

Why so many doors?

The issues surrounding the creation of a Mobile
Assertive Primary Health Service (Maphs)



Why so many doors?

The World Health Organization defines health as a

“State of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Wellness needs to be thought of as being multi dimensional and include bio-psycho-social and spiritual elements.

Why so many doors?

The model

A not for profit 'front end funded' multi disciplinary team including: General Practitioners; Clinical Nurse Specialists; Mental Health Nurses; Aboriginal Healthcare Workers; a Physiotherapist; a Dietician; a Psychologist; Social Workers. (Maphs would also employ a Dentist and a Psychiatrist on a sessional basis).

Working in a collaborative partnership with the Consumer and the Therapeutic Community

Why so many doors?

MAPHS would:

Screen everyone for physical and mental health problems;

Treat existing physical issues;

Assist in treating/managing existing mental health issues;

Manage chronic diseases;

Provide health promotion and harm reduction information;

Improve treatment compliance;

Create and review management plans in conjunction with the Consumer and Therapeutic Community.

Link in to a wide range of community based bio-psycho-social interventions.

Why so many doors?

The benefits would include:

Improving quality of life;

Redressing the exclusion of people from quality primary health care;

Diverting health care dollars from expensive bed based services;

Addressing retention and recruitment issues;

Identifying and treating people at the earliest possible stage of the mental and physical illness cycle;

Dealing with people in situ;

‘Joining the dots’;

Encouraging healthier lifestyle choices;

Enhancing other treatments and interventions;

Addressing issues without involving emergency services.

Why so many doors?

The Inverse Care Law Julian Tudor Hart The Lancet:1971

The availability of good medical care tends to vary inversely with the need for the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced.

The market distribution of medical care is a primitive and historically outdated social form, and any return to it would further exaggerate the maldistribution of medical resources.

Why so many doors?

Problems with the Medicare system

Under the Medicare model there is no incentive for primary health care to be offered in an assertive outreach manner to those who are socially disadvantaged.

The system is designed to respond to people who are able to identify health issues for themselves and then have sufficient motivation and volition to actively seek assistance.

Why so many doors?

The cohort entering residential AOD rehabilitation is at a significant health disadvantage given the obvious impact on an individual's health of problematic drug use and the environment in which it occurs.

(e.g. Rowe 2003; Maher & Dixon 1999).

Often health is not considered a priority in a chaotic life where survival takes precedence. Indeed, preventative health care and management of chronic illness is often overlooked (McDonald 2002).

Why so many doors?

The story so far.

What next??

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