



Te Ao Māramatanga New Zealand  
College of Mental Health Nurses

Mental Health and Addictions Credential  
in Primary Care (Nursing)

Monitoring and Evaluation Handbook -  
ABRIDGED

---

19 April 2013

Jointly prepared by Evaluation Consult (Kara Scally-Irvine) and Te Ao  
Māramatanga New Zealand College of Mental Health Nurses  
(Jo Harry)

## **Forward**

---

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 knowledge and skills 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.

## **About this abridged handbook**

---

This abridged version of the monitoring and evaluation handbook has been developed to assist and orientate nurses in practice how to become credentialed.

This handbook should be considered as a working document, which will be updated as required. For further information or for the full version of the Monitoring and Evaluation Handbook, or further resources, please visit [www.nzcmhn.org.nz](http://www.nzcmhn.org.nz).

# 1. Project information

---

## 1.1. Background to the project

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.

The report *Te Rau Hinengaro: The New Zealand Mental Health Survey 2006* provides important information about the prevalence of mental disorders and their patterns of onset and impact for adults in New Zealand. Key findings in this report include

- 46% of people in NZ will meet criteria for mental disorder some time in their life
- During one year, 20% of people suffer a MH & Addictions disorder
- Females have higher prevalence of anxiety disorder, major depression & eating disorder
- Males have a higher prevalence of substance use disorders
- Prevalence is higher for Maori and Pacific populations
- People with a mental disorder frequently have more than one disorder and greater disability is experienced by people with both a mental health and physical health problem compared to experience either alone
- People presenting to a health clinic do not necessarily present with a MH concern
- the proportion making a mental health visit to the health care sector is low (only 58.0% of those with serious MH disorder, 36.5% of those with moderate MH disorder and 18.5% of those with mild MH disorder).

It is essential to enhance the skills of generalist nurses (in all practice settings) in order for these nurses to routinely integrate screening and brief assessment for mental health and substance use, and as required provide personalised brief interventions, seek consultation and provide relevant referrals to a range of community resources including more specialised assistance.

Additionally, for people who have more complex problems, generalist nurses must be able to provide on-going care following more specialist or intensive mental health and addiction episodes of care. This must include supporting individuals, families and whānau in their recovery journeys. Knowledge and skills based learning is required in order to demonstrate mastery over care management and provide a foundation for clinical decision-making skills across care settings and in varying clinical situations.

Furthermore the **Blueprint II** (2012) champions a future where mental health and wellbeing is “everyone’s business” i.e. the business of multiple workforces inclusive of nursing. It outlines the key resource in mental health and addictions as being its workforce and suggests a shift in care emphasis (while still retaining a focus assisting those people with more complex mental health and addiction problems) towards assisting people who have a lower level of need but whose mental health and addiction issues significantly impact on their lives.

## **1.2. Why get credentialed**

The prime focus of credentialing is patient safety, where success relies on active self and peer assessment. It is also beneficial in terms of practitioner protection, provider accountability and consumer confidence in the health system. The joint Te Ao Māramatanga NZCMHN and Health Workforce New Zealand project on credentialing was established to contribute to the identified need to enhance the skills of primary care nurses in the areas of mental health and addiction relevant to the role of a generalist Registered Nurse. The intention is not alter a Primary Healthcare Nurses’ scope of practice, but rather assist nurses to work to the full extent of their scope.

Credentialing is a process used to assign specific clinical responsibilities to health practitioners on the basis of their education. It is a peer-led process and requires periodic re-credentialing in order to show that the enhanced skills are maintained in practice.

A credential recognises the enhanced knowledge and skills of a nurse to perform the agreed clinical activities within his or her practice setting. A credential complements a nurse’s existing performance review process by confirming to the employer that the nurse performs the activities to a recognised standard.

Here are two examples (see over page) to demonstrate how getting credentialed could support you/a nurse.

