



Primary Care Practitioners Mental Health Services Survey 2023 Report

Introduction

The purpose of the survey was to capture a snap-shot of community primary care practitioners' experience with the publicly provided mental health services in the ACT. Deepend Canberra, AMA ACT and the CHN recognise the work and reforms currently going on within mental health services. These results are to feed into a series of workshops that will offer guidance to those reforms.

First, quantitative results:

1. the first set of graphs report the experience of all respondents,
2. the second set of graphs report the responses from GPs working in the Deepend compared to those who do not.

Secondly, the document looks at the most recent data from the Wellbeing Framework health care access report for mental health. This provides a consumer / community perspective, albeit less recent being based on 2019 data.

Finally, this quantitative data complements qualitative data also collected by the survey which will be presented separately.

Conclusions

Conclusions from the Quantitative Data

In many ways the high levels of dissatisfaction are not surprising and mirror the 'vibe' which has been present for many years, and which the Health Directorate and Canberra Health Services have been trying to address.

Notable areas for action are the special conditions diagnostic service access, and barriers faced in access overall and particularly for people with mixed substance use and mental health conditions.

A further aspect is that availability and access are more often problematic; however, once a person has entered the service, satisfaction is higher.

Conclusions for the Deepend – not-Deepend comparison

The responses are similar overall. This signals that the factors requiring attention sit at a deeper systemic level and action on these will help both groups. Notable differences are discharge planning from the inpatient units (more of an issue for the Deepend responders) and much higher barriers to access for Deepend patients.

One factor that is difficult to account for here is that the Deepend services care for a heterogenous population and services have different in-house facilities for treatment. These factors may affect the responses.

Conclusions from the Qualitative Analysis

The survey requested free text responses to a number of questions, and some participants shared additional material. There was an overarching theme that GPs expected "kindness and competence" with clear communication, shared decision making between the whole team (including the GPs, patients and carers) and safe handover.

While participants valued some mental health services, they saw the services as patchy, and dependent on the skills and commitment of individuals, rather than the capability of the system as a whole. Some participants described pockets of excellence.

The GPs particularly valued clear communication, and collaboration, particularly where there was continuity of care with the same clinicians.

However, the GPs also recognised that there were significant roadblocks in seeking care that were frustrating, expensive (for the practice and the patient), and frequently dangerous.

Many GPs in this survey felt their expertise, knowledge of the patient and their context, and assessment of patient need, was not considered by the team who needed to administer this form of care.

GPs painted a picture of services that provided erratic, episodic care for many of their patients, and gave some insight into their own helplessness and distress at being willing but unable to care for the most vulnerable patients in the system.

Results

Responders

21 Deepend primary care practitioners and 10 non-Deepend practitioners completed the full survey.

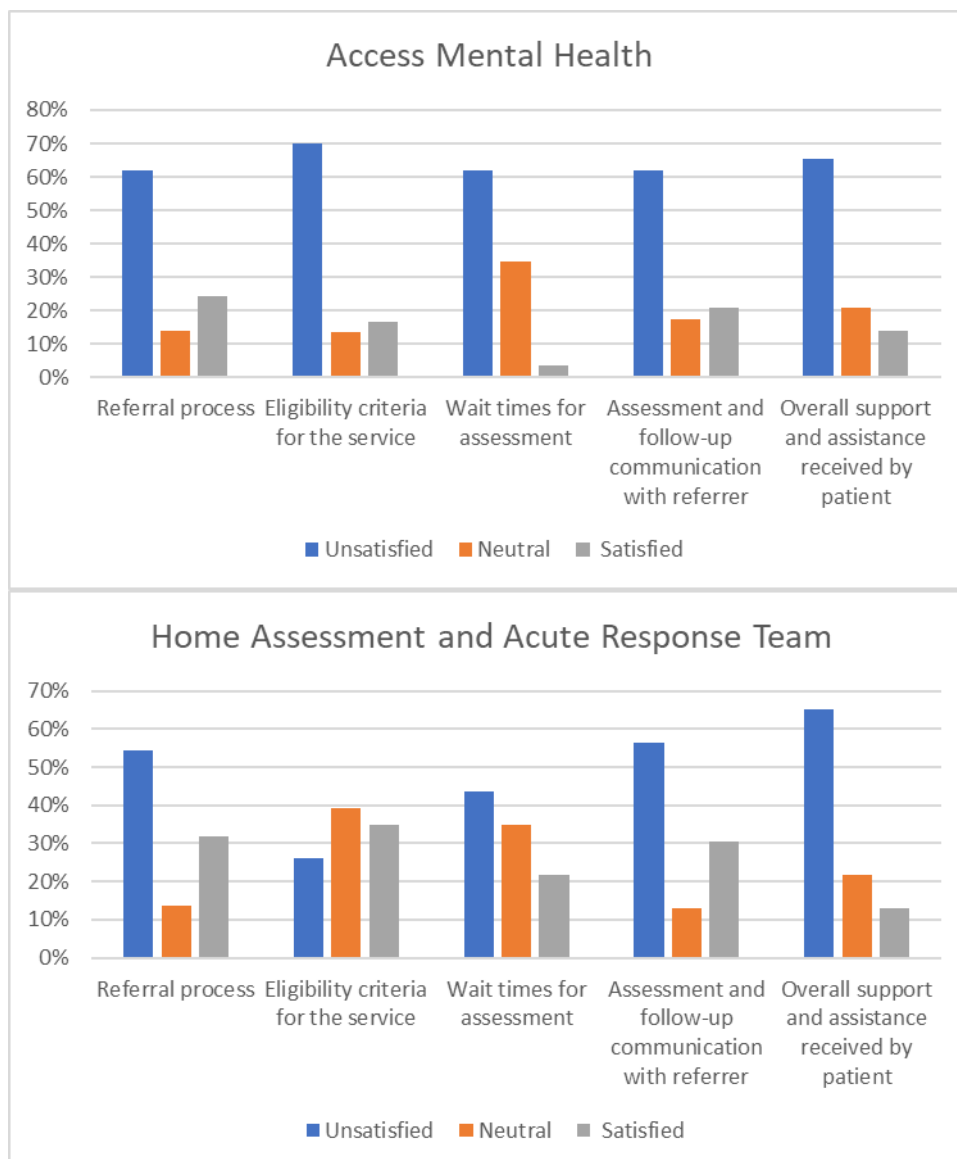
The survey gives a snapshot of general practice / primary care experience of Canberra mental health services. While responses may be a biased sample of those more dissatisfied with the services, we argue that this indicates there are issues to be addressed.

The meaning of a neutral response is unclear; it may mean a middle of the road neither satisfied not dissatisfied, or may mean a mixed / variable experience; either way it means improvement is needed.

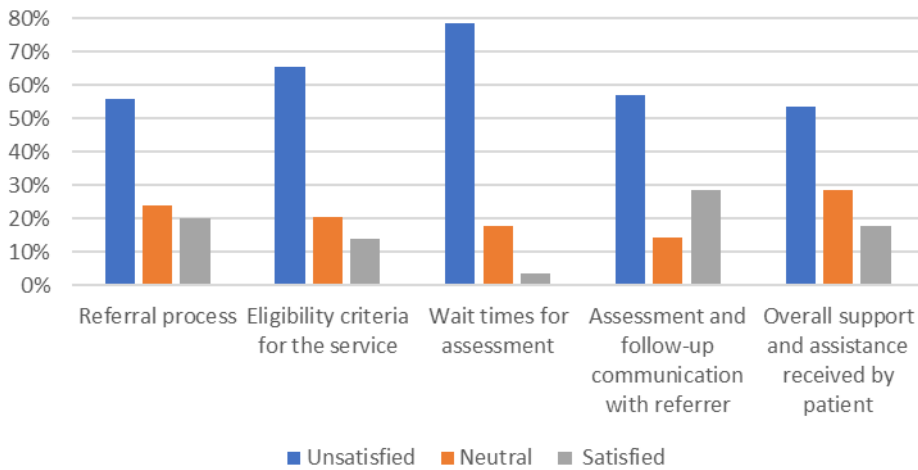
Graphics

This first set of graphs report the percentage of respondents. Non-responders were excluded from the denominator for the questions they did not answer. For ease of interpretation both dissatisfied and both satisfied categories are combined.

