

Testing a new model of primary mental health care in New Zealand

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The issues

- Huge demand in general practice
- Many people do not self-identify with mental health or substance use issues
 - Medically unexplained symptoms
 - Social issues
 - Adverse life events
- Very high comorbidity
 - mental health issues, substance use issues, physical illness

The issues

- General practices can't do it alone
 - 10 or 15 mins per visit
 - Multiple complaints common each visit
 - Insufficient training in mental health/behaviour change
 - Struggling to meet need and expectations
 - Overworked, stressed!

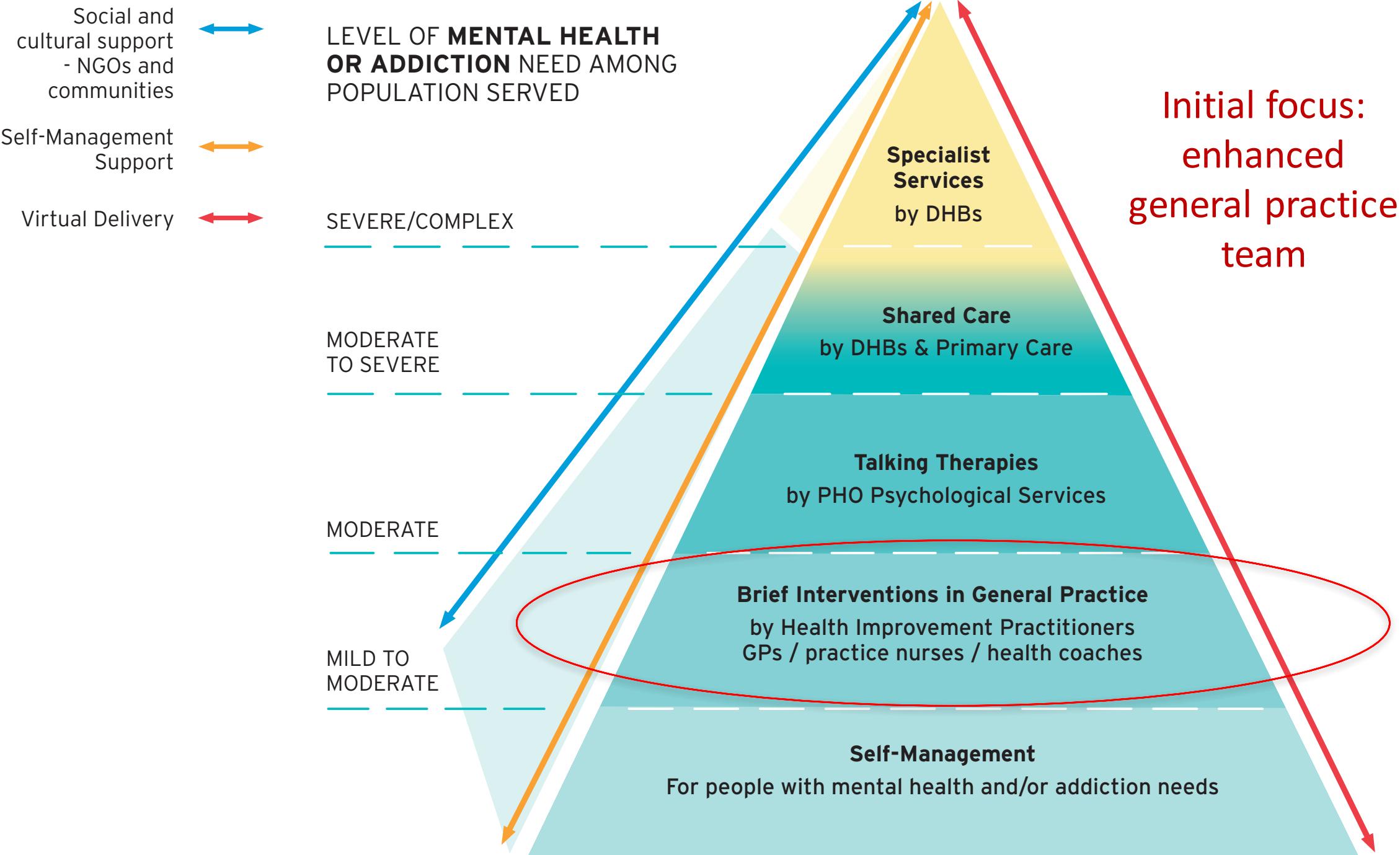
The issues

- General practices unable to access
 - Advice from secondary/specialist services
 - Support to resolve people's social issues
 - Sufficient free psychological therapies (0.5% access)
- High GP reliance on prescribing
- Psychological therapies:
 - Long waits
 - Low uptake of referrals *even when located in general practices*
 - Frequent failure to complete even brief (4 – 6 session) therapies

