Primary Mental Health Intervention Service in the Lakes DHB Area (PRIMHIS)

Better, sooner, more convenient; integration and collaboration in action
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Whakatauki
Ma te mahi ngatahi, ka whaia te iti kahurangi
*By working collaboratively, we can strive for excellence*

The Korowai art work was painted by clients from the MHS Whare Whakaue inpatient unit, and was used on the cover of the Integrated Sector Model of Care document (2010).

The korowai (in the context of the mental health service) can be said to signify the values of manaakitanga, integrity, accountability and whakaritenga mahi (giving service) in that they were woven into, over and through the cloak of the ‘Mental Health and Addiction Integrated Sector Model of Care’.

Acknowledgment

Lakes DHB wishes to thank all those health professionals, support staff and other primary health organisations who have contributed to the development of the PRIMHIS service and this publication.
Foreword

Changes over the last 20 years now see people with mental health issues living in the community and contributing as active participants.

Part of these changes has been the shift of mental health nurses working in the field, and how they engage with consumers in a variety of settings, and other organisations to support the changes in how mental health services are delivered.

In 2010 the Mental Health Services at Lakes DHB laid the groundwork for the Primary Mental Health Intervention Service (PRIMHIS) pilot, when sector-wide collaboration saw the development of the Integrated Sector Model of Care for Mental Health and Addiction. (See Appendices 1 and 2, pages 22-24)

The intent of the Integrated Sector Model of Care was to move towards seamless delivery of services. The PRIMHIS pilot was a logical progression towards the changes and a most important expansion of service delivery in enabling patients to get their care provided faster, sooner and in a more convenient manner in a primary care setting.

General practitioners are key to the success of the pilot, with nearly every single general practice now involved in the initiative across the Lakes district.

We can be very proud of the mental health nursing leaders and staff who have played a key role in working with health providers on what has proved to be a transformational journey.

The PRIMHIS pilot is a tangible example of how collaboration across the health sector can improve the mental health of those in the Lakes DHB area.

Cathy Cooney
Chief Executive Lakes District Health Board

Daryle Deering
President Te Ao Māramatanga, College of Mental Health Nurses
Preface - PRIMHIS an “innovative and successful model of delivering mental health care”

One in five New Zealanders experiences a mental health disorder at any one time, yet only one person in three receives appropriate treatment. Supporting people towards recovery from mental health problems is therefore a priority for our country.

New Zealand has made significant improvement in mental health care in the last decade, yet the majority of resources remain in secondary care services, conversely caring for the just three per cent of our population that have serious mental health problems.

Research shows the needs of most people with mild to moderate mental health concerns are best met in primary health care settings – and the earlier the better. International evidence is unequivocal; the earlier these concerns are diagnosed, the better the outcome as that person is supported towards recovery. Evidence also shows the significant consequences of not treating mental illness early for individuals, their families/whanau and the communities in which they live.

The framework for considering more effective mental health models of care includes:

- a key recommendation from the World Health Organisation (2001) for the treatment of mental health conditions to be based in primary care
- the government’s policy response to improving primary health care in Better, Sooner, More Convenient Primary Care (2007) – this aims to create an environment where health professionals in the community are actively encouraged to work with one another, and with hospital-based clinicians, to deliver healthcare in a coordinated and co-operative manner;
- Equally, for mental health Te Tāhuhu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan and Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015 - that aim to encourage and assist both government and non-government (NGO) service providers to work more closely together, to jointly develop solutions to problems, and to work towards improving outcomes for people with experience of mental illness and/or addiction.

The Primary Mental Health Intervention Service (PRIMHIS) pilot project responds effectively to the political and social drivers within the above frameworks.

PRIMHIS was initiated by Lakes District Health Board to address the needs of the 17 per cent of its population identified as having a diagnosable mild to moderate mental health issue amenable to treatment. The project was supported in principle by local Maori health providers and GPs who had signalled the need for innovative and collaborative ways of working together to improve clients’ mental health outcomes.

The challenge for PRIMHIS was to develop a service model that better integrated secondary and primary care and made better use of the available resources. The outcomes sought were to increase access to better, sooner and more convenient primary mental health care, and to build and strengthen the capability of the primary health care sector to respond to the needs of people with mental health and addiction needs.
PRIMHIS is a mental health nurse-led model of care delivering stunning outcomes. The majority of people are being seen by the PRIMHIS team within a collaborative and integrated primary care model, linked to a network of services at a specialty care level and in the community. The team is treating common mental disorders in primary care settings with cost-effective and efficient use of resources.