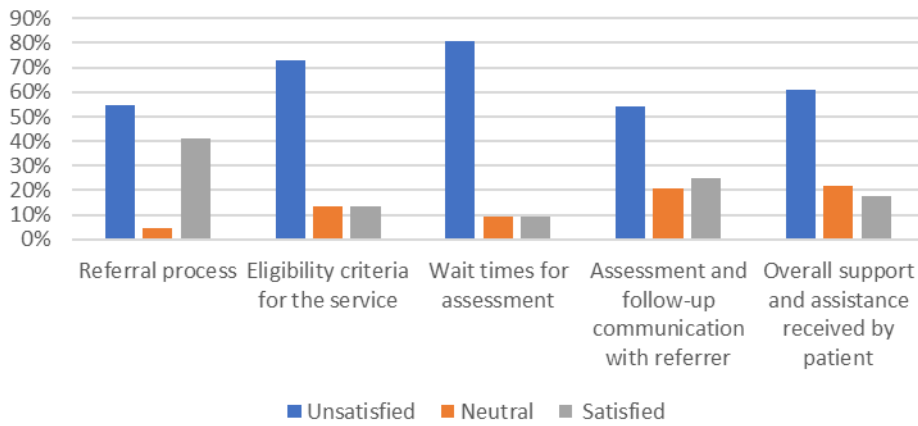
Outreach / Community agencies



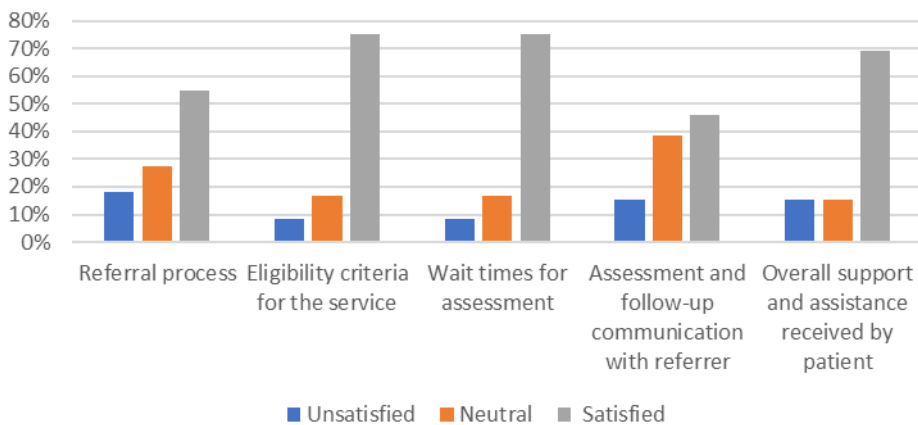
Adult Mental Health Community Teams



Child and Adolescent Mental Health Service Community Teams

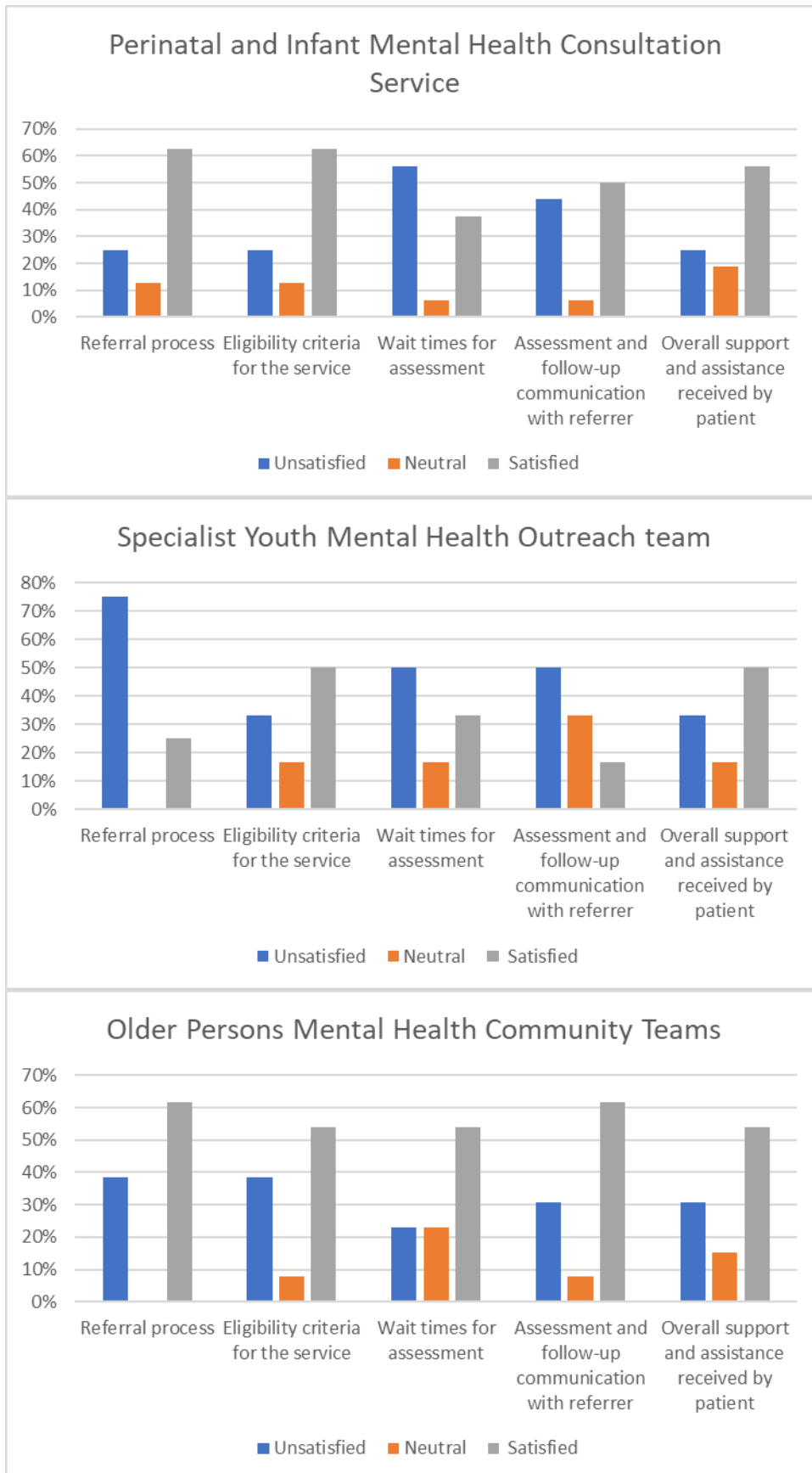


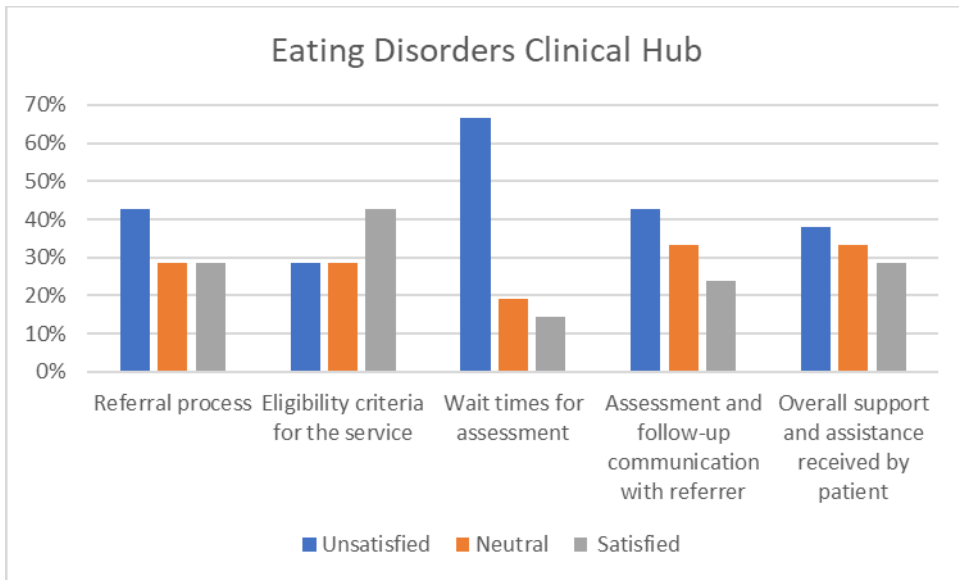
Police, Ambulance and Clinician Early Response team



Specialised Services

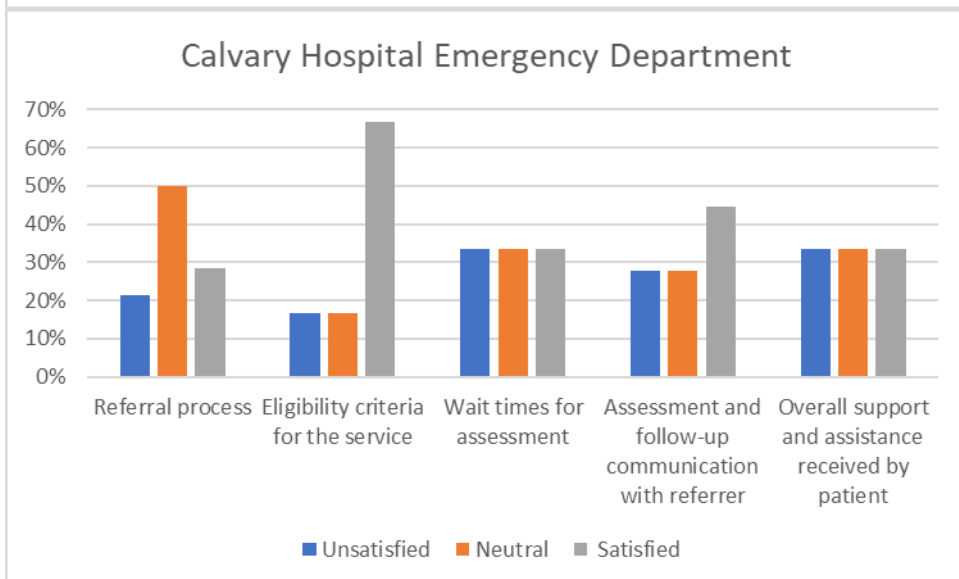
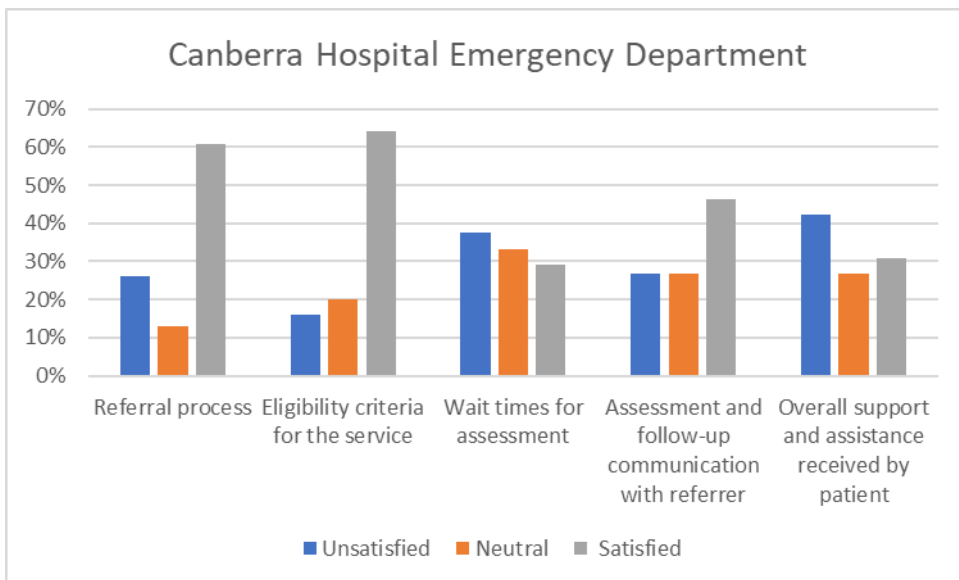
The off-campus services (e.g., Dhulwa, Gawanggal) omitted as numbers were small and so interpretation unhelpful.