## SCENARIO 1

A Primary Healthcare Nurse (PHN) works in a rural general practice. The population in the practice is predominately in the older age group (65+), and in the young (under 18) age group. The PHN sees a large number of patients with long term care issues such as diabetes, chronic respiratory disorders and cardiac disease. The PHN is concerned also about the numbers of teenagers seen who she suspects is using illicit drugs and alcohol excessively.



**Key mental health and addiction issues** – Depression and anxiety span across both population demographics in this scenario. Screening for depression and anxiety for the patients experiencing chronic care conditions will alert the nurse to further interventions or referral required. The ASSIST package of screening and brief interventions helps the PHN detect and respond to alcohol, tobacco and other psychoactive substance use with the younger demographic. In both groups, psychoeducation about what is happening along with self help strategies is appropriate.

## SCENARIO 2

A Primary Healthcare Nurse (PHN) working for a Maori provider is worried about the number of reported suicides in the local area over the last 12 months. The PHN has not seen any of this group herself, but does hear from other patients about the growing concern amongst the local community. She often finds herself in an awkward position as patients are tearful, upset or angry.



**Key mental health and addiction issues** – A key national strategy in New Zealand is suicide prevention. New Zealand has one of the highest rates of suicide in the world. Up-skilling in early detection of someone at risk of harm to themselves is warranted in this setting. Knowing the appropriate referral pathways is essential. Concurrently the PHN must feel confident (and in this instance this comes with a good understanding of self) that the support offered to patients in a caring role is appropriate. Recognising the difference between expected grief and depression/anxiety will assist the PHN to determine the breadth of her role in this situation.

### 1.3. The project intent/purpose

The overall purpose/intent of this project is to improve population health in the area of mental health and addiction within a primary care setting.

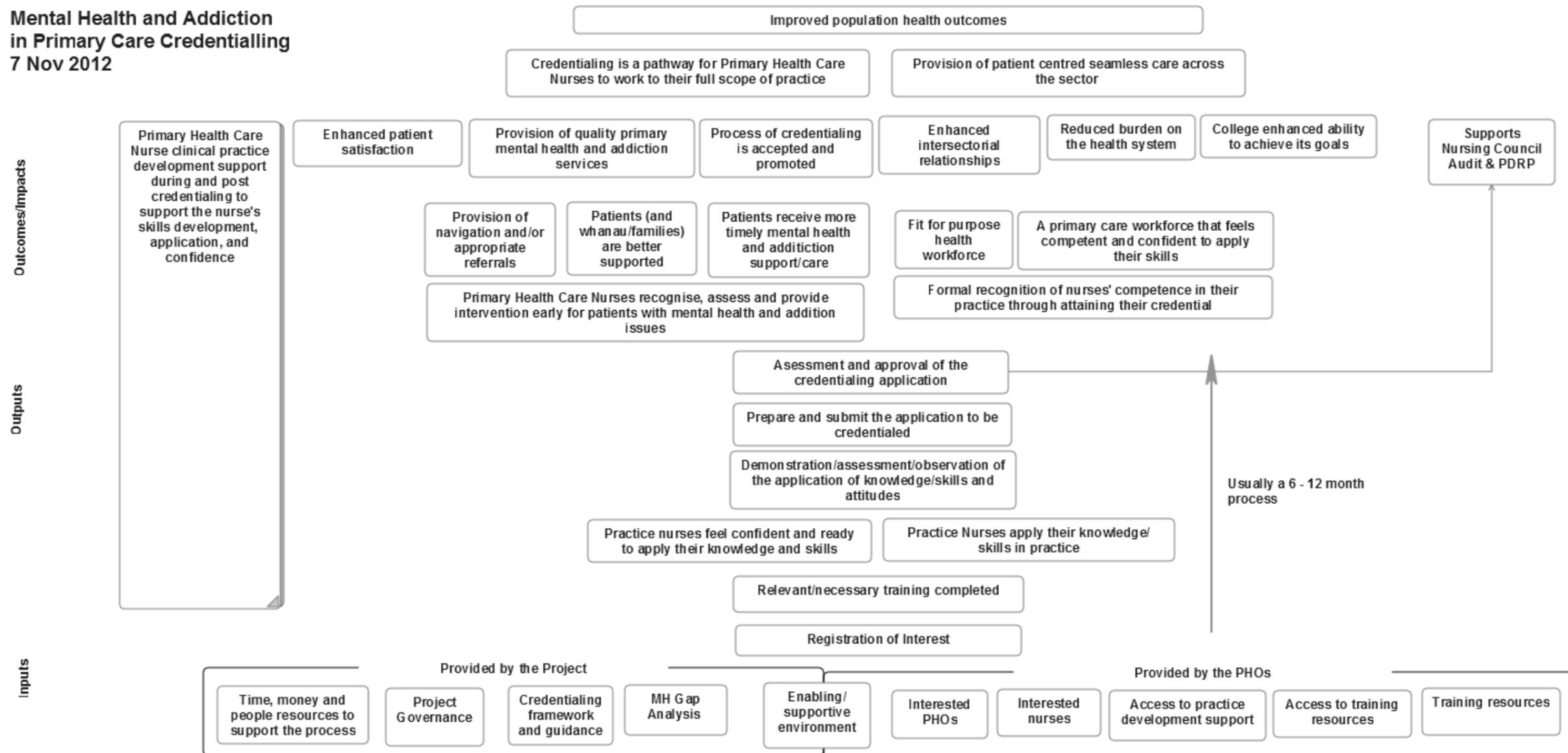
This model (Figure 1) diagrammatically depicts the intended 'change pathway' or 'theory of change' It describes what inputs are required in order for Primary Healthcare nurses to enhance their skills in mental health and addictions and apply for a *mental health and addiction in Primary Care credential*, whilst describing the overall impact on PHO enrolled populations.