It is proving an innovative and successful model of delivering mental health care. Congratulations to Lakes DHB Mental Health and Addiction Service in developing the model initiating PRIMHIS and to the mental health nurses for demonstrating and sharing their professional and clinical expertise with their primary health care colleagues.

This is a classic example of the required models for a country the size of New Zealand. The nearest point of contact and support for those with mental health problems is within their own community.

This is a classic example of the required models for a country the size of New Zealand. The nearest point of contact and support for those with mental health problems is within their own community. Lakes DHB and its mental health nurses now act as the conduit to their community, supplying the clinical support and backup to those delivering care on the ground. It is simply inspirational.

The challenge now is to keep up the progress, harness the capacity and capability of mental health nursing’s ability to respond and meet the needs of the Lakes communities.

Dr Frances Hughes, RN, DNurs, ONZM
Adjunct Professor AUT Auckland
Visiting Professor University of Sydney
Te Ao Māramatanga New Zealand College of Mental Health Nurses

Te Ao Māramatanga New Zealand College of Mental Health Nurses is the professional body for mental health nursing in Aotearoa New Zealand and takes a partnership approach within the College via Maori Caucus. Te Ao Māramatanga was first established in 2004, having initially comprised the New Zealand section of the combined Australian and New Zealand College of Mental Health Nurses (formed in the early 1990s). Since 2004, Te Ao Māramatanga has been focused on establishing the role of the College within nursing generally, and more specifically within mental health nursing and the mental health and addiction sectors in New Zealand.

Te Ao Māramatanga strongly supports innovations and developments in mental health nursing and providing greater access to services and improved outcomes for people with mental health issues, and their whanau and families. The present standards for mental health nursing are in the final stage of revision and will underpin the next era of mental health nursing practice.

Te Ao Māramatanga objectives:

**Represent** the professional interests of psychiatric and/or mental health nurses in Aotearoa New Zealand and those enrolled nurses who work in mental health setting in Aotearoa New Zealand

**Promote** and develop the identity of psychiatric/mental health nurses as specialists working in a clinical speciality field via representation and liaison; obtain recognition of the professional status of psychiatric/mental health nurses and to promote public awareness of mental health nursing

**Advance** the educational and clinical expertise of members; promote and develop nursing codes of ethics, education and practice which are culturally safe and encompass the three articles of the Treaty of Waitangi and the principles of Kawa Whakaruruahau

**Approve** national standards of practice taking into account the unique cultural, social and political conditions existing in Aotearoa New Zealand to guide members in their professional practice; develop and support research which may benefit the community and the profession

**Promote** clinical career pathways within the clinical speciality field

**Promote** awareness of the members about political decisions which may affect the clinical and professional role of those members

**Form** links with other health professional bodies in Aotearoa New Zealand and internationally
A Better Deal All Round

Prior to PRIMHIS being established, my role as a Mental Health Primary Liaison Nurse was in itself hindered by the need to break down the barriers between primary care and secondary Mental Health Services. These barriers, perceived or actual, have in part existed due to the different funding streams for mental health service delivery and therefore creating rigidity and limited flexibility between and in connecting services.

A survey I undertook, with the GP group I was working with, early in my primary health liaison role provided good feedback about the developing relationship and value of my interventions and engagements but there was a very clear message that pointed to a long road ahead… “Don’t load it all back onto Primary Care. Even if you fund it properly - we have no time or capacity” (2007 1 GP comment, survey feedback).

Facilitating secondary care mental health clients’ access to primary care had some success although transitional issues – mainly financial, often precluded mental health clients gaining full access. Secondary to my original liaison function, another gap emerged with established enrolled general practice clients’ access to brief interventions for their mild to moderate mental health concerns.

The work put into developing relationships and achieving clinical credibility with GPs led towards the establishment of a nurse’s clinic with one interested GP at one surgery. Flexibility and a ‘can do’ attitude underpin this embryonic ‘brief intervention service’ development. The ‘real’ linkage between primary sector and secondary services was invaluable and received positive feedback. Having a foot in both camps and being co-located meant I could liaise easily between the two care settings - requesting assistance/specialist advice as needed from my mental health colleagues.

Having a foot in both camps and being co-located meant I could liaise easily between the two care settings - requesting assistance/specialist advice as needed from my mental health colleagues.