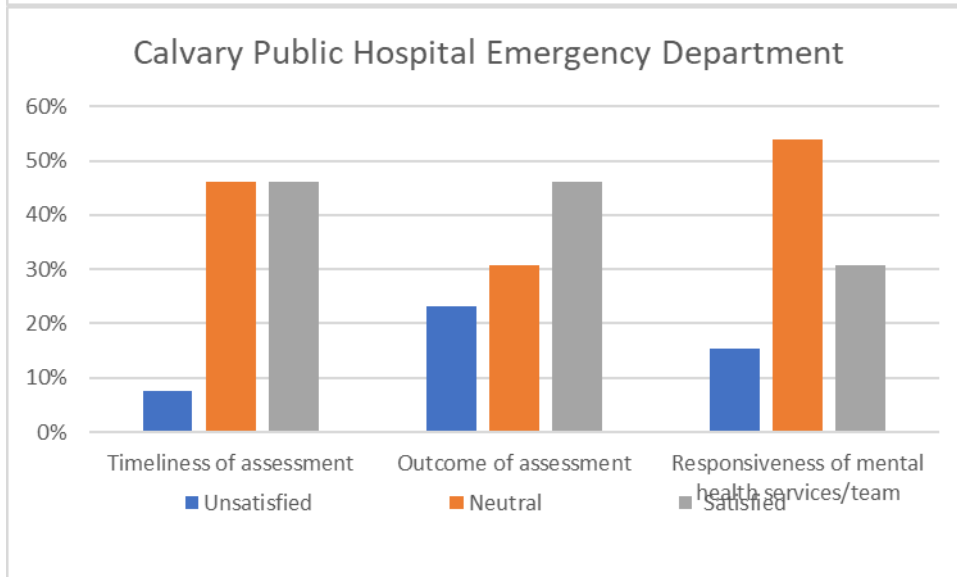
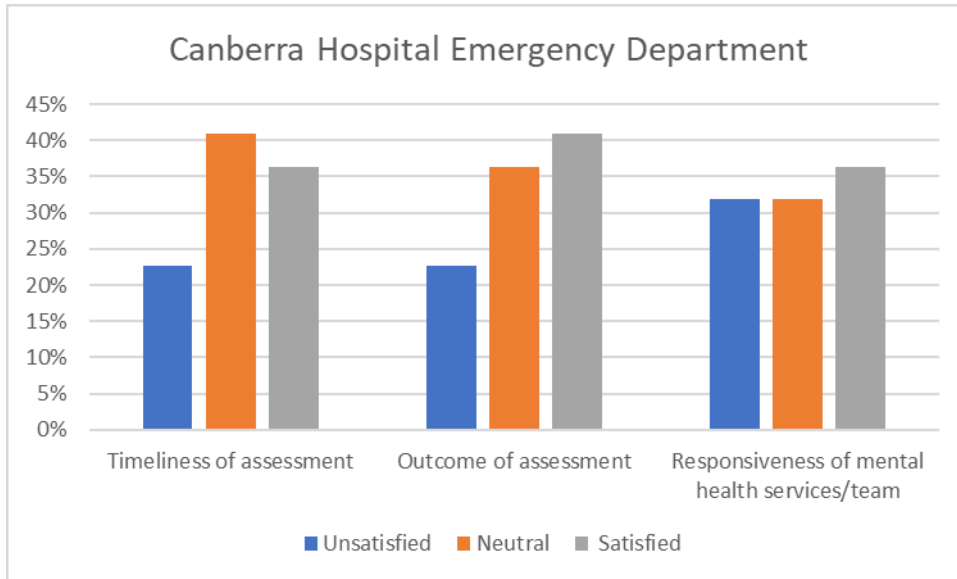


Hospital Emergency Departments

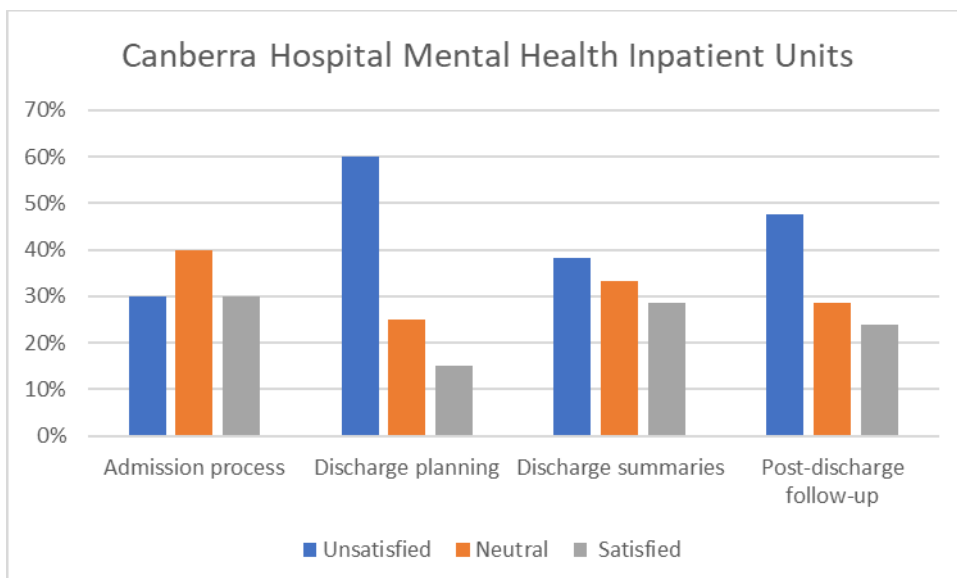
Access, communication and helpfulness

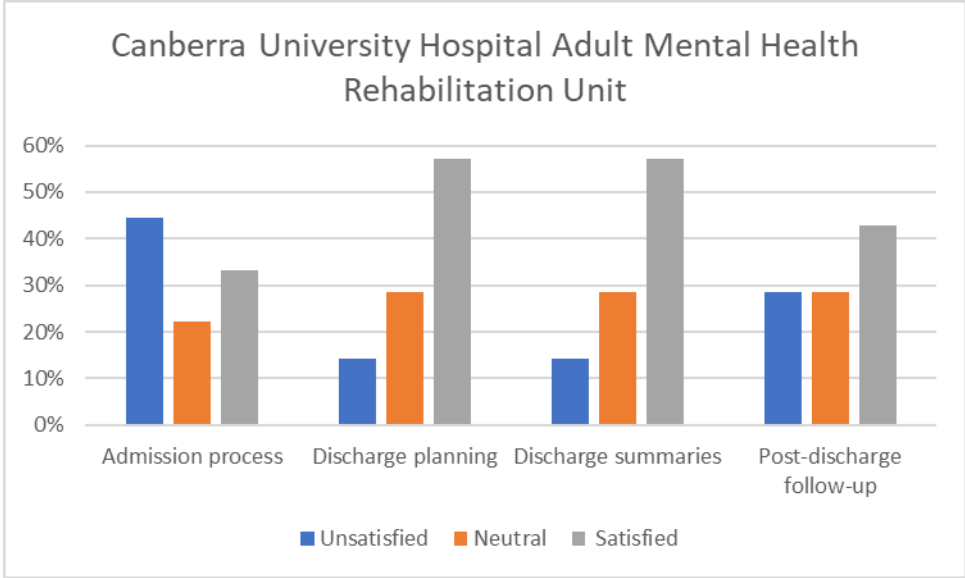
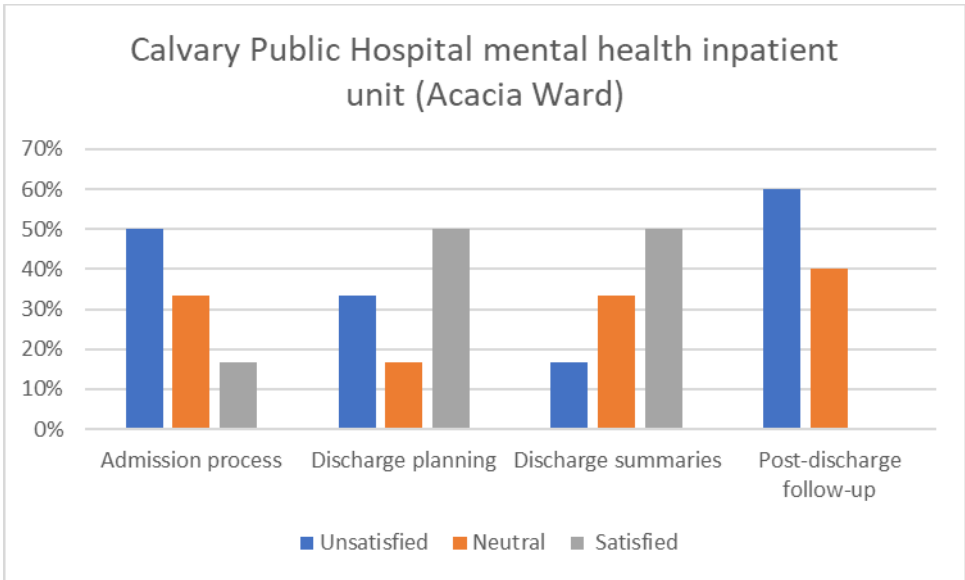