Essential to this process is translation of knowledge/skills into practice and this is depicted by Practice Development Support (based on a model of reflective practice). The overall nursing objectives are:

- To routinely screen for and recognise signs of depression, anxiety, addiction and harmful substance use in people.
- To feel confident talking to and supporting people with signs of depression, anxiety, addiction and harmful substance use. This includes feeling confident about inquiring about and addressing concerns about risk. To include screening, brief assessment and interventions, ongoing monitoring (psychosocial, physical, and pharmacological), and promoting self-management strategies within daily practice.
- To be familiar with referral pathways within communities that are culturally appropriate, and meet the needs of individuals, families and whānau.
- To understand the concepts of recovery and wellbeing
- To incorporate the principles of a motivational approach within therapeutic relationships.
- To understand societal influences that impact on people's mental health and journeys of recovery including stigma and discrimination

Figure 1. The project model for the Mental Health and Addiction in Primary Care Credentialing project.

**Mental Health and Addiction  
in Primary Care Credentialing**  
7 Nov 2012



### 1.3.1. Model Definitions

Inputs	<p><u>Provided by the Project</u></p> <ul style="list-style-type: none"> <li>a) <i>Time, money and people resources to support the process</i> – This includes HWNZ resourcing, the College credentialing manager and web development</li> <li>b) <i>Project Governance</i> – Steering Group oversees the implementation of the credentialing project in primary care. The Project Board provides high level oversight and sets strategic direction</li> <li>c) <i>Credentialing framework</i> – Te Ao Māramatanga NZCMHN credentialing framework aligned with the national Framework for Credentialing Health Professionals in New Zealand developed by Ministry of Health 2001. It requires primary care nurses to enhance their knowledge and skills in Mental Health and Addiction, be supervised in practice, improve confidence prior to applying for a <i>mental health and addiction in primary care credential</i> (see scenarios above for examples)</li> <li>d) <i>MH Gap Analysis</i> – A collaborative process initiated by Te Ao Māramatanga NZCMHN in conjunction with the PHO to establish 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 and PHOs for education/training providers in order to meet the requirements for a mental health and addictions in primary care credential.</li> </ul> <p><u>Project and PHO</u></p> <ul style="list-style-type: none"> <li>e) <i>Enabling/supportive environment</i> – Primary care nurses engaging in credentialing activities must be supported in their practice environment. A mandate to attain a <i>mental health and addiction in primary care credential</i> must be provided by the governance structure of the PHO. Nursing leadership within the PHO environment will compliment and support nurses to seek training both within and external to the PHO environment.</li> </ul> <p><u>Provided by the PHOs</u></p> <ul style="list-style-type: none"> <li>f) <i>PHOs</i> – The Primary Health Care Organisation</li> <li>g) <i>Interested Nurses</i> – Registered nurses working in a primary care environment who are interested in attaining a <i>mental health and addiction in primary care credential</i></li> <li>h) <i>Practice Development Support</i> – The purpose of this is to assist the primary care nurse with translation of knowledge and skills into practice. Reflective practice is the foundation for the relationship between nurse and supervisor providing support, with the overarching goal of enhancing confidence and practice in the primary care setting. The supervisor will have specialist mental health knowledge/skill and may already be working in (or aligned with) the PHO, the nurse or the local DHB. The supervisor will be accountable for his/her own practice, own clinical supervision (MH &amp; A context) and recommending the nurse for credentialing during application phase.</li> </ul>
--------	---