Soon all GPs and some practice nurses at this practice were referring clients with mild to moderate mental health problems. Some were people having difficulty managing stress after ceasing smoking, others were having difficulty with motivation managing diabetes, and some were carers of loved ones with chronic illness needing support/permission to care for themselves. Others’ presentations included lifestyle problems and presenting with low mood and anxiety related to loss. Some others were/are people having been discharged from Mental Health Services and needing assessment/extra support to get back on track. Others need a helping hand to navigate through to other services. It’s incredible to watch the ‘light bulb switch on’ when a client gains the realisation that there is something that they can do to bring about a change in their mood. The outcome measures we are using in the PRIMHIS service now speak for themselves about the impact that my nurse colleagues and I are beginning to have.
Client access has become easy in a familiar environment. The good collegial interaction and shared care approach with GPs while being in the practice on a regular basis to discuss issues as they arise is invaluable. It's prompt and efficient. GPs are no longer required "to make patients fit into mental illness category boxes so that they can be seen." The development of the PRIMHIS team is a great option for those at the severe end of the primary care spectrum or who simply require more time than GPs can offer. This team approach also helps share the ‘burden of care’ and allows discussion/planning straight away. Sharing the documentation on the general practice electronic file ensures we are all on the same page.

Mental health nurses can and do play a pivotal role in co-ordinating and providing care across treatment settings and use a variety of relational/therapeutic interventions. My personal practice focus has been to complete a Diploma in CBT to add to my ‘toolbox,’ which has greatly enhanced my confidence and capability in carrying out this role. I now provide this service to three general practices in Rotorua. The PRIMHIS project and its development has affirmed the value of my early work in the primary health care sector and advanced the specialist practice options for me and other mental health nurse colleagues.

Jenny Collier, MH Primary Liaison Nurse,
Lakes DHB
Creating the Space in Primary Mental Health Care for Partnership

My entire working life has been dominated by the world of psychiatric mental health nursing. My time as a ‘training officer’ in what was known as psychopoedics was the initial platform leading to further training to qualify as a psychiatric nurse. What followed was a range of activities and various roles encompassing inpatient, community mental health nurse, liaison and clinical nurse education. After a stint in outback Australia completing a project to establish a rural mental health service within a rural remote community, I returned to a tutor role in a kaupapa Maori stream for community mental health support workers and then completed my Bachelor of Nursing at Wintec.

Time as a clinical nurse educator for three years, including some time with Te Rau Matatini, more community mental health work and a relatively recent role with Midland Regional MH&A service as a consultant nurse led to my recent role as a Community Mental Health Nurse in Taupo.

My move into primary mental health came with the development of the Lakes PRIMHIS project. My experience of working at Collingwood House and the work on the mental health project in Australia positioned me, experience and attitude wise to make use of a broad array of knowledge and skills and apply them in this new integrated and collaborative primary health context.

Creating the right space to work with people where access is ‘normal’, non-threatening and maximising their participation as equal partners was a driver for me.

Making sure we have effective community support that meets the mild to moderate mental health needs of our population will become a significant factor in limiting the escalation of mental health issues. More importantly for me and my primary mental health colleagues – we recognise that the relational foundation we offer in our initial engagements with clients sets the atmosphere for encouraging client participation in their own health care.

Clients’ level of participation is often a factor of them not knowing what they don’t know. Mental health nurses have a responsibility to ensure the gaps are filled in clients’ lack of knowledge about the relationship they are ideally expected to have with a nurse. Supporting clients to fully engage in the relationship is a way of modeling and paralleling their involvement in their own health care.

Fundamentally the thrust of our interventions, within the general practice based PRIMHIS clinics is to instill a sense of self-responsibility, self-determination and self-control as the core activities of empowerment. This and the notion of recovery is not just an academic description about absence of distress or illness, but is an embedded part of my korero with clients as I engage them around a mutually defined pathway toward regaining control over their health status.

John Emery, PRIMHIS Nurse
Iwi affiliations: Ngati Maniapoto, Tainui
There is now significant discussion, governmental direction and increasing statistics that point to the need for improved integration of mental health and addiction services into primary care models. Health care reform in this area is certain to progress given that the evidence identifies that many people affected by mental illness are still very disadvantaged and not getting appropriate health care. A key recommendation of the WHO is that treatment of mental health conditions should be based in primary care (2001) while the consequences of not treating mental illness early are significant and range from lost productivity, relationship problems, distress and dysfunction to adverse effects upon the children of sufferers (Collins, Hewson, Munger & Wade, 2010).