Timeliness, outcome and responsiveness

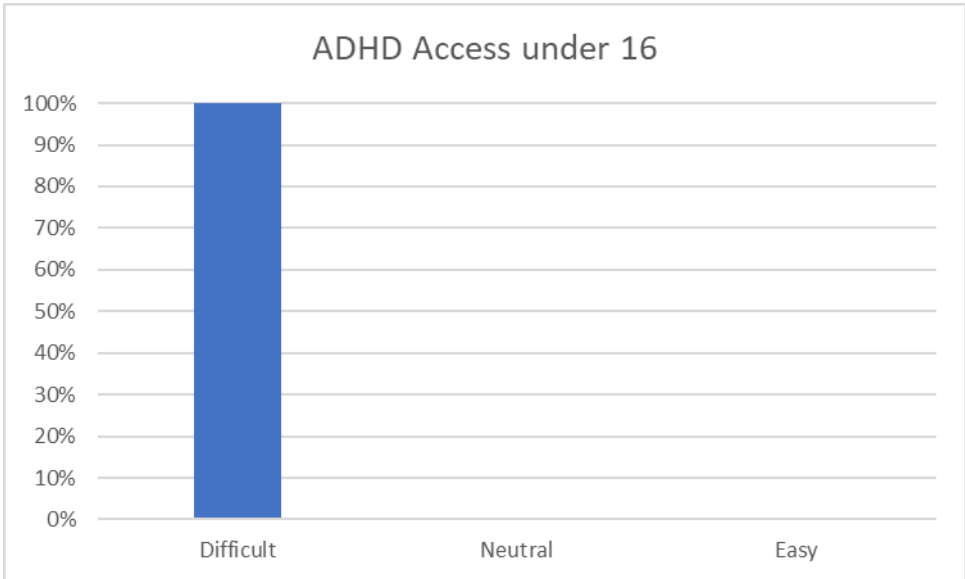


Hospital Inpatient Units

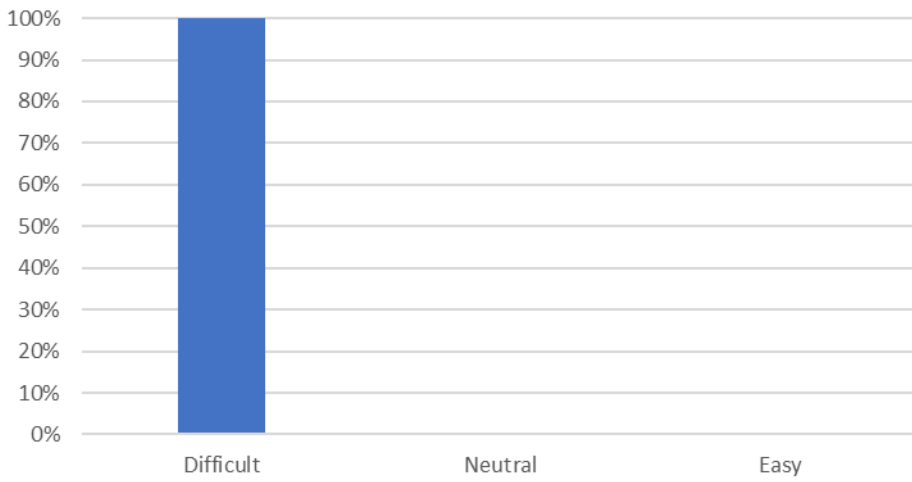




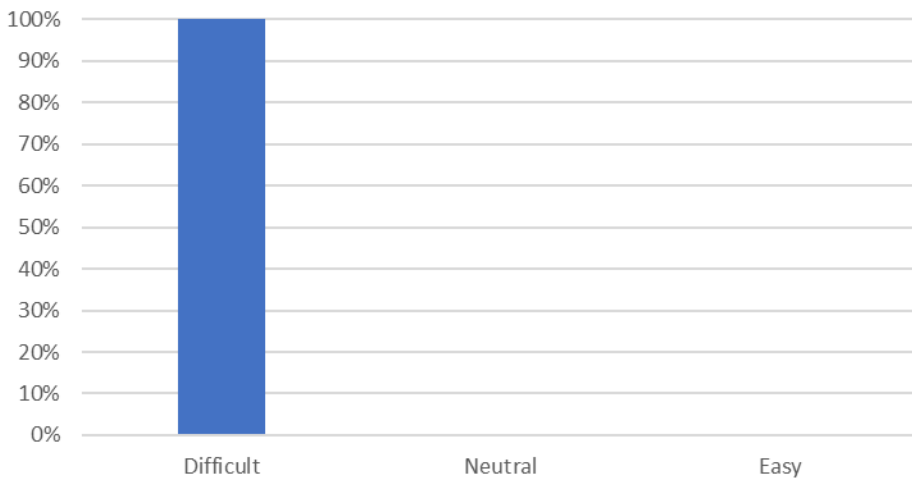
Diagnostic Access, Special Conditions



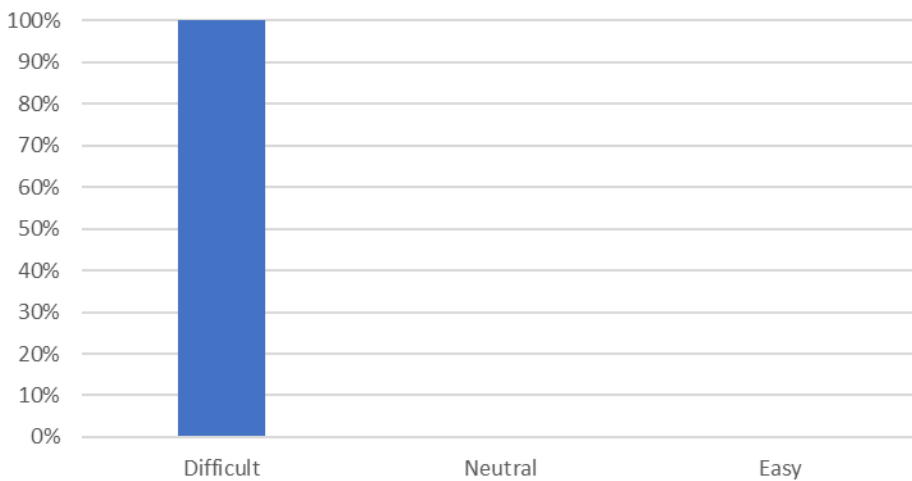
ADHD Access over 16

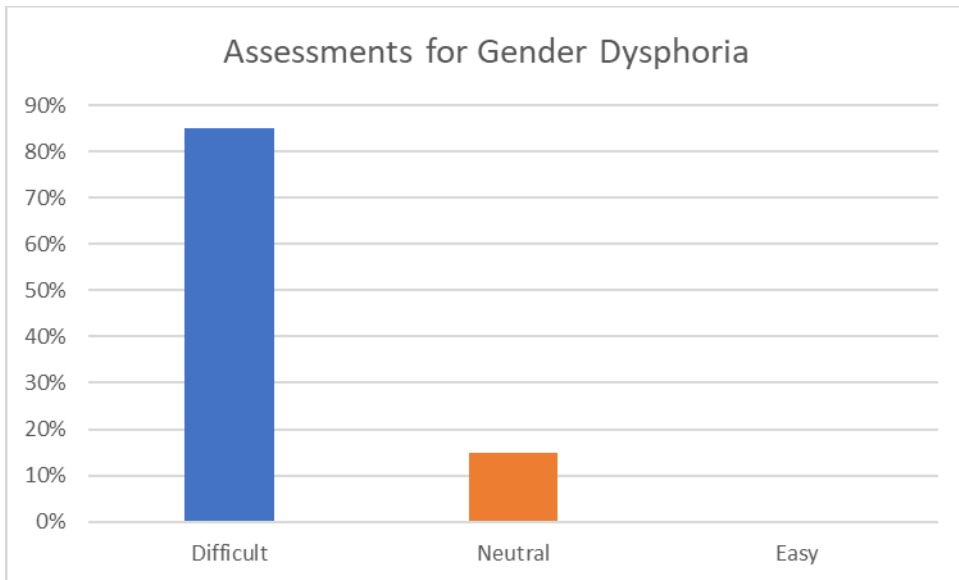


Autism Spectrum Disorders under 16

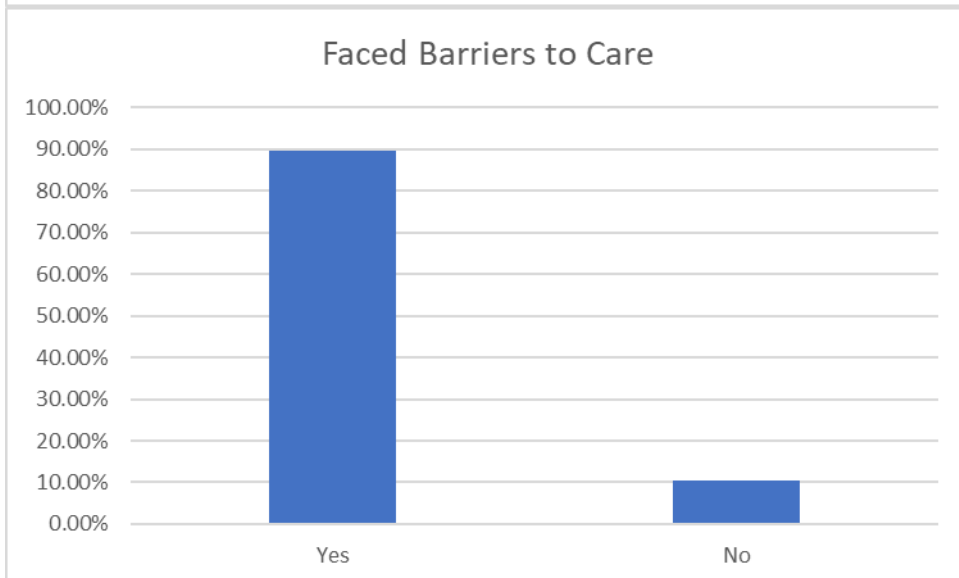