ProCare Health Limited

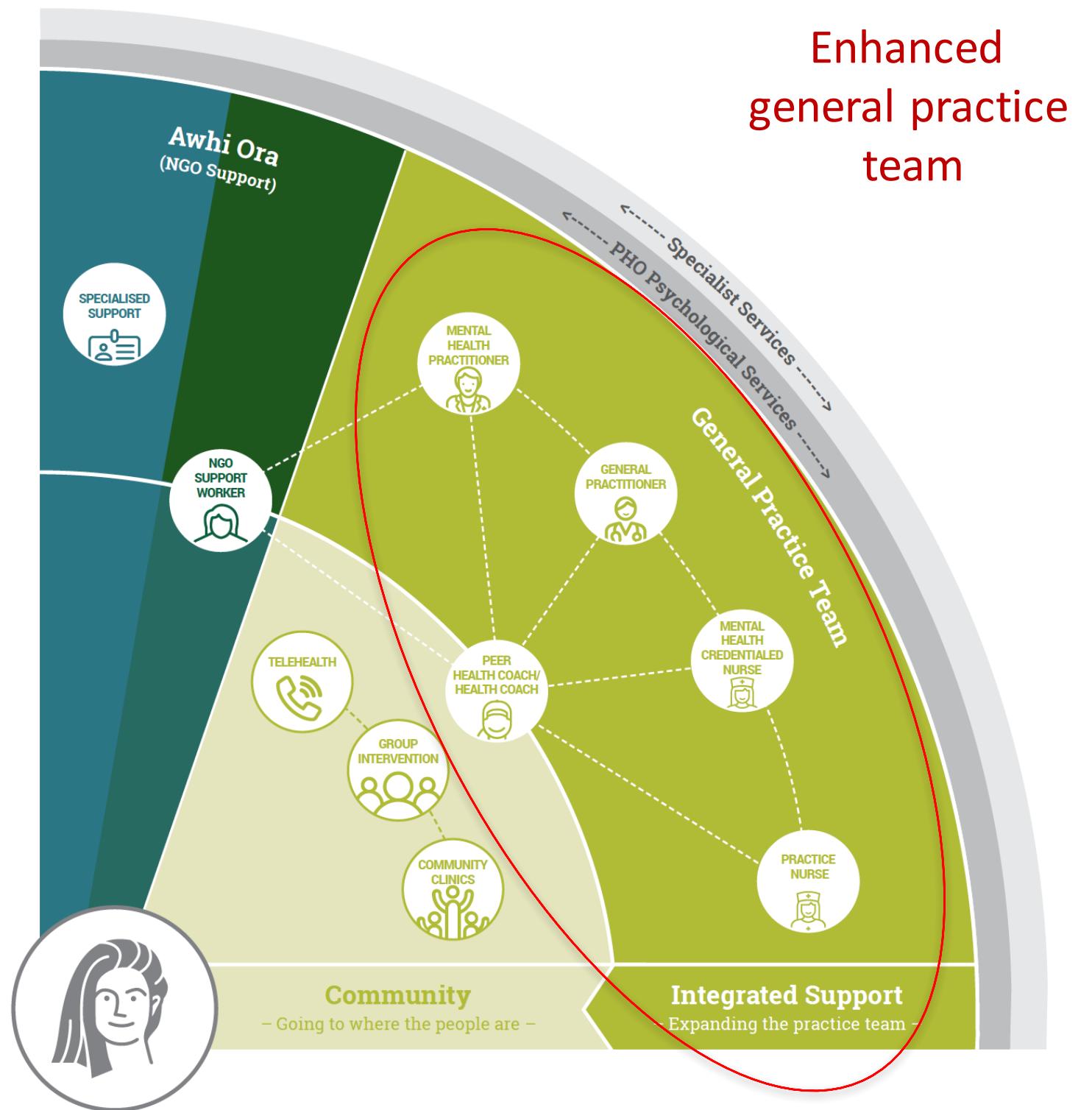
- NZ's largest Primary Healthcare Organisation
- Network of General Practices in Auckland
- 820,000 enrolled population
- 2017:
 - Invested in developing a new model of primary mental health care (March – May)
 - Committed funding to demonstration programme (June)
 - Joined nationally funded “Fit for the Future” primary mental health project (June)
 - Commenced pilot (December)