The discourse of Better, Sooner, More Convenient Care (Ryall, 2007) is both the political and a social driver for integration with the intended outcome being the development of a ‘single system, personalised care’. This and Whanau Ora (2009) developments, specifically in Rotorua through the Te Arawa Collective are expected to positively impact on the disparities in health care in Maori, deprived and disengaged populations within our region.

Further drivers of system change were the clear signals provided by Te Tahuhu and Te Kokiri around increasing capability in the primary sector and the need for innovative and collaborative ways of working together. Strongly evident in the Mental Health and Addiction Action Plan was the call by the Hon. Tony Ryall for an adaptive, innovative mental health and addiction service (2010). Improving performance, quality and the targeting of new primary mental health services to meet the needs of vulnerable population groups were core to the thinking behind the development of PRIMHIS.

While it has been recognised internationally that the mental health needs of most people with mild to moderate mental health concerns are best met in the primary sector, what has become evident in the New Zealand context was that the majority of the capability actually exists in the traditional secondary care services. This significant resource typically focuses on three percent of the population with the most serious mental health problems. The real challenge was the creation of a model that would begin to span the sector ‘division’ and make better use of resources. PRIMHIS is the Lakes DHB Mental Health and Addiction Service’s initiative to begin meeting these needs.

Utilising traditional secondary care resources within the primary care sector required a paradigm shift in how we think about what we do. The earlier development of the Integrated Sector Model of Care was one key way of launching a different way of thinking about a ‘mental health
sector wide service’ across the Lakes DHB area or rohe, rather than individual secondary and primary mental health services. (See Appendices 1 and 2, pages 22-24)

PRIMHIS is a nurse-led collaborative and integrated primary care model. The focus is on treating common mental disorders in primary care settings with cost-effective and efficient use of resources that aims to reduce stigma and discrimination by delivering mental health services in settings that are familiar and seek to normalise health care access.

The nurses’ relational approach is core to the majority of people being seen, having good outcomes, particularly when linked to a network of services at a specialty care level and in the community. Finally a continuum of care that is more than rhetoric.

The current practice model is not limited by integration barriers and will seek to expand in line with managed sharing of resource capacity, capability and increasing sector clarity around the mutual benefits of cross sector collaboration. Collaborative care is as much an attitude as it is an action and involves mental health working with and as a part of primary care. Getting the right mix is a factor of trust, innovation and commitment to forwarding the relationship between the key players.

The PRIMHIS model is working in the primary care sector because a fundamental belief that drives nursing practice is care of the whole person rather than just a disease/disorder or diagnostic focus. Core to our activities and very much in line with nursing’s ‘caring imperative’ is mental health nurses’ interest in knowing the person in the context of their ‘whole of life experience’ rather than the person with a disease/health challenge. This orientation positions mental health nurses as a lead health care professional in the primary sector with a focus on the mental health of people and populations.

PRIMHIS is an innovative and successful model of delivering mental health care – it allows services to be delivered flexibly based on the jointly (GP and nurse therapist) identified needs of the consumer, it supports the delivery of holistic care, and it utilises the broad scope of mental health nurses.

PRIMHIS nurses work in a close working relationship with the general practice and strongly promote a shared care dynamic. The notion of shared care (Kates, 2010) in this context is that primary care and mental health staff work together, communicate regularly and support one another, sharing in the care of individuals, with responsibilities being divided according to their respective skills and comfort as well as resources available.

In the background also, in a strong supportive/consulting relationship, is the specialist psychiatrist available to both nurse therapist and GP via telephone including one to one consultation/clinical reviews where clinical complexity exists.

The PRIMHIS team has adopted the principles underpinning a Stepped Care Model (Needham, 2007, NHS, 2007) where clients are provided with
care appropriate to their needs and in a cost effective referral and delivery system. Treatment is guided by the principles that talk to the type and intensity of treatment being matched with what the client needs, to effect positive outcomes. Clients start with the least intensive treatment that is most likely to work. For many people, this might be no more than reassurance and self-help.

Michael O’Connell
Clinical Nurse Director – Mental Health and Addiction Service, Lakes DHB

References


GPs and Mental Health Nursing Collaborating for Excellence in Primary Health Care Delivery

So much of healthcare is about doing the right things right for the right people at the right time. But the reality is often that some of the right things are not available, particularly at the right time. This has been particularly true for primary care mental health patients, and has meant a heavy emphasis on management by medication.