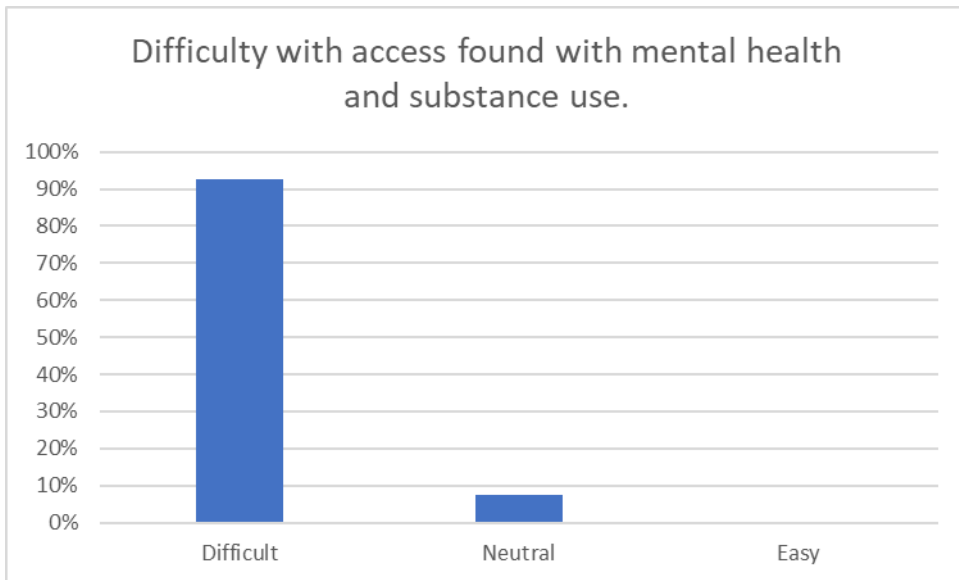


Autism Spectrum Disorders over 16





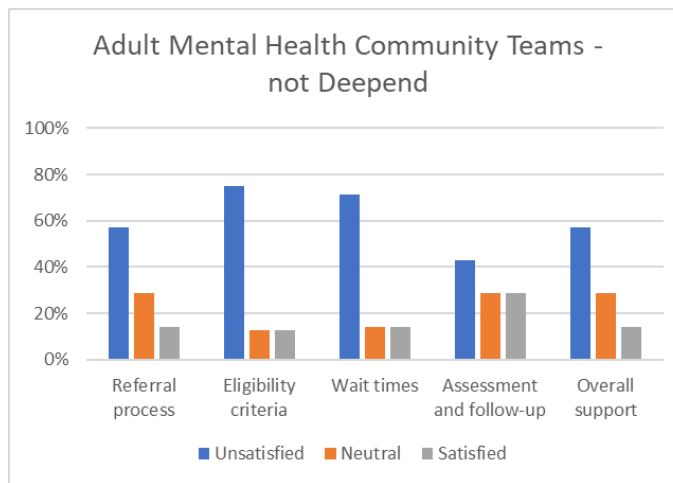
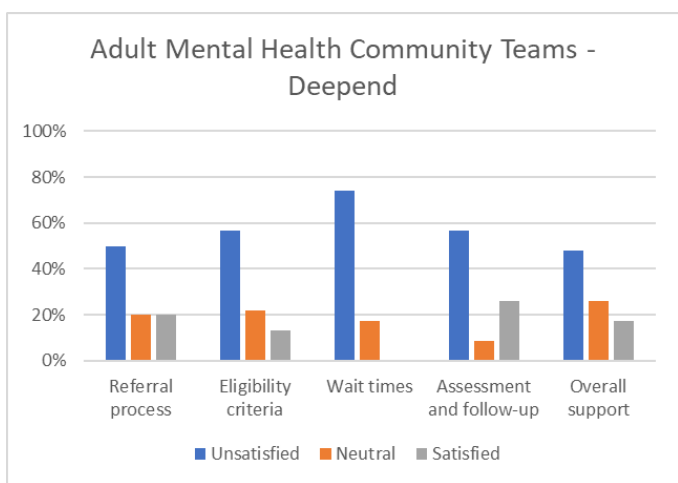
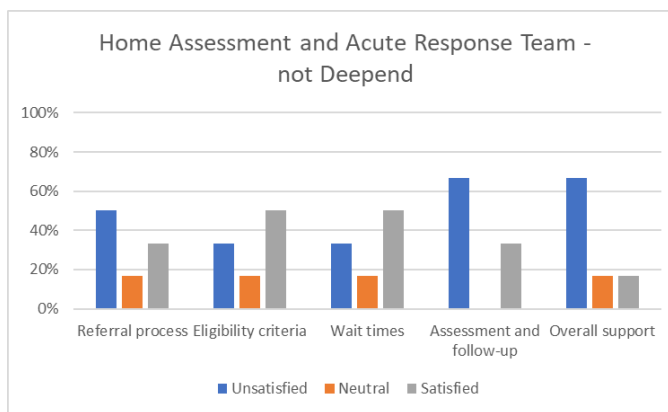
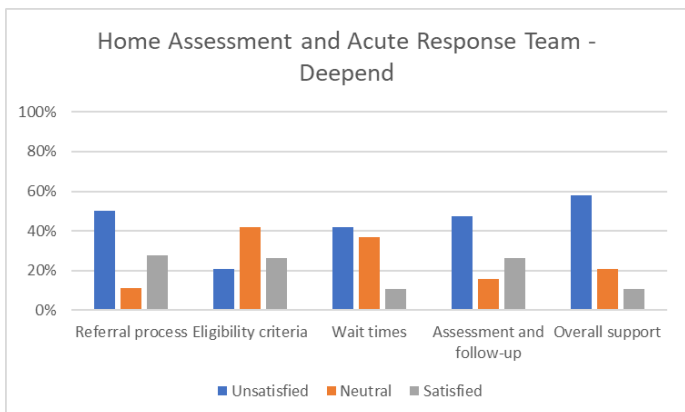
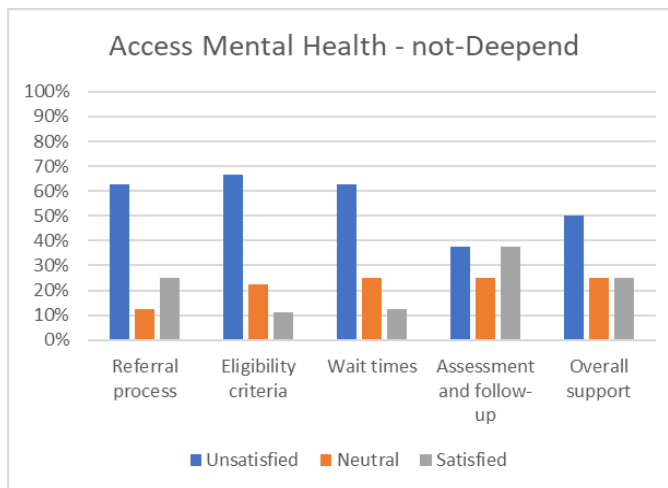
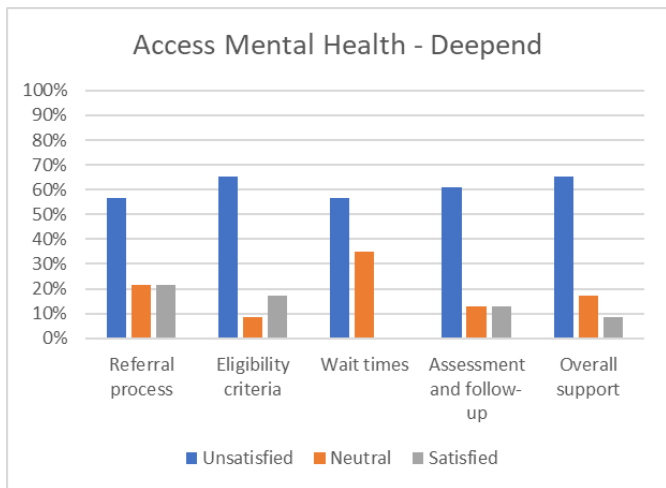
Barriers in identifying the care they needed, accessing that care, or accepting that care

