MINISTRY OF HEALTH
MANATŪ HAUORA

Primary Mental Health Care in New Zealand

Information about developments in primary mental health care, particularly those led by the Ministry of Health.

November 2007

Primary mental health initiatives

Te Rau Hinengaro, the New Zealand Mental Health Survey, shows there is a high prevalence of common mental health problems such as anxiety, depression, drug and alcohol problems. Currently, most mental health services only treat people with the most severe mental health problems (approximately 3% of population). There is a gap in mental health service delivery for people with mild to moderate mental health problems.

In 2004, to support the Primary Health Care Strategy, District Health Boards (DHBs) and Primary Health Organisations (PHOs) were to establish primary mental health initiatives. These initiatives targeted people with mild to moderate mental health problems. It was of particular interest to identify effective primary mental health service delivery models and components that could potentially be expanded and implemented across New Zealand.

Twenty-six initiatives, involving 41 PHOs, have been funded. A further 16 initiatives, involving 20 PHOs received funding in October to begin their own primary mental health initiatives this year.

So far, a 'bottom up' approach has characterised the development and progression of the primary mental health initiatives. Different PHOs have developed a variety of different structures and staffing arrangements to meet the needs of people with mild to moderate mental illness.

Key components include:

- training and education for practice staff
- extended GP or practice nurse consultations
- primary mental health co-ordinators
- packages of care, including assessment and brief interventions such as talking therapies (eg, CBT, counselling).

The initiatives are limited in a number of ways. First, they are time-limited, with services, in the first instance, being based on a two year contract with PHOs (through DHBs). None of the initiatives are scheduled to continue beyond June 2009. Second, they are limited in the numbers of clients that are seen. PHOs have been funded to provide services only to a small number of people and demand-management issues have emerged as a significant concern. Third, they are not available throughout New Zealand. There are still 21 PHOs (and two DHBs) that have not yet received dedicated funding for primary mental health initiatives.

Evaluation of initiatives

The outcomes of the first 26 initiatives are being evaluated by the Wellington School of Medicine and Health Sciences, University of Otago. Despite their limitations, the new initiatives are making a positive impact in the sector. Key findings of the interim report received at the end of October 2007 include:

- 13,271 service users have been seen across 20 of the initiatives (6 initiatives have not yet supplied data).
- Of the service users seen, 18.8% were Māori, 6.7% were of Pacific ethnicity, and 65.8% were New Zealand European.
- Service users had a complex range of issues motivating them to seek help and many were experiencing multiple stressors including: past history of psychological distress, physical health

problems, unresolved post-traumatic stress disorders, grief, abuse, social issues, alcohol and drug issues, and ongoing depression/anxiety.
- Depression was the most common diagnosis – 63.6% of service users.
- Nine distinct service delivery models for primary mental health care have evolved across different PHOs.
- Extended GP consultations and talking therapies were the most common interventions.
- Nearly 80% of people who accessed services through the initiatives showed positive improvement.
- The size of improvements for service users did not significantly differ between the different service delivery models.
- A new workforce of primary mental health coordinators (often with nursing backgrounds) has been created.
- It was advantageous if primary mental health clinicians could deal with the complex social needs of service users.
- Integration with secondary care was an important component.
- The opportunity to access brief talking therapies from primary care is meeting a large previously unmet need.

The final report from the evaluation team is due in March 2008. This is expected to yield further information on providers' and consumers' perceptions of the service, service user outcomes, effective components of the initiatives, and workforce requirements.

Māori service users (Tāngata Whaiora)

The evaluation showed that new primary mental health initiatives aimed to be responsive to Māori and involved both kaupapa Māori and mainstream services. In the mainstream services, some PHOs found it difficult to translate "by Māori, for Māori" into practice due to a lack of guidelines and difficulty accessing a Māori workforce. Despite this, greater than the population demographic numbers of Māori were seen through the initiatives. This is a promising start, however, the disproportionately high rate of mental health problems in the Māori population justifies a continued focus on improving access for Māori.

Pacific service users

There were obvious gaps in service provision for Pacific peoples. The evaluation highlighted the need for primary mental health care to include health promotion and destigmatisation as service components because of the way in which mental health issues are perceived by some Pacific people and communities. Treatment options also need to accommodate a wide range of beliefs about mental health. Further work to increase the Pacific workforce may help to address some of these gaps.

Future direction of primary mental health care

In order to draw together the key issues highlighted in the evaluation and provide national direction, advice will be given to the Minister of Health on the future format and funding of primary mental health services. In addition to the evaluation of the initiatives, several steps have been taken to form the basis of policy advice to Government.

First, a New Zealand Health Technology Report was published in 2006 to review the international literature on models of mental health service provision and workforce configuration in the primary care setting. The review summarises the effectiveness of different service delivery models.

Second, the 21 DHBs have provided $1 million in funding (through the DHB Research Fund) to the Health Research Council (HRC) to administer a research project focusing on the integration of mental health care within the primary health care setting. In September 2007, HRC released a RFP for research that aims to identify key factors necessary to build and strengthen the capacity and capability of primary mental health care services.

