

MindMatters Plus General Practice Evaluation

What is MindMatters Plus General Practice?

The MindMatters Plus General Practice (GP) initiative focused specifically on secondary school students with high mental health support needs. The program was managed by the Australian Division of General Practice (ADGP) and managed by project officers in each of the Divisions of General Practice in whose catchment each of the MindMatters Plus demonstration schools was located. MindMatters Plus GP commenced in July 2003 and has been implemented in two phases. The MindMatters Plus demonstration schools are part of Phase One of the MindMatters Plus GP initiative.

The aims of the project were to:

- Significantly improve relationships between Divisions, GPs, schools and other local service providers. Included in this is a greater understanding of their own roles, and the roles of other partners in providing support to students with high mental health support needs;
- Improve mental health literacy through the provision of psycho-education activities in classrooms, thereby increasing student confidence to consult a GP;
- Improve the confidence of teachers to identify students with possible mental health problems and increase their willingness to refer identified students to a GP;
- Develop strong, local referral pathways to support students with high mental health support needs; and
- Increase the ability of GP's to provide appropriate evidence-based care for young people at risk of mental health problems and, where appropriate, refer them on to specialist mental health care.

Lessons Learnt and Outcomes Achieved

Six MindMatters Plus GP projects were selected by the ADGP to participate in the evaluation. The methodology adopted for the evaluation was on site interviews conducted with staff from each Division and a set of questions put to key school staff at the first site visits made in early 2005 for the evaluation of MindMatters Plus. MindMatters Plus GP used a program logic approach. The program logic proposed a theoretical causal pathway where outcomes (such as improved student mental health and wellbeing) are theorised to depend on impacts such as changes in modifiable risk, protective factors operating in individuals and the school environment, and improved access to and engagement with support services. These impacts are presumed to be caused by certain processes or structures being in place within schools, such as clear systems and procedures, curriculum, resources and leadership. The elements identified from the program logic were: communication structures; referral protocols and procedures; feedback mechanisms between schools and GPs; awareness of mental health issues and accessing the health system; youth friendly GPs linked to allied health professionals with relevant skills available for young people; affordable,

accessible services available for young people. Interview questions reflected these key elements.

Key Findings

- There was great variation in the way the MindMatters Plus GP initiative was implemented at each school. Where relationships between schools and the Division were long standing and a mutual agreement existed, the project added to the development of some significant resources for the relationship;
- MindMatters Plus schools generally considered that their relationships with external agencies and referral pathways were well-established prior to participation in the project;
- Most schools expressed the view that the main effect they were seeking to achieve through their participation in the MindMatters Plus GP initiative was the addition of one or two youth friendly GP's to their referral pathways;
- The most frequently reported benefit by schools was that they had the name of an appropriate local GP;
- Schools who achieved their aim of locating student friendly GP's with bulk billing services indicated high levels of satisfaction with their experience of the initiative;
- GP's reported that they found contact with staff beneficial as it enabled them to gain a better understanding school needs regarding the referral of students;
- Many schools strengthened their communication structures with Divisions and allied health professionals;
- The short time frame of the evaluation meant that there were limited opportunities to map what was occurring in each Division in relation to students, schools, GP's, referral pathways and existing networks of care prior to the project;
- Protocols and procedures development was not a strong area of activity, primarily because schools believed they were already well established.