluation. The goal of this stage will be to undertake a formative review of the pilot implementation of workforce transition models. The evaluation will focus on program-specific impacts on mental health nurses across the pilot sites.