



Consumer consultations and knowledge exchange workshop (31 Oct 2019, Maroubra) Summary for participants

Background

We started this study because research has shown that people with severe mental illness die about 20 years earlier than other people. Most of these deaths are due to physical health problems that can be prevented, such as cardiovascular disease and respiratory disease. General practitioners have an important role in preventing these conditions. We want to identify how we can improve general practice for people with severe mental illness, to improve their physical health.

To do this, we conducted research with consumers, families, carers, health staff and academics. The study had two stages. The first stage involved individual and focus group discussions with consumers and carers about what helped consumers to access GPs and to get preventive health care. We wanted to know what works.

The second stage was a workshop that involved consumers, carers, mental health service providers, Primary Health Networks, GPs and others who provide health services for PWSMI. The purpose of the workshop was to help us understand the implications of what consumers had told us and to identify what a useful intervention to improve preventive care might look like.

What the interviews and group discussion told us

Consumers told us what works for them. This included things about the GP, the general practice or medical setting, and about other support. These are listed below.

The GP:

- focuses on their physical health, particularly when it is the reason for the visit
- takes the time, listen and act on the consumers' concerns
- 'gets it' – who know about mental illness and how to relate to people with mental illness with respect and kindness.
- provide access or referral to free specialist services – e.g. diabetic specialist, dietitian, paediatricist.

The general practice or medical centre:

- is flexible, willing to make allowances to minimise waiting
- has waiting rooms where consumers feel safe
- non-judgmental staff
- has more than one doctor

- includes other allied health services on-site.

Other support:

- Access to intensive support to go to the GP and to follow up on what the GP has recommended – sometimes just until the consumer is ready to do it alone.

Consumers added that they would like GPs to:

- provide active follow-up rather than expecting the consumer to follow up
- investigate the consumer's preventive health needs much earlier than they do now.

What the workshop found we need to do

Here we have summarised what people in the workshop identified as important things we need to do.

Navigation

- Support for consumers to access and engage with a GP and to follow up on referrals e.g. paid peer workers, coaching.
- Identify and list mental health friendly general practices.

GP capacity building

- Develop training to assist GPs to be more mental-health friendly
- Address stigma and judgement of mental health consumers

Care coordination and shared care

- Improve coordination and communication between general practices and mental health care services
- Consider the GP as the central point of holistic care
- Provide active recall so consumers know when they need to go, where.

Next steps

The research group met and discussed what everyone said. We decided that we need more than one intervention to help improve access to preventive care. The three things that are needed are navigation support, a GP capacity building program, and a shared-care system coordinated by the GP.

Since the workshop we have applied for funding to codesign and trial these three ideas. We are continuing to seek funding for this important work.

We thank you as a participant in the study. We could not have gotten this far without you!

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