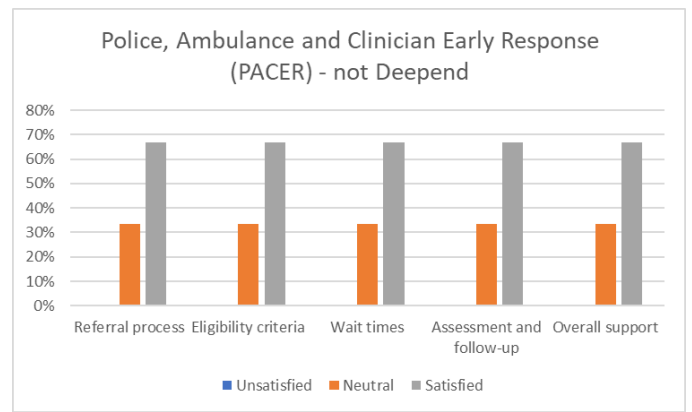
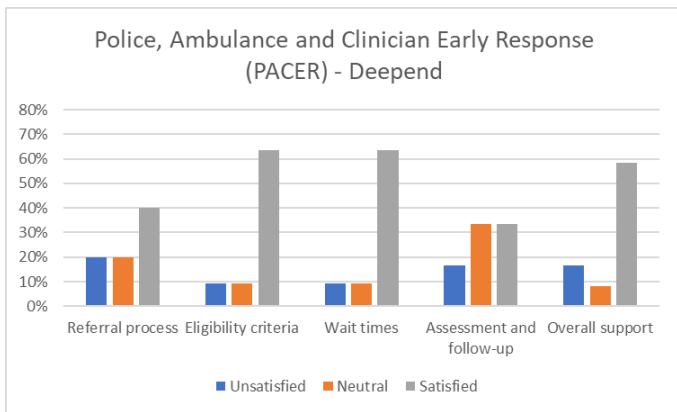
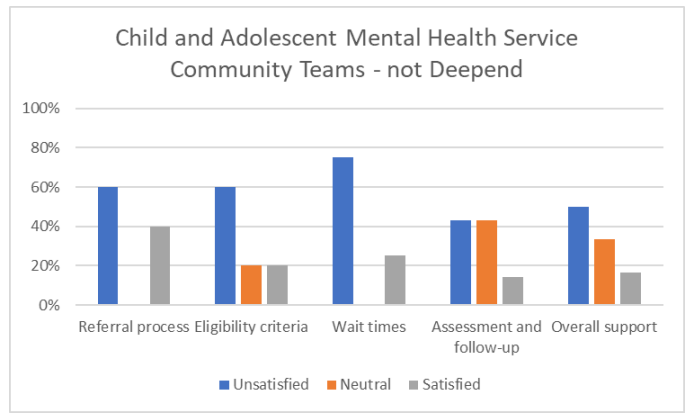
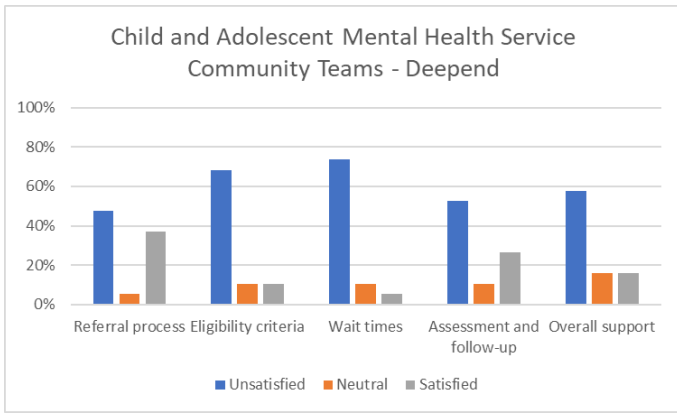


Deepend – not-Deepend Comparison

This Section provides comparison of Deepend Results (left column) and Not-Deepend results (right hand column) with N/A excluded from the denominator. They are given as percentages to permit comparison as rates rather than raw numbers.

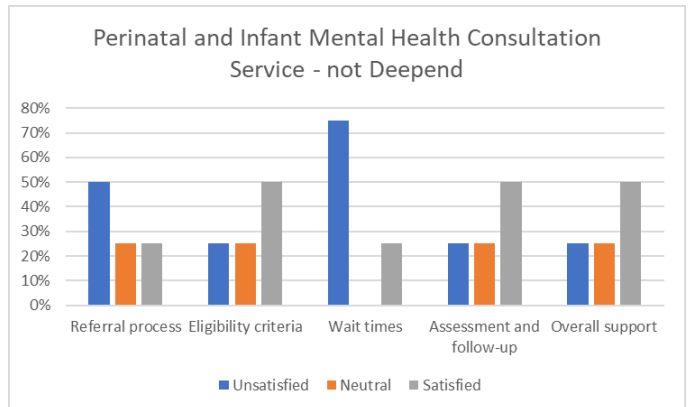
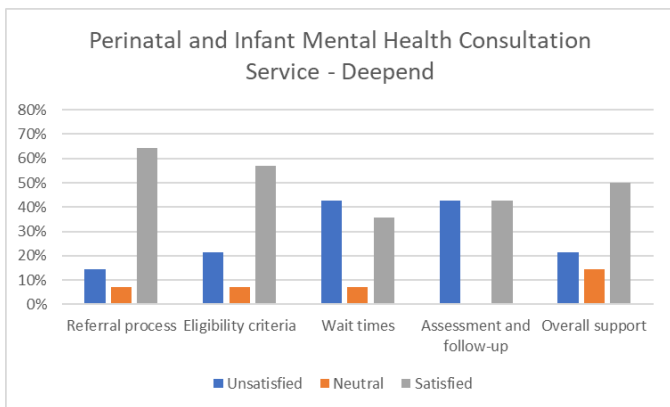
Outreach / Community agencies

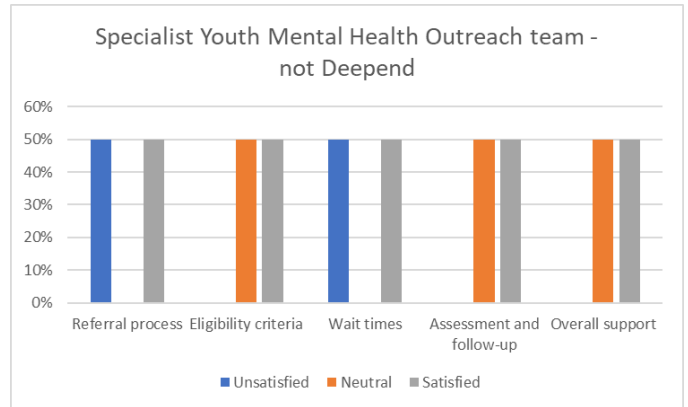
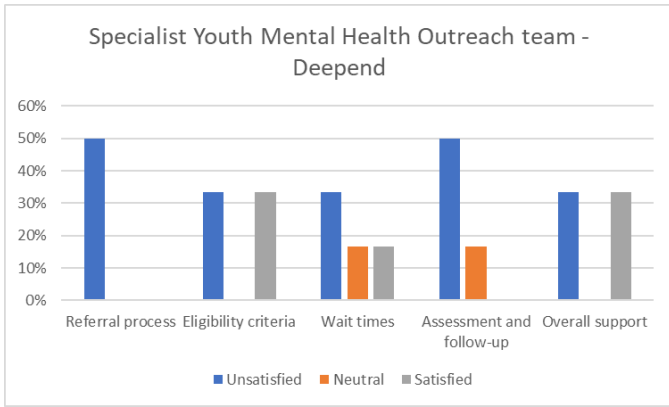




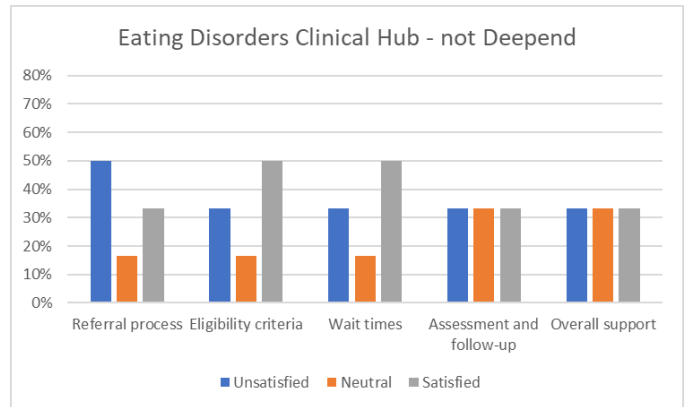
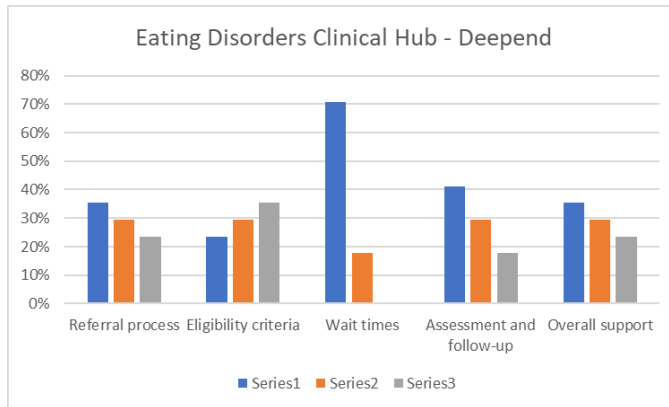
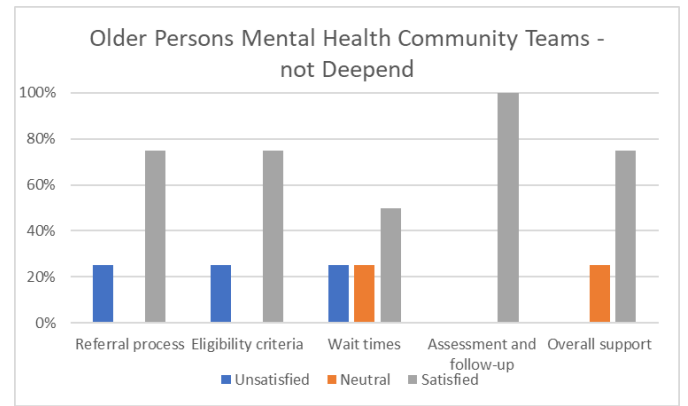
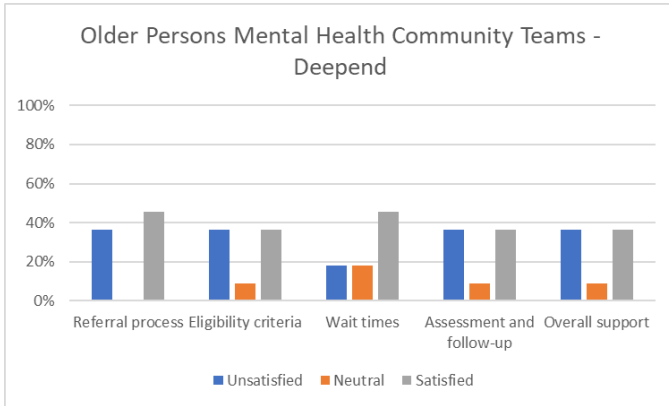
Specialised Services