The PRIMHIS nurse-led service in general practice has changed this. We now have a real choice to augment medication with counseling and brief interventions, or to offer a service to patients in a timely way where previously there was a delay in the referral process - even to know if a patient was being accepted, then a longer delay to be seen.

Because the service is provided within the GP surgery the PRIMHIS nurse has direct access to our consultation notes, not just the referral letter. The nurse also makes comments directly into the patient’s daily record which are accessible to us. There is the opportunity for verbal communication at any time. GPs know that patients have attended, or that they haven’t.

The PRIMHIS nurse is a DHB employee but relationships within the practice are very similar to those of a practice nurse. Because she does have her base in the mental health unit she is able to take back some of the more complex cases for discussion and provide a smoother referral pathway for those who turn out to need secondary care input, including more intensive psychological services.

Timeliness is the biggest benefit. GPs can make an actual appointment when the patient first presents and know that it will be in time to help with the current crisis.

The service is free to patients. There are other free services but they are less available and located in less accessible places for our patients, requiring a car or bus trip. The patient does not require as many appointments with the GP which also saves them money.

There is also a significant benefit from having the service located within the GP premises. There is a huge removal of stigma compared with services delivered in the mental health unit (and some complex patients who decline referral to secondary service can access the PRIMHIS nurse who then is able to move them towards the care they need).
For this practice there has really been no downside to the service. It is undoubtedly better, because there is choice, it is dramatically sooner, and it is more convenient because it is located somewhere that the patient has already self-selected as convenient.

Dr Clem le Lievre
Ngongotaha Medical Centre, Rotorua
Professional Support Through Collegial Networks

As a practice nurse it became obvious to me that there was a significant gap in service delivery to clients with mild to moderate mental health issues. My experience as a practice nurse, with a strong mental health background, left me aware that many of this cluster of clients were presenting with either medical issues as their primary reason for seeing the GP or generally presenting with mental health concerns with co-morbid medical health issues.

New Zealand health policy is giving increased emphasis to the role of the primary healthcare sector in responding to mental health issues including health care promotion, psycho-education delivered in primary services and improved detection and treatment of mild to moderate illness.

The development and roll out of PRIMHIS in the Rotorua area was the catalyst for helping move my nursing focus towards having a broader health impact with the enrolled population at the general practice that I was employed at and to another large general practice on the other side of town. My specialist mental health skills and background in secondary mental health nursing, for many years, was the grounding for taking the embedded relational skills and moving them to a sharper therapeutic focus with the clients referred to me through the PRIMHIS network.

Coming from secondary care into a traditional general practice nurse role enabled me to maintain the existing relationships and establish new relationships between primary and secondary services both with colleagues and clients as PRIMHIS evolved.

Integration of both primary and secondary mental health care requires a good working relationship between both primary and secondary services and inter-collegial commitment to ensure a seamless provision of healthcare.

My links with secondary specialist services are in supporting capability growth in primary care and playing a role in smoothing the pathway for appropriate referrals and timely and effective outcomes for patients with mental health needs.

Lisa Wallace, Practice Nurse and PRIMHIS Nurse
PRIMHIS and Possibilities for Perinatal Mental Health Services

I have just recently joined the PRIMHIS team having been working solely in secondary adult mental health services for over 20 years. During this time I have gained a broad range of knowledge sets and many skills to meet and respond to a wide range of clinical presentations.

Mental health has been a lifelong passion and I believe that people can make changes in their ways of thinking and behaviors that can lead to much more productive and happy lives. I also have an interest in perinatal mental health and am the nurse on this team at Lakes DHB.

Having a baby is of course a very exciting, but challenging time in a family’s life and can have a huge impact on not only the mother’s wellbeing but also her ability to form a nurturing environment for her baby.

I hope that over time there will be increasing opportunities to base some of this family/infant work with the primary health sector. This will avoid the stigmatisation of having appointments ‘within a mental health service’ by offering a natural point of entry into maternal mental health services via the GP surgery.

In the future we are hoping to assist the GPs to manage some of the less acute secondary care clients in the primary setting, with the support of the PRIMHIS nurses and secondary care key workers.

It is clear that there are many advantages to having closer interaction and shared care arrangements with GPs and practice staff.

The role I hold within the primary health service has enabled me to have direct contact with the doctors who manage the overall care for the clients who are referred to me. We can then work together utilising a more holistic view of their health needs.

