

Project Title – Multi-disorder Mental Health Assessment – A Paradigm Change In Mental Health Education

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The Problem

Mental ill-health or mental disorders affect hundreds of millions of people and, if left untreated, create an enormous toll of suffering, disability and economic loss. By 2020 just one mental disorder, depression will be the largest contributor to the global disease burden. People with these disorders are often subjected to social isolation, poor quality of life and increased mortality. In Australia someone commits suicide every three and a half hours. Mental Health disorders are also the cause of significant economic and social costs borne by individuals, governments and businesses. The impact of mental ill-health on Australian productivity is estimated at \$30 billion dollars per annum.

Consider this:

The mole on your cheek is getting bigger. You're worried. You go to the doctor and she's worried too and sends you to a skin specialist who arranges a biopsy. It's an early stage cancer and you've got it just in time. A simple operation and your mind's at rest. Your family is relieved. You've dodged a bullet.

A mammogram shows a lump in your right breast. Your mother had breast cancer, so you are very worried. The family rallies round and the doors of the health system swing open for you. You have a minor operation and there is no sign of spread. You recover surrounded by flowers and chocolates.

Your 21-year-old son is becoming more and more withdrawn. He's saying some weird things. He's dropped out of his course and is smoking marijuana daily. You finally persuade him to see your GP but he won't open up in the 10-minute appointment. The GP says call the CATT team, but they say you need to take him to the emergency department. He won't go. He is more and more confused and frightened. So are you and the family.

Your 16-year-old daughter is having panic attacks. She is tearful and depressed and has been harming herself. She has seen the GP, who suggested she do some exercise and has referred her to a part-time psychologist. She is hearing voices but you can't get an appointment with a recommended psychiatrist for five months. You are frantic, because one of her friends was killed after jumping in front of a train last week.

*In potentially serious physical illness, early diagnosis and rapid access to quality specialist care is taken for granted. It is not only a potential life saver, but in chronic illnesses such as diabetes, asthma, stroke and heart disease, early intervention prevents or delays disability. **The same is true in mental illness.** But most Australians are subject to a form of apartheid within our health system, with two different sets of experiences and expectations for physical and mental health.*

Herald Sun June 12, 2013

Pat McGorry, Australian of the Year in 2010

It is widely acknowledged that in all countries primary care physicians play a vital role in the delivery of mental health care. However **access** to mental health care in Australia remains a problem. For example, in Australia 90% of people with physical illness can gain ready access to quality care but only 35% of those with mental ill-health do.

And when those 35% do access care, significant systemic issues and imbalances mean that most GPs struggle to provide an **accurate** assessment of common mental health disorders. A 1998/1999 Australian National Audit of general practices was conducted throughout Australia involving 46,515 patients attending 386 GPs. Its objectives included measuring prevalence of common mental health disorders and prevalence of recognition of mental disorders by GPs. According to the findings these GPs did not recognise mental disorders that were present in 56% (11,922 out of 21,210) of patients. If this were the case for a cancer, there would be a national enquiry.

When it comes to physical health assessments, GPs direct their enquiry in a comprehensive way reviewing symptoms to see if a condition is cardiovascular, endocrine, respiratory, etc and they will also ask questions about past and family history and medication history. This is often then supplemented by relevant investigations such as blood tests, x-rays etc. Multi-disorder assessment is what happens every time a GP sends someone to a pathology lab for blood tests. The pathology lab runs a **series of tests** on the blood taken to confirm or rule out particular diagnoses - they don't run a single test.

When it comes to mental health, most people will present with multiple co-morbid mental health conditions and yet most GPs run a **single test** – they will likely use a single disorder assessment tool. This is like referring you to pathology to run a single blood test to confirm their view of one possible physical health diagnosis. That would be unheard of and considered negligent practice in the context of assessing physical health so why is it allowed when assessing mental

health. Use of multi-disorder assessment tools should be a 'requirement' to increase the chances of arriving at an accurate clinical diagnosis.

The Solution

The Mind Screen® is the world's most comprehensive online multi-disorder mental health assessment system and a catalyst for global transformational change in mental health. The Mind Screen has been described by Harvard as:

"...the only multi-disorder clinical psychiatric online self-assessment tool developed specifically for family physicians and psychologists that is available today. Its innovative process is a paradigm shift in the way mental health issues are assessed and will significantly improve the quality of diagnosis, treatment and patient management by primary care practitioners. If implemented widely, the Mind Screen can in my view provide a global gold standard in early detection and intervention for mental health difficulties."

Developed in Australia, the Mind Screen is a secure web-enabled clinical psychiatric assessment system that delivers better mental health outcomes for patients. It was developed by GPs, psychiatrists and psychologists to overcome the constraints and impediments that compromise timely, accurate and continuing clinical diagnosis and care. It collects clinical information and provides preliminary assessments for 30 mental health disorders, along with duration, severity, past and family history, medication and side effects history; a suicide alert; reporting on physical, sexual and emotional abuse and notification of possible brain injury.

The Mind Screen generates an Assessment Report and Mental Health Plan which is a confidential document sent only to the referring practitioner. The comprehensive nature of this report means time pressed practitioners get more detailed information, more quickly to help them make accurate and timelier diagnoses. They can then make better informed treatment or referral decisions which lead to patients getting better faster.

The Mind Screen was developed to improve the unacceptably low rate of recognition of mental health disorders identified in the 1998/1999 National Audit.

Affecting Behaviour Change with a Proactive Review Approach to Continuing Medical Education

Having the world's leading mental health assessment system on its own is not enough. Innovation diffusion, the ability to have new innovations adopted, is notoriously difficult in the medical sector. The solution is to incorporate any training related to an innovation into their daily work flow. Called a 'Proactive Review Approach' to continuing medical education (CME), it will lead to an increased uptake of the Mind Screen by Australian practitioners and will **ensure more Australians can access early multi-disorder mental health assessment**. This is what we are seeking funding for.

GPs all undertake Continuing Medical Education (CME) to maintain and improve professional competence, to enhance career progression, keep abreast of new technology and practices and to comply with professional regulatory organisations. Under Australian Law, which governs the operations of the National Boards and AHPRA, all registered health practitioners must undertake CME.

Many GPs lack confidence and competence in the area of mental health and anything that helps them restore their confidence and competence will result in them understanding the benefits of multi-disorder mental health assessment. They will never go back to asking a few questions off the top of their head.

GMS has scoped a 'Proactive Review' CME program with a leading Australian registered training organisation (RTO). The Proactive Review program requires participating GPs to improve their assessment of mental health disorders and targets long term GP behavioural change. It includes 6 hours of structured education comprising three parts: Pre-education components (personal learning needs assessment, patient case note review, personal reflection), education components (learning modules and assessments), and post-education component (patient consultation review, patient consultation follow-up review, personal evaluation). The Proactive Review model will also ensure GPs better understand the significant co-morbidity between mental health and physical health conditions.

The project would initially aim to have over 1000 Australian practitioners go through the Proactive Review program with future programs being self-funded.

Funding

Work on this new approach to mental health assessment has been pioneered in Western Australia. Funding for the Proactive Review CME program will accelerate the rollout of the Mind Screen's paradigm changing approach to mental health assessment and make access to early multi-disorder assessment a reality for millions of Australians.