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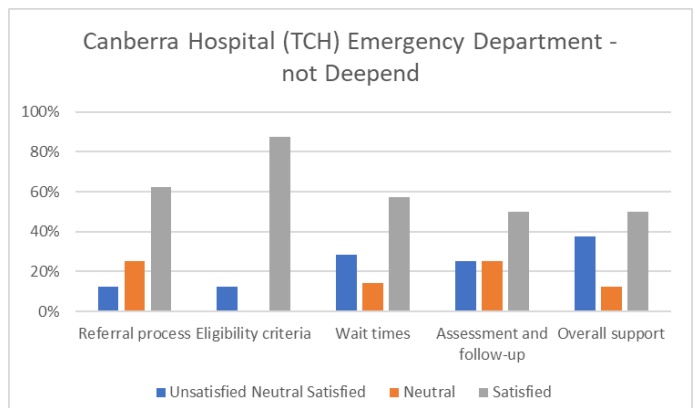
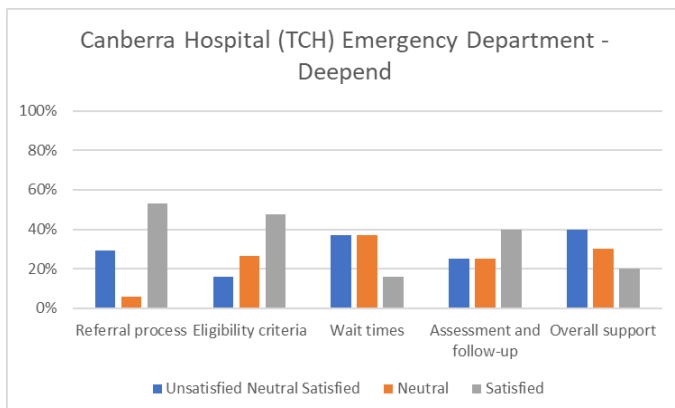


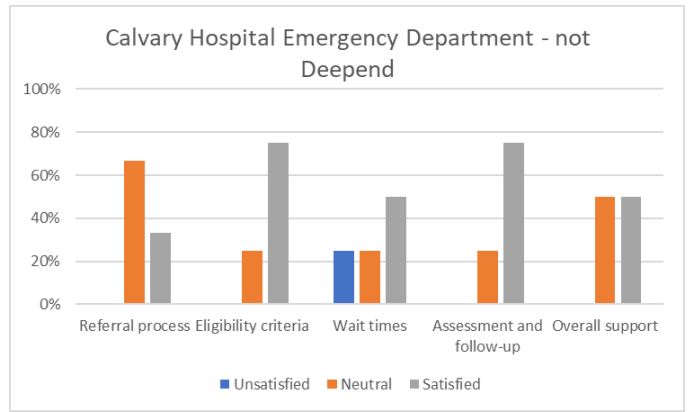
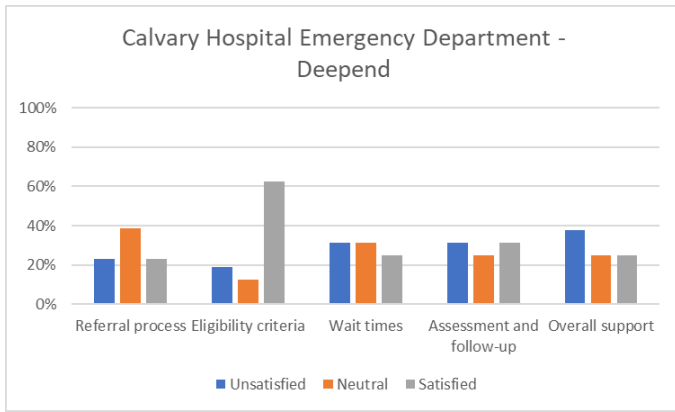
Two responses only.



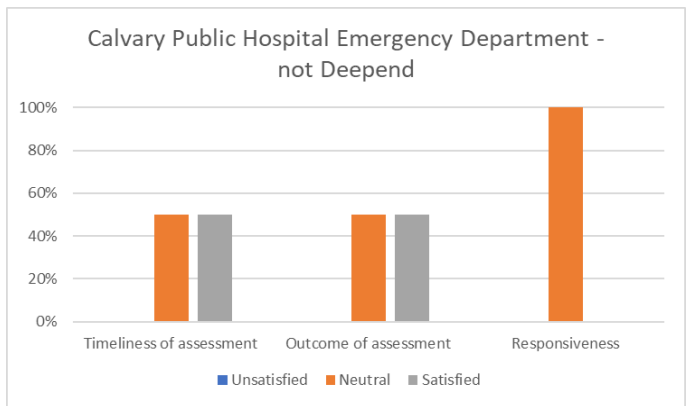
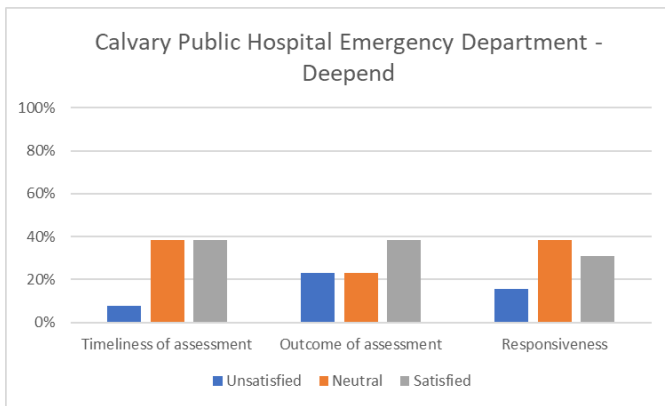
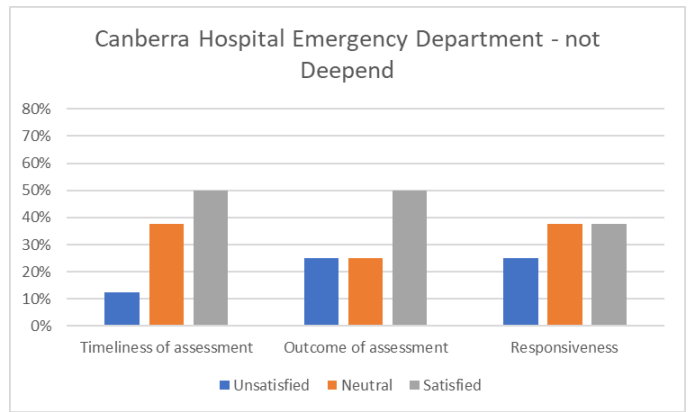
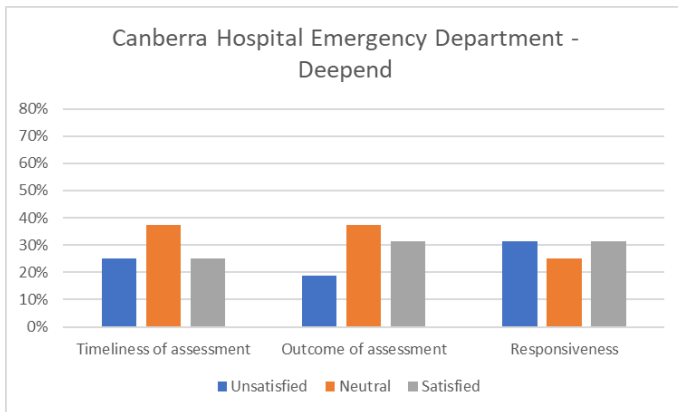
Hospital Emergency Departments

