Mental Health and Addictions Credential in Primary Health Care (Nursing) Education Gap Analysis

Introduction

Primary health care practitioners (nurses) have an important role in the provision of mental health and addiction services by identifying and managing mental health and substance use/addiction issues. It is widely known 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 (The Primary Health Organisations: Service development toolkit for mental health services in primary health care, 2004). 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 competencies in screening, brief assessment, intervention and referral in order to meet the mental health and addiction related health care needs of people in their communities.

Background

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.
Gap analysis

The following information is required in order to assess the education/training requirements of primary health care nurses in the PHO setting. This will provide the basis for an education framework that outlines expectations required by Te Ao Māramatanga NZCMHN for education/training providers in order to meet the requirements for a mental health and addictions in primary care credential.

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<tr>
<th>Category</th>
<th>What is occurring</th>
<th>What is required</th>
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| 1.0 PHC NURSE | 1.1 Capacity of nurses in PHC  
- Experience in practice  
- Professional boundaries  
- Nursing practice within supportive environment  
- Cultural responsiveness to local communities of PHO |  
- Minimum 1 year in practice  
- Understanding boundary issues and the difference between professional and personal relationships  
- Understanding of case management (referred to as personal health care management in PHO toolkit) including self help, management plans, evidence based practice, pharmacological (including side effects) and psycho-social interventions, follow up, recovery, monitoring, advocacy, consultation and referral thresholds  
- Self awareness  
- Understanding the experience of the person receiving healthcare and their family  
- Understanding the impact stigma and discrimination has on health for Maori/pacific people and all people with mental health and addiction issues  
- Cultural perspectives of illness and wellness |
| 1.2 | Capability of nurses in PHC | - Minimum qualification and registration is RGoN, RN or EN  
- Expectations of PHC nurses  
- Capability of clinical supervision and or supervised practice | - RGoN or RN  
- Formal and experiential learning  
- A willingness to participate in an education and skill enhancement programme focused on development of MH and Addictions practice skills relevant to their role in primary care setting  
- Myth busting around mental health and addictions  
- Enhancement or development of Supervision/coaching/mentoring of clinical practice during training phase prior to credentialing application |
| 2.0 | PHO |  |  |
| 2.1 | Capacity of organisation | - Time/other resources available for nurses in practice settings to develop mental health and substance use/addictions skills enhancement  
- Awareness raising of credentialing programme  
- Communication plans - within the PHO and amongst nurses regarding updating information, education/skill development  
- Management of screening tools  
- Capacity for supervision – individual/peer within practices /PHO and ongoing coaching | - Hours of training provided set at a minimum of 25 hours to be completed within 6-12 months (negotiable).  
- PHO site will be required to put nurses through education and skill enhancement – including online theory with possible multi-choice assessment, supervised practice and feedback  
- Infrastructure within PHO that supports nurses to undertake online training, updating and enhancing skills and information sharing (MH), and the ability for nurses to a develop evidence based record (required for credentialing process)  
- Access to training other than that provided |
### Clinical responsibilities with GP currently

- Provision of supervision/coaching/mentoring during training by someone with approved and recognised mental health knowledge.
- Provision of supervision/coaching/mentoring post credentialing if required.
- Strengthening the nurse-GP communication and practice links.

### Existing relationships b/w PHC nurses and other primary providers/community agencies

- Knowledge of providers and community agencies, and self-help/peer support systems.
- Current linkages/networks.
- Current referral channels - community resources/agencies, emergency and secondary care services.

### PHO relationships – contractual and informal

- Demonstrated efforts to develop relationships, referral pathways to community resources/agencies, emergency and secondary care services, and feedback loop.

### CLINICAL – Mental health and addictions

#### Mental health clinical tools – mild to moderate

- Current methods used in practice to undertake screening and health education/brief assessment and interventions such as:
  - *a)* online brief assessment tool generating referral to psychological services, or
  - *b)* Kessler (K-10) Psychological Distress Scale.

### Training provision to include screening and brief assessment tools, brief intervention and referral pathways

- Clinical nursing tools must screen (then briefly assess) for anxiety, depression, nicotine and addictions (eg. Gambling)/substance use (harmful use as opposed to addiction).
- Understanding of more complex mental health and addiction conditions.
| 3.2 | Mental health – concerns (moderate to severe) | - General Practitioners currently identify more severe mental health issues and concerns about self harm/ suicidality/ emergency consultation | - Assessment tool (incorporated into tool in 3.1)  
- Referral system/process  
- Knowledge of and links with community agencies and primary, secondary and tertiary providers that assist people with mental health issues |
| 3.3 | Therapeutic relationship | - Existing therapeutic relationships with people in PHO | - Self awareness  
- Stages of Change  
- Motivational approach – behaviour and lifestyle change  
- Engagement and therapeutic alliance, termination  
- Recovery and strengths model  
- Co-existing problems (medical, mental health/addictions)  
- Case Management  
- Risk  
- Continuing care/follow-up |
<p>| 3.4 | Family/whanau partnership | - Current family/whanau involvement | - Understanding of role of family/whanau involvement, definition of family, MoH guidelines on family participation |
| 3.5 | Community | - Existing population | - Understanding of the unique mental health |</p>
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<th>demographics</th>
<th>and addictions needs of local communities</th>
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<tr>
<td></td>
<td>- Utilising local community groups to assist with early recognition and brief intervention</td>
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<td>- Social determinants of health</td>
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