IMPLEMENTATION OF AN INNOVATIVE WEB BASED SUPPORT SYSTEM (PSYNARY) AND NURSE PRACTITIONER LED SERVICE TO SUPPORT OPTIMISATION OF TREATMENT FOR DEPRESSION (OPTIMA2)

There is overwhelming evidence to show that achieving full remission in depression is important[1] — especially in reducing the indirect costs of depression. This paper demonstrates how achieving full remission in depression can be effectively achieved.

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BACKGROUND

- There is overwhelming evidence to show that achieving full remission in depression is important[1] — especially in reducing the indirect costs of depression.[2]
- Evidence further demonstrates that in primary care, clinicians are not optimising treatments for depression in a timely way — resulting in them not being able to achieve early remission for their clients experiencing depression.[3]
- Presently, secondary care is unable to provide specialist input for this client cohort.[3]
- Nurse Practitioners can address this health gap.[4]

WHAT IS A NURSE PRACTITIONER (NP)?

An NP is a Nurse who has:

- Demonstrated to AHPRA, advanced nursing practice in a clinical leadership role in a speciality area of practise for at least five years, complemented by research, education and clinical leadership.
- Met the competency standards for nurse practitioners approved by the Nursing and Midwifery Board of Australia and who has:
- Completed the requisite qualification determined by the Nursing and Midwifery Board of Australia.

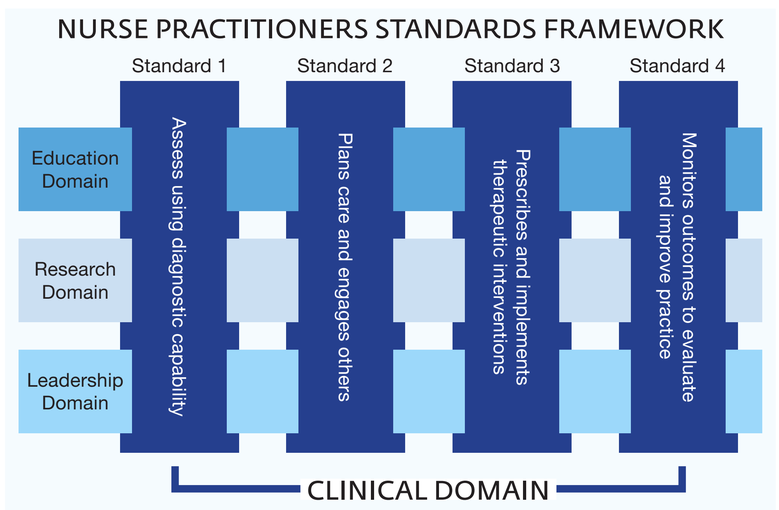

FIGURE 1: **REPRESENTATION OF HOW THE EDUCATION, RESEARCH AND LEADERSHIP DOMAINS ARE PLACED WITHIN THE CLINICALLY FOCUSED STANDARDS (NURSING AND MIDWIFERY BOARD AUSTRALIA, 2021)**

INTRODUCTION

OptiMA2 is an implementation study which evaluated the implementation of a nurse practitioner lead service - accompanied by a web based support system called 'Psynary' to support optimisation of treatment for depression.

OBJECTIVES

1. Conduct a focused literature review on the following existing evidence base:
   a. Clinical trials examining sequenced treatments/stepped care of depression, with a focus on rate of optimisation, cumulative remission rates and impact on indirect societal costs of depression.
   b. Service implementation studies of embedding eMental Health web-based applications into existing treatment pathways.
   c. Care extender service models in mental health.
   d. Co-design approaches to the development of web-based health resources and clinical support tools, including clinician and consumer co-design.
2. Gap analysis and primary care based needs assessment of presentations of depression, GP expertise in providing optimal treatments and access to LHD specialist mental health services for this client group.
3. Stakeholder qualitative interviews to identify potential barriers for implementation of a novel NP led service to support GPs in rapid optimisation of treatment of depression supported by Psynary.
4. Initial small scale implementation of NP led/ Psynary assisted treatment pathway of a maximum 10 patients from a single GP practice, using a PDSA iterative pathway development process.
5. Focus group analysis of clinician and consumer experience of using the Psynary system and the NP led treatment pathway to inform co-design of user interfaces and further refine treatment pathway.

METHODOLOGY

- Mixed methods pilot service implementation study, utilising: literature review of published service implementation models; service data gap analysis; qualitative interviews and focus group methodology.

RESULTS

- Started accepting referrals in July 2020.
- Since July 2020 - January 2021, 21 clients were referred.
- Barriers that prevented clients either joining or starting the trial in a timely fashion were privacy concerns, sickness, caring and work responsibilities, time restrictions and not wanting to do lengthy online assessments as well as my difficulties in contacting the client.
- Client focus groups held in August 2020 and February 2021 demonstrated that clients felt listened to and cared for.
- They appreciated the amount of time that the NP invested in to all the assessment's, especially the initial assessment. They felt confident in their treatment plans and recovery.
- Some client's felt that the Psynary assessments were a bit lengthy and difficult to answer.
- Initial GP focus groups held in August 2020 and February 2021 demonstrated that:
  - They felt confident that they had a timely, easy and direct pathway to specialist mental health care through the NP.
  - They had a better understanding of the NP role and it's value.
  - They felt that the positive client outcomes and thorough assessment's provided by the NP gave them confidence in the pathway.

CONCLUSIONS

- If possible, a more 'plain English' review of the Psynary software would be helpful-plans in place for the NP and peer support worker to review this in due course.

- Explore the possibility of an phone app for Psynary (currently it is better suited to a computer).
- Re-explore secure and effective communications between primary and tertiary healthcare.
- Need further understanding in the OptiMA3 for the causes of people who do not achieve remission and withdrawals.
- OptiMA3 will 'stress-test' this health pathway with larger client numbers. The OptiMA3 will focus on quantitative outcomes with the use of machine learning.

FIGURE 2: **CONCLUSIONS**

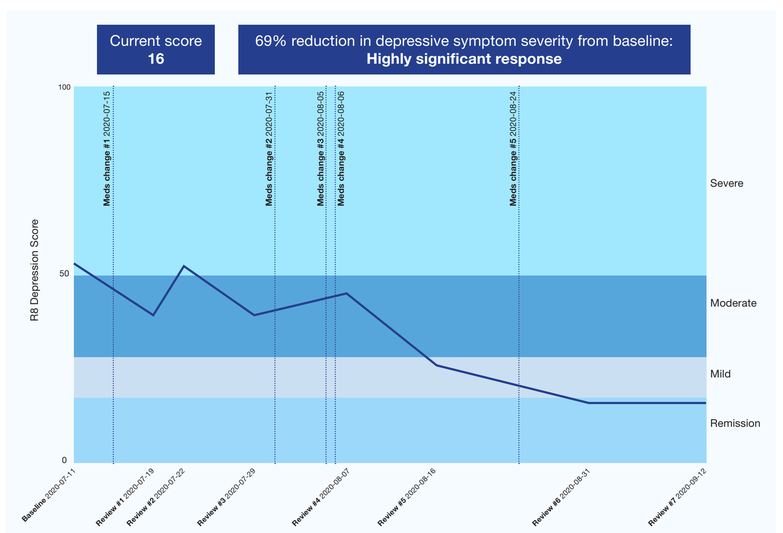

FIGURE 3: **CASE STUDY**

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