Third, the New Zealand Guidelines Group (NZGG) was commissioned by the Ministry of Health in 2006 to develop national depression guidelines for the management of depression within primary care. A draft of the Guidelines is due in December 2007 and an implementation strategy is also being finalised.

The primary mental health team will consider the information already collected from these sources and stakeholders to develop a policy advice paper that outlines the future direction for primary mental health care in New Zealand. It will be sent out to the sector for feedback in early 2008.

Primary mental health team at Ministry of Health

The Primary Mental Health Team is part of the Mental Health Policy and Service development team, Population Health Directorate, led by Joan Mirkin. We are working to progress primary mental health care development, with input from several other Ministry teams including: the Primary Health Care implementation and policy teams, National Depression Initiative team, and Suicide prevention team.

There are now four of us working specifically on primary mental health care:

Nemu Lallu – Project Manager

Kristan Johnston – Senior Policy Analyst

Alana Ruakere – Project Manager

Dr Sarah Dwyer – Senior Project Manager

Primary mental health DHB representatives

Four DHB representatives have been closely involved with primary mental health activities. They have worked with the Ministry's primary mental health team to evaluate primary mental health proposals, organise network meetings, and communicate with the sector.

The representatives for the four regions are:

- Northern region – Bram Kukler (based at Waitemata DHB)
- Midland region – Suzanne Gower (based at Lakes DHB)
- Central region – Mary Wills (based at Hawke's Bay DHB)
- Southern region – Carol Gray (based at Otago DHB). Carol recently took over from Craig Cowie who was based at SISSAL.

Primary mental health regional network meetings

The DHB representatives recently organised another round of regional network meetings in late October/early November. The meetings were attended by representatives from DHBs, PHOs, and NGOs and were held in Auckland, Rotorua, Wellington, and Christchurch.

The regional meetings provided an opportunity for staff from the initiatives to share learnings, successes and issues, and hear about findings from the evaluation. There was a wealth of ideas and feedback provided to the Ministry team to inform the policy paper on primary mental health care. Geraldine Strathdee, an international expert in primary mental health care from the UK, attended several meetings in Auckland and Wellington. Her input was inspiring to many. Key themes from the regional meetings and Geraldine's visit will be summarised and sent out to the sector soon.

Current activities of the primary mental health team

The Ministry recently held a second Request for Proposal (RFP) round to fund additional primary mental health initiatives in PHOs that had not yet received funding.

In total, the Ministry received 29 proposals (representing 34 PHOs) for primary mental health care funding, adding up to close to $6 million. The total budget available was $3.1 million. We were able to fund a total of 16 proposals (representing 20 PHOs) in this RFP round. For several weeks, Nemu Lallu

was very busy negotiating contracts with each of the successful DHBs/PHOs! These new contracts will run until June 2009.

There is $500,000 available in the budget to develop the workforce capability for primary mental health care. We are currently developing plans for what this workforce development should look like and how we could work and share with the DHBs and PHOs from the primary mental health initiatives. Alana Ruakere is leading this work.

Two other plans on our agenda include the development and implementation of the National Depression Guidelines and the development of internet-based therapy and e-tools for people with mental health problems. These should be useful for primary mental health practitioners in the future.

Extension of funding for original initiatives

One of the primary mental health team's priorities is to ensure continuity of service delivery. Contracts for the original 26 initiatives were due to expire in June 2008. The primary mental health team recently applied to have the funding for the original initiatives extended for another year, until June 2009. We can now confirm that the extended funding has been approved. We will be in touch with each DHB to renegotiate the contracts based on what has been learnt from the national evaluation. Examples of areas that DHBs and PHOs will be encouraged to consider include: (1) strategies for increasing access rates for Māori and Pacific, (2) strategies for targeting children and youth, (3) the nature of services being offered within 'Packages of Care', (4) availability of supervision for primary mental health care staff, and (5) ways of matching the patient's level of need with the most appropriate intervention.

We are also hoping to secure funding for the PHOs that have not yet received dedicated funding for primary mental health care as well as additional funding to increase volumes for the existing initiatives. Many initiatives are faced with demand management issues, and we are aware of the need to address inequities in primary mental health funding levels between different PHOs.

Other Ministry-related activities

We continue to work closely with a number of other Ministry teams in order to ensure a 'joined up' approach to primary mental health care. The teams and their current areas of focus are:

- The Primary Health Care Team – future of Care Plus & Chronic Conditions management
- National Depression Initiative Team –d eveloping website for youth with depression or other common mental health problems
- Suicide prevention team – finalising the Suicide Prevention Plan
- Like Minds, Like Mine – launch of National Plan 2007-2013 and next stage of national campaign to destigmatise mental illness.

Communication

We would like to keep the sector informed of Ministry activities and progress in the area of primary mental health care. The main methods we plan to use to communicate with the sector include:

- Ministry of Health Updates (like this one)
- regional network meetings
- individual meetings with stakeholders
- conferences and workshops.

We are interested in whether you think this will meet your communication needs. If you have any comments or suggestions, please feel free to email Sarah Dwyer, sarah_dwyer@moh.govt.nz.