

Primary mental health care: Service delivery and the impact on the workforce

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There have been a number of developments in the provision of primary mental health care in New Zealand with the increasing recognition that primary care should be central to development of service delivery.¹ These include Ministry of Health funded Primary Mental Health Initiatives (PMHI) as well as existing projects in primary/secondary care liaison. This paper develops the concept that general practices are first-line services providing mental health care, working in partnership with Primary Health Organisation (PHO) services that can aid integration, work with communities and provide additional services. The impact on the workforce has been an extension of existing roles as well as the addition of new roles and 'new' services.

GPs and practice nurses have always provided care to people with mental health problems of all levels of severity. This includes those with:

- Mild-moderate mental health problems
- Acute problems
- Complex problems
- Alcohol and drug problems
- Long-term conditions that are stable, or that become stable with our care.

Until recently, GPs and practice nurses have provided between 50% and 75% of all mental health care without dedicated funding, time or resources.² There are now opportunities to become even more effective in this work, as part of 'usual' care and as part of extended roles that come with increased support for primary mental health care and the advent of new options for people.

New types of mental health clinicians and professionals also have developed and include PHO mental health coordinators and other mental health clinicians working as part of practices or PHOs as a result of the mental health initiative funding

from the Ministry of Health. There have also been opportunities to extend the roles of existing team members, such as GPs and practice nurses, by funding additional time for existing staff.

The need to modify services in response to specific community needs has become clear with the implementation of the initiatives. It is essential when planning primary mental health services that the primary care philosophy is understood and respected and that mental health practitioners from other disciplines and from secondary care receive specific orientation to primary care. Mental health can not be separated from primary health care and an integrated approach in primary care is essential.

For health professionals who have completed vocational training, skill development will be linked with new service development and enhancing existing care. This will depend on demands on the workforce and existing skill mix.

In order to support the existing and future workforce, funders will need to consider the following requirements for quality of care:

- Teamwork
- Continuity of care
- Skill development (including the option of advanced skill development)
- Awareness of boundaries and when to seek advice
- Clinical leadership and mentoring
- Clinical supervision
- Time.

Creative ways of sharing skills such as secondments between different service providers, including secondary care and NGOs, could be future options. There have also been developments in encouraging partnerships between individuals

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in primary and secondary care to provide mental health leadership teams in local areas. Pathways for GPs to develop into 'expert' practitioners are an option that should be considered. Both the Universities of Otago and Auckland provide post-graduate papers which could support this.

Access to timely advice from secondary care colleagues will remain essential for those working in primary care, and closer integration should be developed as part of improving the quality of care able to be delivered by primary health services.

Increased primary care funded time will be necessary to provide support for such things as e-therapy, telephone follow-up, mentoring, peer review, clinical supervision and teamwork. These need to be factored into future funding models and predictions of numbers and skill mix in the workforce.

References

1. Integrating mental health into primary care, a global perspective Wonca; WHO; 2008.
2. Andrews G. The Tolkein Report II. A model for matching the available workforce to the demand for services. Sydney: University of New South Wales; 1994.

COMPETING INTERESTS

Tony Dowell has been in receipt of primary mental health evaluation contract funding from the Ministry of Health.

Position statement: Primary health care nursing

The following position statement of the Ministry of Health's Primary Health Care Nursing Expert Advisory Group was presented at the 2008 University of Auckland Symposium 'Health for All in Aotearoa: How can we achieve the vision?' celebrating the 30th anniversary of the Alma-Ata Declaration,¹ which identified comprehensive primary health care (PHC) as a tool for reducing health inequalities and achieving 'Health for All'.

PHC nursing is practical and research-based. Employing socially and culturally acceptable practices, nurses make care accessible to people in the places in which they live and work. PHC nurses aim to reduce inequity in the health status of the population, in particular for Maori, Pacific and other underserved populations. A population health approach is required, alongside work to assist individuals to make decisions about their own health and independence. Examples of effective nursing services include youth health clinics, community outreach nurse-led clinics with multidisciplinary back-up, Maori nursing mobile chronic care management services, Pacific nursing Well Child services, home visiting and home-based care,²³ Kaupapa nursing services,⁴

and nurse practitioner Well Child and teen care programmes.⁵ Developing exciting, innovative, appropriate strategies to address the health needs of New Zealanders requires a successful PHC nursing workforce with strong leadership, research skills, vision and a genuine commitment to reducing inequalities. Furthermore, PHC nurses make a significant contribution by building relationships in the community, and providing opportunities to facilitate change that strengthens community action and promotes health and well-being. Nurses working in partnership with consumers and in teams that collaborate across disciplines, professions and sectors, remain crucial for achieving sustainable outcomes.

Context

The 1840 Treaty of Waitangi was accepted in 1992 by the Government as the 'founding document of New Zealand'.⁶ Its integration into health services was recommended in 1986 by the then Director-General of Health, Dr George Salmond. The Department of Health accepted that 'concepts of health are firmly based in culture', a perspective aligned with the WHO principles set out in the Alma-Ata Declaration of

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