	<p>i) <i>Training Resources</i> – Nurses require access to relevant, contemporary training. Release time from the practice environment whilst being mindful to minimise the impact on business units may be required.</p>
Outputs	<p>a) <i>Relevant/necessary training completed</i> – This may take 6-12 months to complete</p> <p>b) <i>Practice nurses feel confident to apply / Application of knowledge into practice</i></p> <p>c) <i>Demonstration/assessment/observation of the application of knowledge</i> – The Practice Development Support process is necessary in this section</p> <p>d) <i>Prepare and submit the application for credentialing</i> – An online process requiring evidence-based record of learning, a reference and confirmation of annual practicing certificate. See application and evidence based record guidelines</p> <p>e) <i>Assessment and approval of the application</i> – To be completed by a selected panel of assessors by Te Ao Māramatanga NZCMHN. Also see appeals process</p>
Outcomes/ Impacts	<p>a) <i>Better recognition and intervention with mental health and addiction issues with patients</i></p> <p>b) <i>Formal recognition of nurses' skills in their practice</i> – award (certificate) of a <i>mental health and addiction in primary care credential</i>. One year complimentary membership to Te Ao Māramatanga NZCMHN</p> <p>c) <i>Appropriate referrals</i> – Knowledge of all community resources</p> <p>d) <i>Patients feel better supported</i> – Subjective feedback can be captured on PHO patient satisfaction surveys</p> <p>e) <i>Patients receive more timely mental health and addiction care</i></p> <p>f) <i>Fit for purpose health workforce</i> – in keeping with Ministry of Health and workforce centre direction, primary care health professionals must meet the population demand with regards to mental health and addiction</p> <p>g) <i>A primary care workforce that feels confident to apply their MH and addictions knowledge and skills</i></p> <p>h) <i>Provision of quality primary mental health and addiction services</i> – as outlined in the Blueprint II (2012), The Mental Health and Addiction Service Development Plan (soon to be released 2012) and Better, Sooner and More Convenient Healthcare in the Community (2011). Seamless care between primary, secondary and NGO services requires a clear pathway of communication and includes integrated care</p> <p>i) <i>Enhanced relationships</i> – Refers to relationships sector wide, at the nurse/patient level, and linkages between PHO, Te Ao Māramatanga NZCMHN and New Zealand Nursing Council</p> <p>j) <i>Reduce burden on the system</i> – In an environment where resources have competing priorities, a focus on primary mental health and addiction care</p>

	k) <i>College enhanced ability to achieve its goals</i> – to support nurses in all practice settings with enhanced knowledge and skills in mental health and addiction screening, brief assessment and intervention and referral.
--	---

