

SPOTLIGHT ON MENTAL HEALTH EVIDENCE

Deep insights into the PMHC dataset

WSPHN Student Placement Program uncovered remarkable insights that demonstrate the role of PHN programs in addressing the quintuple aim particularly access and equity. These findings show the value of PhD students working in a PHN setting to evaluate the benefits of mental health programs.

KEY INSIGHTS

Need for Special Supports

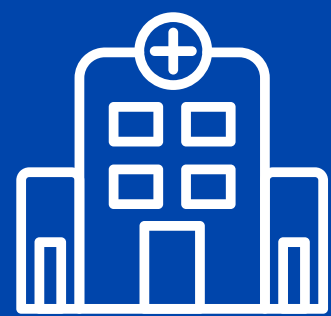
- Patients with Psychotic disorders and Substance Use Disorders face considerably more social disadvantage and need of social interventions and support.

Benefits of Primary Mental Health Care Services

- Completion of PMHC services may help to reverse the effect of social disadvantage
- Mental Health Care Plans reduce daily smoking rates for all patients and obesity in psychotic disorders

Issues Uncovered

- People with poorer English are less likely complete PMHC episodes and more likely to present with further episodes
- Non-binary gender patients were less likely to receive a MHCP, complete a PMHC and more likely to present with further ED self harm presentations



PMHC completion of care reducing the risk of hospitalisations / ED

Completion of the PMHC episode reduced risk of ED presentations (HR=0.85,95%CI:0.76-0.95) and similarly for self-harm presentations. Completion of the PMHC episode also reduced the risk similarly, HR=0.86, 95% CI:0.77-0.96, of hospital admissions.

Mental Health Care Plans and Social Disadvantage

Generally, those who were more socially disadvantaged were more likely to receive an MHCP. Patients who were more likely to receive a MHCP were unemployed (RR=1.12, 95%CI:1.04-1.21), “sleeping rough” (homeless) (RR=1.14, 95%CI:1.10-1.17), receiving a pension or government benefit (RR=1.23, 95%CI:1.19-1.27), health care card status (RR=1.51, 95%CI:1.39 -1.63), or did not speak English at all (RR=2.08, 95%CI:2.01-2.16).



Effectiveness of Mental Health Care Plans

Key Findings

- Mental Health Care Plans were administered in an equitable manner
- The study examined the association between mental illness, levels of social disadvantage and metabolic risk factors (obesity, tobacco smoking, high blood pressure and high cholesterol) and the potential benefits of mental health care plans.
- Critical risk factors of smoking and obesity were reduced when mental health care plans were implemented.

“Improving metabolic risk in patients with mental illness through ‘mental health care plans’ in primary health care”.
Authors: Dr Mithilesh Dronavalli*, Prof Andrew Page, Dr Shahana Ferdousi, Max Osaghvae, Dr Sandro Sperandei

| Metabolic Risk Factors | Total Patients (n) | GP Visits During Follow-up | % on a Mental Health Care Plan | Obesity | | Difference in BMI | | Daily Tobacco Smoking | | High BP | | High Cholesterol | | Difference in Total Chol | |
|------------------------|--------------------|----------------------------|--------------------------------|---------|-----------------|-------------------|------|-----------------------|----------------|---------|---------------|------------------|-----------------|--------------------------|-----|
| Mental Illness Type | | | | Prev. | OR | β | | Prev. | OR | Prev. | OR | Prev. | OR | β | |
| Any mental illness | 29592 | 91349 | 51% | 27% | 1.5 (0.9;2.6) | 0.3 (-.3;0.8) | | 14% | 2.4 (2.1;2.7) | 15% | 1.1(0.9;1.3) | 11% | 1.4(0.9;2.0) | 0.01(-0.05 ; 0.06) | |
| Anxiety | 19894 | 57030 | 51% | 25% | 1.2 (0.7;2.2) | 0 (-0.6;0.6) | | 13% | 2.0 (1.7;2.4) | 13% | 1.2 (0.9;1.5) | 11% | 1.3 (0.8;2.1) | 0.01 (-0.07;-0.08) | |
| Bipolar | 567 | 1798 | 40% | 36% | ### | 2.0 (-1.9;6) | | 23% | 6.5 (3.1;13.4) | 14% | 1.1 (0.3;3.8) | 5% | 0.2 (0;8.6) | -0.23 (-0.69;-0.24) | |
| Depression | 10049 | 30635 | 49% | 29% | 1.6 (0.7;3.7) | 0.6 (-0.3;1.5) | | 16% | 3.0 (2.5;3.7) | 15% | 1.0 (0.8;1.4) | 12% | 1.4 (0.7;2.6) | 0.04 (-0.07;-0.14) | |
| Schizophrenia | 473 | 1369 | 33% | 45% | ### | 5.6 (2.1;9.1) | | 24% | 4.7 (2.3;9.9) | 19% | 0.9 (0.3;3.1) | 7% | 0.3 (0;-21.3) | -0.44 (-0.98;-0.1) | |
| ADHD | 668 | 1718 | 35% | 33% | 1.0 (0.04;25.6) | 3.0 (-0.9;6.9) | | 13% | 2.0 (0.9;4.2) | 10% | 0.8 (0.2;2.9) | 11% | 2.4 (0.1;-40.2) | 0.35 (-0.13;-0.83) | |
| No mental illness | 962416 | 3738854 | NA | 31% | | 1 | 25.4 | 9% | | 1 | 17% | | 1 | | 4.7 |



Disadvantage Associated with Psychotic & Substance Abuse Disorders

Key Findings

- Patients with psychotic disorders and substance use disorders face considerably more social disadvantage and require enhance social interventions and support.
- Non-binary gender patients more likely to be psychotic and less likely to receive an MHCP/ complete a PMHC episode/represent to PMHC

“Identifying unique social determinant risk profiles by mental illness type: The Western Sydney Primary Mental Healthcare Services cohort”.
Authors: Dr Mithilesh Dronavalli, Dr Sithum Munasinghe, Dr Shahana Ferdousi, Prof Andrew Page

