

Destination: Recovery

Te Unga Ki Uta:Te Oranga

Future responses to mental distress and loss of well-being —a discussion paper from the Mental Health Advocacy Coalition

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Ko te pae tawhiti whaia ki a tata—Seek your aspirations on the horizons

This recent discussion paper is important for general practice and primary health care as it recognises the role we play in improving the mental health of our population:

Easy access: Individuals and families know where to find independent information on the availability and quality of services. There are many doors into services—a lot of them open into primary health settings which act as the hubs of service delivery and referral. People are not denied access to help on the basis that their distress or loss of well-being are insufficiently severe; they are either provided for or immediately referred elsewhere.

The paper provides challenges for all health professionals to change and improve the care we offer and is part of an international movement in the provision of services. With the developments in New Zealand in primary mental health care it is important that we, as GPs, are aware of developments and able to take advantage of opportunities.

‘When you’re trying to create things that are new, you have to be prepared to be on the edge of risk.’—Michael Eisner

I have been the RNZCGP representative on the Coalition and appreciate the opportunity to contribute to improvement in mental health services, and for the

support given to primary care. ‘Destination Recovery’ supports integrated collaborative approaches to service provision across both specialist clinical and support organisational boundaries, and the secondary-primary interface. Leadership is recognised as being important, as is support for change management.

‘There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.’—John F Kennedy

Executive summary

‘Vision is perhaps our greatest strength... it makes us peer into the future and lends shape to the unknown.’—Li Ka Shing

The Mental Health Advocacy Coalition has a vision for society’s well-being. We believe everyone should experience not only good mental health, but the benefits of being able to cope with life stressors and enjoy a productive working life and fulfilling relationships. We believe mental health services have a major role to play in bringing about well-being for all; but only if these services are transformed.

Forces for transformation

The rise in human rights awareness, self-determination, the consumer soci-

ety, multiculturalism and the Maori renaissance have all impacted on the mental health arena. Deinstitutionalisation, awareness of the social determinants of distress, and the service-user movement are all drivers for mental health service transformation. Expectations are also changing—people with mental distress want the same from life as everyone else. There is already change at mental health policy level in many countries, including New Zealand.

In our vision:

Values and people

- Madness is a fully human experience.
- The purpose of services is recovery.
- Self-determination is the foundation of service delivery.

Adopting these values changes the way people think. Everyone is encouraged to be informed, active and competent—this includes the workforce, people who use services, their families and the wider community.

Services

- Primary services are the most common point of access, and offer service negotiation, navigation, drug and talking therapies and other forms of support.

- Niche mental health services include acute, forensic, and early intervention services, and services for specific client groups.
- Other sectors are structurally aligned and work closely with primary services and mental health services to promote well-being for all.
- All agencies are accountable to powerful and well-resourced district leadership groups.

Systems in our vision:

- Policy is profoundly influenced by service users, families and those most affected by mental distress, and funding is planned and responsive.
- Measures of effectiveness of services are simple and focus on outcomes that are important to service users.
- Coordinated service development, workforce development

and research lead to adaptive, responsive services for all.

- An independent national agency monitors services and provides information on quality and advocacy for service users and whanau.

The discussion paper is available at:

http://www.mentalhealth.org.nz/file/downloads/pdf/Destination%20Recovery_FINAL_low%20res.pdf

PRACTICAL POINTERS

Effective communication strategies to enhance patient self-care

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Introduction

Can primary care practitioners influence and improve patient self-care, simply by the way they communicate with their patients? If so, can this be done within the consultation, even when practitioners already feel constrained by lack of time?¹ Currently in New Zealand (NZ) there is significant morbidity and mortality associated with lifestyle-related disease, and constraints on health resources increasingly mean that patients need to be more responsible for their own health. After indicating the general context of lifestyle-related illness, this paper will outline the different approaches available to primary care practitioners. The prin-

ciples of motivational interviewing, the stages of change model, the 'catastrophe theory' model,² and the essential elements of brief intervention in primary care settings will be outlined. This will be followed by practical examples on how to communicate with the patient in ways that will enhance behavioural change and self-care.

Background

There are some concerning trends in the rates of lifestyle-related disease. The prevalence of obesity has more than doubled from 1982 to 2003,³ and the future impact of the obesity epidemic on the NZ population and health system will be significant.⁴ Smoking rates are no longer dropping.³ Although the overall ischaemic heart disease mortality rate for 2011–15 is predicted to decline, there is an expected actual increase in the mortality rate for Maori.⁵ Disparities across a range of risk factors and health outcomes for Maori and Pacific peoples, compared to the total population, persist and are of grave concern.⁶ With effective lifestyle

intervention targeting obesity, smoking, exercise, and alcohol use, such lifestyle-related conditions could be reduced.

A NZ study identified patients with lifestyle issues by using a short screening tool consisting of lifestyle and mental health risk factors. It was found to be acceptable to patients and not burdensome to practitioners.⁷ It is well known that offering patients information only does not necessarily effect behaviour change, so other approaches are needed. An intervention that is currently being trialled and evaluated⁸ involves a 'lifestyle script' administered by primary care nurses and followed up with telephone counselling. Utilising programmes that are culturally appropriate is important to success.⁹ Other studies have shown that although there is acceptability and recognition of the value of chronic disease management programmes, there is still concern by practitioners about the amount of time involved.¹⁰

Promoting patient self-care ideally is the responsibility of all members of the

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