Access, communication and helpfulness

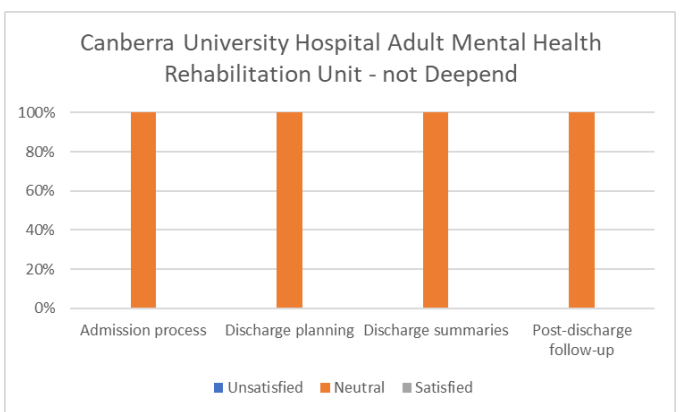
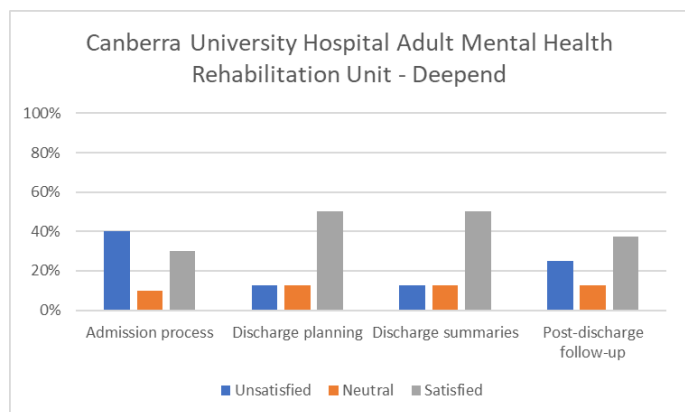
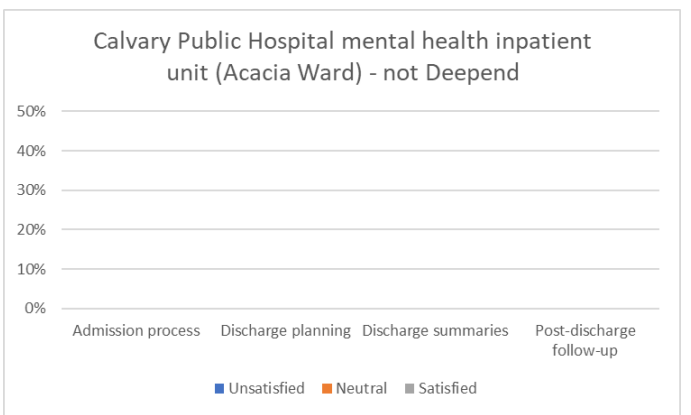
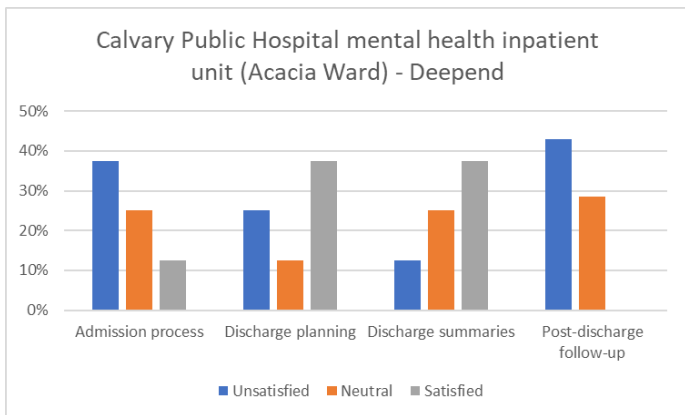
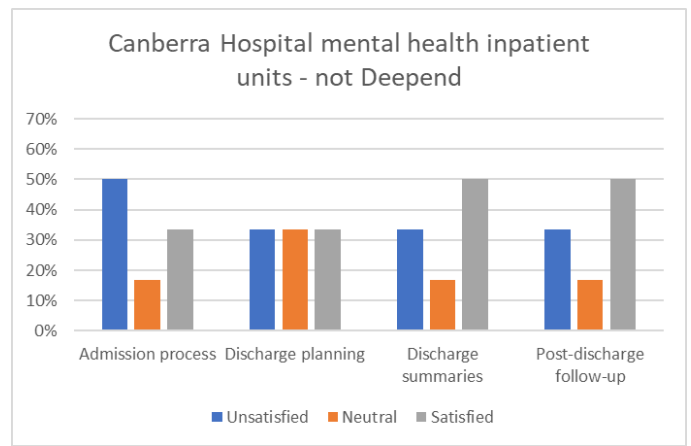
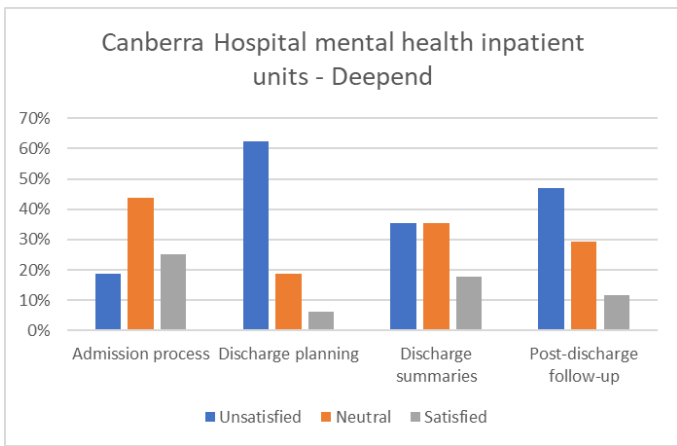




Timeliness, outcome and responsiveness

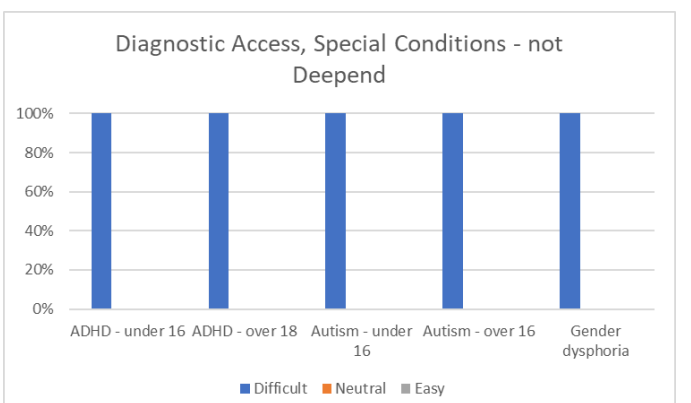
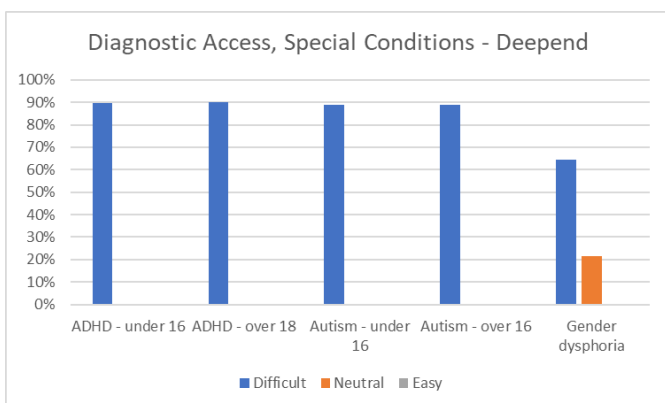


Hospital Inpatient Units

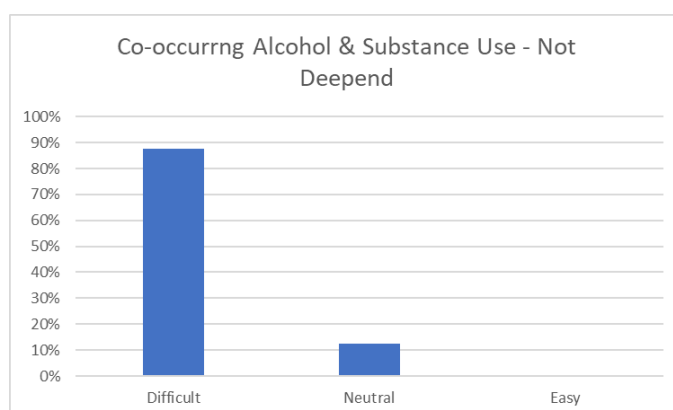
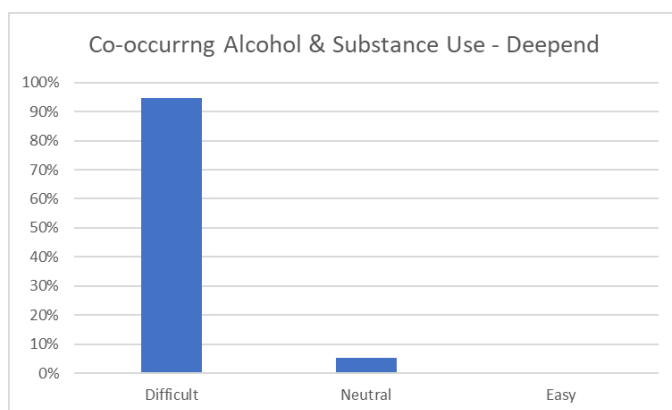
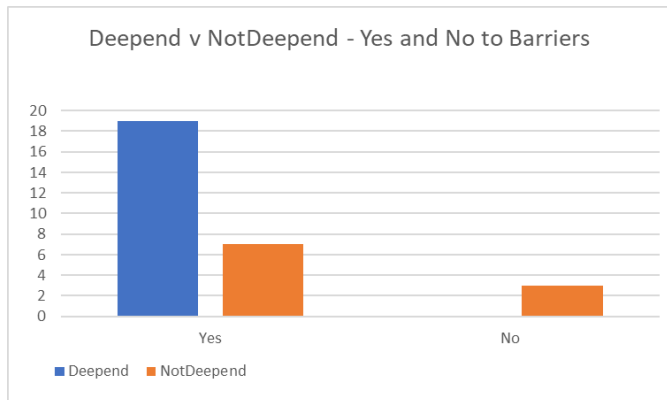


Only one neutral response received.

Diagnostic Access, Special Conditions



Barriers in identifying the care they needed, accessing that care, or accepting that care



ACT Wellbeing Framework data for mental health

The ACT Wellbeing Framework data for mental health, based on 2019 data collected as part of the Living Well in the ACT Region survey (University of Canberra, 2020 available at <https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/access-to-health-services> [accessed 7/6/23]) reports:

“Access to mental health services

This measure shows the proportion of adults who find it hard to access mental health services.

In November 2019, 27.1% of ACT adults stated that it was hard to access mental health services. This may be for a variety of reasons including cost, transport issues or availability. In contrast, 37.7% stated that access was easy, while 35.2% stated that it was neither easy nor hard.

Carers and people who identified as LGBTIQ+ were less likely to find it easy to access mental health services.”

Further, 28.9% of females and 23.9% of males found access hard. Just under a third of under 45 year olds reported access hard, with ease of access improving with aging, although 20% of 64-75 year olds and 13.5% of over 75 year olds still reported access hard.