It has also meant that I have been in a position to advise these GPs of the pathway towards getting patients accepted into secondary care services when their needs dictate a higher intensity of service delivery and work towards easing some of their concerns about this process.

I have also noticed improved communication around other patients whom we share through work outside of the PRIMHIS umbrella.

In the future we are hoping to assist the GPs to manage some of the less acute secondary care clients in the primary setting, with the support of the PRIMHIS nurses and secondary care key workers.

For many GPs there has been little interaction with mental health services on a clinician level and I hope that these growing relationships will help to bridge a divide that may currently exist. It can only be advantageous not only for general and mental health practitioners, but also for their clients to have a more seamless and open working relationship.

Trudy Bowden, PRIMHIS Nurse
Smart Mental Health Care where it matters....

As busy general practitioners it has been good having the PRIMHIS team at Te Ngae Medical Centre. The five doctors and nurses value the easy referral pathway and prompt responses. The clients appreciate being seen in a familiar setting that is simply a part of meeting their health needs in a normalised way.

The nurse-led service removes the stigma of being seen in a traditional mental health service waiting room and helps minimise the self-stigma that many patients experience.

Appointments are made quickly and patients in acute distress are seen in a non-threatening environment by professional staff and without the worry about consultation fees. Clients get their health stories heard fully and the PRIMHIS nurses help the client unpack, reframe and work on their mental health concerns.

All staff at the Te Ngae Medical Centre appreciate the instant feedback provided formally and informally by the PRIMHIS nurses. Entering clinical notes straight into the client's electronic file ensures up to date understanding about clinical status. We see this as a real example of collaboration with mental health services and believe it demonstrates how care of clients with mental health and lifestyle needs can be shared, ensuring a timing, financial and convenience benefit for the clients.

With a practice population of nearly 5000 and a wide mix of socio-economic status in a suburban area, having mental health nurses as part of our primary health care team is a tangible move toward meeting a broader spectrum of population health needs.

_Drs Andrew McMenamin and Sally Hoskins_
_Te Ngae Medical Centre, Owhata, Rotorua_
Reclaiming Control Over One’s Health Status

While I explore mental illness and symptomology my focus is on holistic health. Briefly defined - this is "optimal physical, social and cognitive wellbeing but not necessarily the absence of disease" (WHO, 1997). The two critical words in this definition are ‘optimal’ and ‘wellbeing’. Both are subjective terms representing concepts that are not universal absolutes and therefore open to individual interpretation. Holistic care is about treating the person rather than focusing on the dysfunction. Holistic health is developed from inside out – the outer dimensions of a person are viewed as an expression of themselves.

The predominant form of therapy I utilise is Acceptance and Commitment therapy. The main focus of this therapy is to learn to accept what is out of the person’s control, and commit to changing those things that can be changed to make life more meaningful. Therefore I focus on the person’s connection with themselves, others in their world, their key values and whether their behaviour is in line with those values.

I see my key task as assisting the individual to become more aware of their own potential and personal power to initiate and lead personal change.

With the clients referred to me through PRIMHIS, I aim to teach a set of mindfulness skills to allow the person to accept and manage painful thoughts and feelings more effectively so they have less impact and influence. Frequently - alteration in health status involves change which we usually don’t have any control over.

Change is a universal human condition which involves loss but how we react to that change is up to the individual. Change through loss also provides an opportunity for personal self-growth and a new consciousness about our health because of this loss and our responses to it. The individual is primarily responsible for his or her health by accepting and confronting change, and creatively problem-solving to ensure the continually changing physical, social and cognitive realities are reflections and expressions of their inner self.

I see my key task as assisting the individual to become more aware of their own potential and personal power to initiate and lead personal change, enabling them to be healthy.

In enabling individuals to become more aware of who they are and what personal barriers are preventing them from acknowledging and expressing their innate self worth and potential I and my registered nurse colleagues in PRIMHIS are actively supporting the referred clients to access their own personal resources and build resilience.

Cathy Sheely, PRIMHIS Nurse
Formal Talking Therapies an Aid to PRIMHIS Role

I started my nursing career as a general and obstetric nurse. My practice opportunities (where I lived) were limited and being so close to a large public psychiatric training hospital drew my attention to psychiatric mental health nursing and I started there with my current registration. Within a year I was formally on my career path as a psychiatric mental health nurse. My entire career has been working in the public health sector (secondary) and the recent three years have been in the role of mental health consult liaison nurse to the general hospital.