The ProCare model of care



Amended in light of “Fit for the Future” co-design

**Governmental
initiative to test
new models of
primary mental
health care**



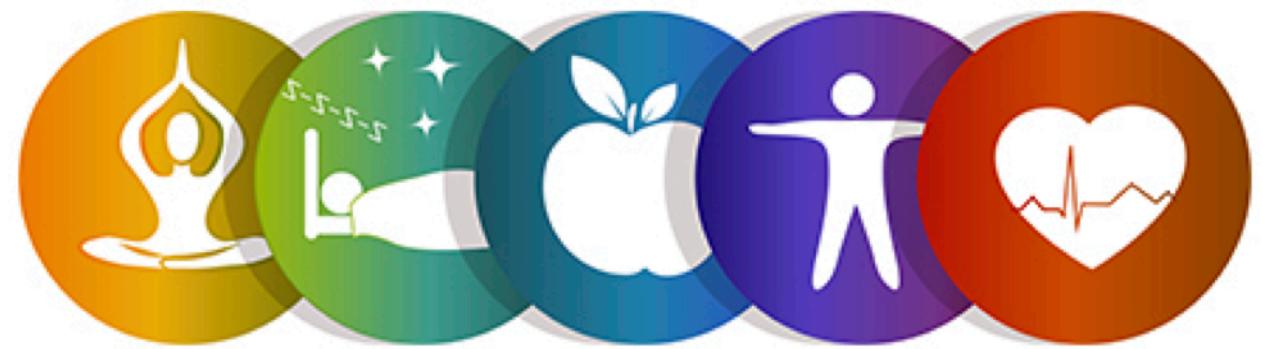
ProCare demonstration project

- Eighteen month project (ends June 2019)
- Five general practices total 60,000 population (range 2,000 – 20,000)
- First steps – implementing the enhanced general practice team
 - Initial focus Health Improvement Practitioners
 - Current focus Health Coaches, access to NGO social supports and links to specialist services
- Independent evaluation

New general practice team members

- Aim to improve and promote overall health within the enrolled population
- Provide same day access
- Write in general practice record
- Also feed back to referrers verbally
- Share workspace with the general practice team
- Provide classes as well as individual/family visits

Health Coaches



- Non-registered workforce / peers
- Provide self-management support
- Bridge the gap between clinician and patient
- Help patients navigate the healthcare system
- Offer emotional support
- Link to community and NGO social supports
- Serve as a continuity figure

Why Health Coaches?

- Enhance engagement
 - More time for relationship building
 - Better workforce match with population
 - Invest in people/families to pay their role in partnering to improve their health
 - Build health literacy
- Enhance motivation
- More efficient use of medical and nursing resource

Training

- UCSF Health Coaching
- Stanford Self Management Education
- Flinders Chronic Care Management
- Triple P
- Alcohol Brief Interventions
- Ready steady quit (smoking cessation)
- Motivational interviewing

Health Improvement Practitioners*

- Mental health trained clinicians
 - Offer brief visits, limited follow up for any behaviour-based problem, any age
 - Provide advice, training and support for the general practice team
 - Lead development of pathways to address high impact groups

* The Primary Care Behavioural Health Consultancy model upon which the HIP role is based was developed by MountainView Consulting, USA

The Primary Care Behavioral Health (PCBH) Approach



- **Generalist**
- **Accessible**
- **Team-based**
- **High Productivity**
- **Educator**
- **Routine care component**

Why PCBH?

- Significant clinical and functional outcomes demonstrated within 2-3 brief sessions
- Positive changes in emotional and functional status remain stable over time
- Approach shown to work equally well with a wide range of conditions, including long-standing problems
- High levels of patient and health professional satisfaction with care model

Why PCBH?

- Greatly increased access per FTE
- Reduced subsequent ambulatory medical service use and drug costs
- Increased practice visit capacity
- Successful large-scale dissemination in US using train the trainer approach

Training

In addition to being a registered health professional with experience in delivering talking therapies

- Mountainview Consulting PCBH training (includes practices)
- FACT
- Triple P
- Other to be agreed

Current status

- HIPs seeing 6 – 12 people per day
- 70% at follow up report improvement
- Access tripled (from referral based service)
 - More than 40% of first appointments are same day, 87% are within one week
 - 80% of sessions are 30 mins or less
 - After 4 months: 60% 1 session only, 35% 2-4 sessions

Evaluation to cover intended outcomes

- Improved access and equity of access for population
 - greater uptake, lower DNAs, lower wait time
- Better health outcomes and social circumstances
- Better satisfaction
 - Patients and families
 - General practices
- Increased GP and practice nurse confidence in addressing MH issues
- Improved general practice productivity
- Improved cost-effectiveness of interventions

Next steps

- Evaluate the model and specifically HIP and HC roles in the NZ context
- Trial components of the HIP role delivered by non-registered (HC) workforce
- Collaborate with other PHOs to develop methodology to scale up (including small and rural general practices)

What they were saying after 4 months

*This is the most exciting and profoundly affecting pilot I have ever been involved involved with. It really has the ability to change primary care.
(Practice Manager)*

At the start I was super-sceptical, but now I am a full convert. It is magical. I could not do this much work for as many people in any other model. I love it! (HIP)

That (first session) was my best session ever with a therapist: It was practical, I have goals to work on and am looking forward to my next session.

I have not prescribed a single SSRI in the three months since this programme started. (GP)

*The on-the-day system works really well because the further ahead they pre-book the less likely they are to turn up
(Practice Nurse)*

For further information:

- Closing the loop.net.nz
 - *Videos of a workshop to describe experience to date*
 - *“Enhanced general practice teams: our experience to date – panel discussion”*