## 2. How to become credentialed

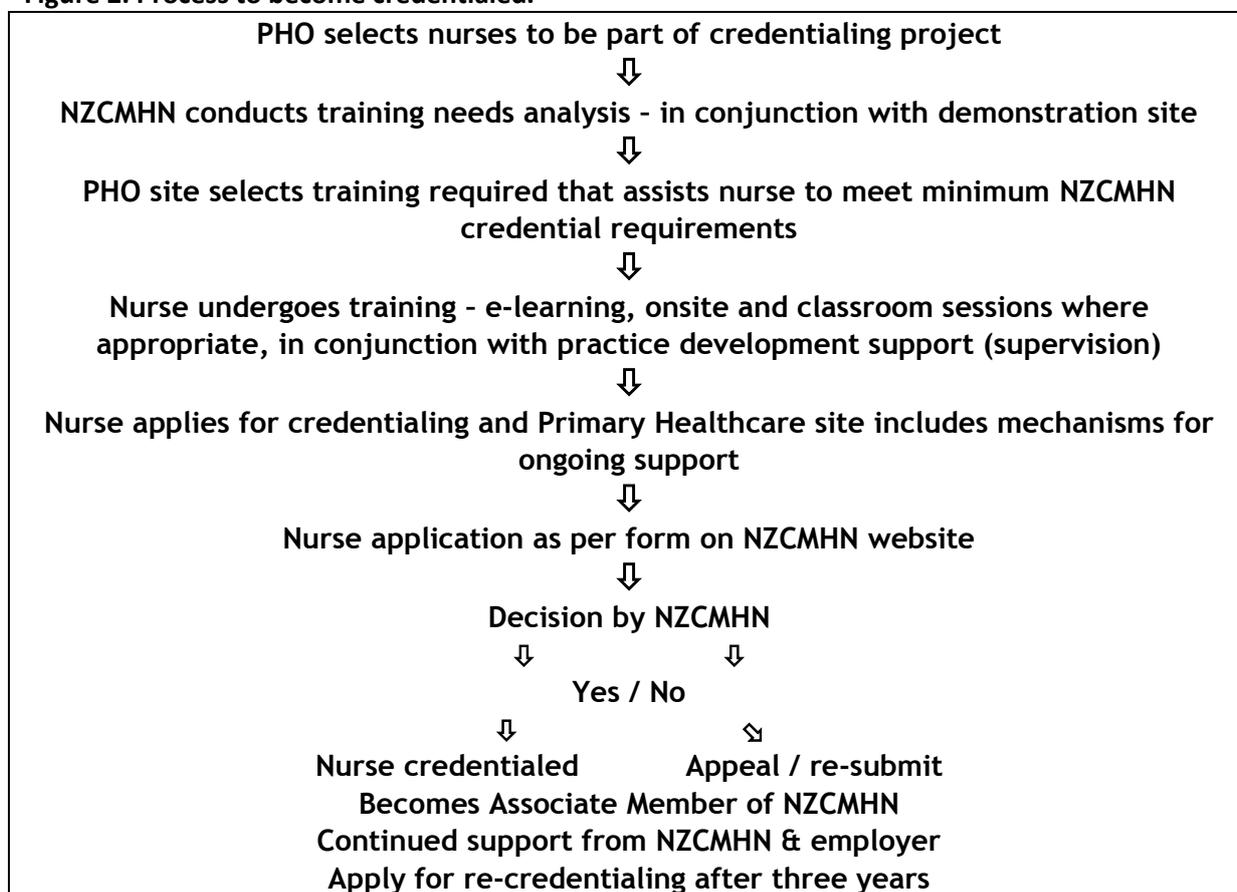
### 2.1. What is credentialing

Credentialing is a process used to assign specific clinical responsibilities to health practitioners on the basis of their education. It commences on appointment and continues for the period of employment. Credentialing is a responsibility delegated to professional bodies.

### 2.2. The process to become credentialed

Figure 3 below outlines the process a nurse must complete in order to become credentialed by the College.

Figure 2. Process to become credentialed.



#### Employer/PHO responsibilities

In order for this process to be successful, it is important that the Nurses employer ensures resources associated with training are available, that release time can be granted, that they are will and able to assist in identifying Practice Development Support (supervision), and can provide an on-going supportive environment post credentialing success.