Up until starting with the Primary Mental Health Intervention team I had developed an interest in formal talking therapies undertaking some training in Cognitive Behaviour Therapy, motivational interviewing, solution focus therapy and Rational Emotive Behaviour Therapy. These were a helpful kete of skills to begin a new role in general practices as a mental health nurse delivering a primary mental health service.

I was comfortable in my familiar role as a secondary care nurse, whose comfort zone was easily maintained by familiarity of practice and clients who were already immersed in an acute illness experience. Stepping out into a very different and unfamiliar environment was a catalyst to further my own professional development.

The transition was certainly eased though as I was able to draw upon the embedded relational skills I had developed as a mental health nurse in many different and challenging workplace environments.

I see clients presenting to two general practices typically with mild to moderate symptoms of anxiety and depression. Significant in my work with clients is the establishment of a focused, therapeutic relationship enabling the client to reframe his/her experience and draw upon his/her own strengths and resources.

This approach does not preclude the use of appropriate talking therapies where the client clearly presents with clinical phenomena that need a more formalised and structured intervention.

This has become the driver for me to recognise the need for further professional practice development advancing my current skills and knowledge of talking therapies.

Lorraine Ward, PRIMHIS Nurse
Primary health care practitioners (nurses) have an essential role in the provision of mental health and addiction care. It is widely known¹ that physical and mental health are intrinsically linked and that early intervention at the primary care level achieves good outcomes and may prevent or delay the onset of more severe problems. In addition, nurses have a role in contributing to the continuing care of people with mental health and substance use/addiction problems following episodes of more intensive interventions. Primary health care nurses require the necessary knowledge and skills including screening, brief assessment, intervention and referral in order to meet the mental health and addiction related health care needs of people in their communities.

The Primary Health Organisations: Service development toolkit for mental health services in primary health care (2004) outlines the need for PHOs to provide skilled practitioners. Within their health care context, primary health care practitioners are required to assess and manage people with mental health issues and to develop a therapeutic alliance in order to achieve best outcomes. The mhGAP Intervention Guide (2010) provides a tool for non-specialist services in the delivery of mental health care in communities. Together, these two documents provide primary health care services with the necessary information for mental health care in the primary sector and emphasise the need to provide the correct skill mix for practitioners in this setting.

A demonstration credentialing project has been funded by Health Workforce New Zealand (HWNZ) and is designed to enable the College to work with Primary Care to implement a credentialing process. Credentialing is a process used to assign specific clinical responsibilities to health practitioners on the basis of their education.² It is part of a wider College of Mental Health Nurses Accreditation, Credentialing and Certification framework.

The College applauds the achievements outlined in this monograph and looks forward to working with Primary Care in the future to ensure the primary sector is positioned well to respond to the mental health and addictions needs of their communities.

² Credentialing is ‘a process used by health and disability service providers to assign specific clinical responsibilities to health practitioners on the basis of their education, training, qualifications, experience and fitness to practice within a defined context. The context includes the particular service provided and the facilities and support available within the organisation.’ (Ministry of Health, The Credentialing Framework for New Zealand Health Professionals - 2010).
Appendices -

Appendix 1

Integrated Sector Model of Care:
Mental Health and Addiction Service

Tangata Whaioira Journey

Manaakitanga

Choice Partnership Recovery

Integrity

Tangata Whaiora
Consumer Family and Whanau

Accountability

Inpatient, Community & Specialist Mental Health Services

Primary Mental Health

PET

Primary Care

Lakh MHS

Liaison MH Service

Community/NGO providers

DHB secondary services for Mental Health Services

Communiy/NGO providers
Appendix 2

Executive Summary from the report, Integrated Sector Model of Care: Mental Health and Addiction Service 2010

The process behind the development of this Integrated Sector Model of Care has been primarily clinically driven by the teams and where possible NGO sector partners, and has required service and sector discussions cross functionally so that a foundation was established for a sector-wide integrated approach. The report provides a sound foundation for contemporary practice and healthcare which will benefit our population and our contribution to a healthy New Zealand.

The first section of this report focuses on the overarching concepts, values, principles and strategic imperatives and important infrastructure services that support the tangata whaiora/consumers and their journey across and through the various mental health and addiction services.

The second part of the document is the description of all core (and supporting) clinical services in the Lakes DHB area, and several funded partners. These descriptions capture the substance and practice of each of the service groups and put forward the directions of each team and their aspirations for a better service. The final section of part two provides a description of the implementation and evaluation plan for the upcoming year.

The Lakes DHB Mental Health Integrated Sector Model of Care aspires to promote a renewed and focused sense of community by committing, as a sector, to promote, educate and advance all of its population’s interest in and about mental health. This transformative approach to promoting positive and all inclusive community attitudes about mental health is a goal of our sector approach to mental health care delivery and is core to the Principles (p.15) and Directional Statements found in the model (p.16-17). A ‘whole of health’ approach will help enable our communities to grow and mature their attitude about mental health as a core component of its existence as a provincial community.

The key determinants from a local and national level, that will be the moderating influences within the Models of Care, are taken from the Lakes District Health Board Annual District Plan 2010/2011 and the Mental Health and Addiction Action Pan 2006-2015. The policy priorities from the former that sit behind yet inform existing and evolving service delivery are:

- Implementation of Better, Sooner more Convenient primary health care
- Local iwi / Māori engagement and participation in District Health Board decision-making, development of strategies and plans for Māori health gain
- Improving the health status of people with severe mental illness through improved access
- Improving mental health services using crisis prevention planning
- District Health Boards report alcohol and drug service waiting times and waiting lists
- Delivery of Te Kokiri: the Mental Health and Addiction Action Plan

For the purposes of this work the Steering Group has used the following definition informed by the work of Davidson (2006):

*Model of Care is used to describe a framework that promotes best practice patient care delivery through the application of a set of principles, values, standards and measures across clinical, Non Government and community service streams and tangata whaiora/consumer journeys. The term refers to operational/organisational models rather than clinical therapy models.*
The Lakes DHB Mental Health Services and sector partners are committed to the following principles underpinning all their health care activities:

- **Integrated**: Multi/Inter disciplinary approach between internal as well as primary health, non-government and other community organisations. Central to the functioning of treatment teams approach is acknowledgement of the consumer as integral to decision making regarding treatment plans.
- **Responsive**: Consumer and whanau, family focused (Right time, Right Place, Right Person) service that is equally accessible to all.
- **Meaningful Recovery**: The service will promote a culture of wellness where healing, personal meaning to life and existence, connections to culture, whanau, family and community are facilitated by all staff for, and with the consumer as partner.
- **Responsible and Sustainable**: Providing a service that acknowledges strategic and funded service specifications while building relationships with sector wide partners within the Lakes community.
- **Quality service provision**: Clinically led, team driven service delivery informed by accepted evidenced based best practice and supported by appropriate and timely workforce development.
- **Our staff our wealth**: Our mental health service recognises its own people as its greatest resource both as experienced clinicians and support staff and also as people who continue to demonstrate professionalism and commitment to working alongside persons experiencing mental health challenges.

The Model of Care is the platform upon which all evolving service and delivery integration efforts will stand, with the intent designed to capture the purposeful move towards an integrated secondary, NGO, community and primary sector.

The flow diagram below represents the tangata whaiora / consumer (family and whanau) as central to the cluster of sector teams. The accessing and choice of services is core to our evolving models of care. The intent being to ensure that help becomes a ‘service’ (Whakaritenga mahi) that people access rather than enter into. Better because those sector teams are focused on responding to a need, timely (sooner) because the teams are part of the community (not isolated from it) and more convenient because of the flexibility and the commitment to be accessible and profiled enough that mental health care becomes and is seen as a service available to our community.

### Appendix 3

**About Lakes District Health Board**

Population: 102,000  
The DHB covers 9570.4 square kilometres.  
The DHB serves an area that includes the Rotorua and Taupo districts, and is situated in the middle of the North Island of New Zealand.  
Lakes is the only health district that does not have a coast line, but it does have geothermal activity and 17 lakes.  
Two main iwi groups (Te Arawa and Ngati Tuwharetoa) are located within the Lakes DHB area. Maori constitute 34 per cent of the population.  
More than half of the population live in areas rated in the bottom two social deprivation quintiles.  
The economy of the Lakes district is built around forestry, farming and tourism, with the district hosting more than 1.3 million visitors each year.
Primary Mental Health Intervention Service
in the Lakes DHB Area
(PRIMHIS)
Better, sooner, more convenient; integration and collaboration in action
Te Ao Māramatanga
New Zealand
College of Mental Health Nurses May 2012