30 June 2020

Ms Paula Parsonage
Equally Well
Te Pou Limited

By email: hsd@xtra.co.nz

Kia ora Ms Parsonage

Re: Integrated Care in Primary Health Discussion Paper – Integrated mental health and addiction care in the primary health setting: workforce development requirements

Introduction

Tu Te Akaaka Roa - The New Zealand National Committee welcomes the opportunity to provide feedback on the questions in the, Integrated Care in Primary Health Discussion Paper – Integrated mental health and addiction care in the primary health setting: workforce development requirements. The New Zealand Faculty for Addiction Psychiatry, New Zealand Faculty of Consultant Liaison Psychiatry and Te Kaunihera, have also contributed to this submission.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises Government on mental health care.

In New Zealand, Tu Te Akaaka Roa - the New Zealand National Committee, represents the RANZCP by advocating and working to improve the mental health of our community by collaborating with a range of stakeholders including NGOs, other health organisations and Government agencies.

Psychiatrists endeavour to take a preventative approach, working alongside people with lived experience of mental health and addiction, including those with the most severe and complex conditions. They work across the primary and secondary system in increasingly diverse and multidisciplinary team settings to provide effective care for people with mental illness. Psychiatrists also work with tangata whaiora and their whānau, to provide holistic and preventative approaches to meet their needs, including the wider circumstances affecting a person’s presentation. Their broad scope influences care beyond the clinical setting, through leadership at community, regional, and societal levels.¹

Overview

The RANZCP notes that Te Pou has been asked to lead the planning, development and delivery of workforce training and resources to support the roll-out of integrated primary mental health and addiction services. We welcome the opportunity to be involved in shaping workforce development to improve care integration, but question how workforce development aligns with the Government’s Health and Disability System Review, He Ara Oranga: Report of the Inquiry into Mental Health and Addiction, and the Ministry of Health’s wider vision of a National Workforce Strategy.

The RANZCP advocates for a system wide strategy to support workforce development needs across the breadth of the health system. We are concerned that the narrow focus on general practice and selected primary care services pre-empts the next round of sector discussions. We maintain that a national strategy would create an opportunity to plan integrated care training needs to meet the complex health needs of people who need health care and experience mental health and addiction problems.
Integration

The RANZCP advocates for workforce development to support the range of health professional groups and organisations integrating care across, primary, community, and hospital interfaces. We consider clinicians who deliver mental health and addiction treatment in primary care need training to ensure they can:

- Accurately diagnose problems and their severity
- Deliver evidence-informed interventions, or arrange for others to deliver them
- Know when to access secondary services, by identifying severe, complex or risky clinical problems
- Maintain professional relationships with others involved in a person’s care, including the person’s family/whānau and friends.

The RANZCP recommends:

- Removing the barriers that cause tensions related to working across the complex silos in the health system, by investing in planned, funded workforce development with regular evaluation to provide a deeper understanding of the impact of integration on wellbeing.
- Workforce development that focuses on navigating the wider socio-economic determinants of mental health and addiction issues and ensures that people do not fall through the cracks.
- Building on existing skill bases, identify approaches to support working more effectively in the integration space, and fund training to implement new practices.
- Acknowledging the strong relationship between communication skills of healthcare teams and outcomes of care, and training focused on the quality of working relationships, job satisfaction and patient safety.
- Invest in team problem solving approaches such as case studies to foster collective responsibility for clinical and service integration and care that follows a person’s care pathway across, time, place and discipline.
- Kaupapa Māori services and workforce development must be recognised, supported and facilitated by DHB service planning and funding across the continuum of care from promotion, prevention to intervention.

Te Pou Questions

1. **What are your thoughts on the three skill domains that are outlined?**

   The RANZCP notes that communication is the essence of integration and runs through all three domains. We consider that training which reinforces shared understanding by team members of their roles and functions is more likely to reduce the risk of poor outcomes for patients.

   **a. Working effectively in the primary care context**

   Developing skills exclusively in primary services reduces the opportunity to realise a collective vision workforce integration and collaboration training. The RANZCP Te Kaunihera Committee also raised concerns about the exclusion of Iwi and whānau providers and Māori provider collectives. We note the planned rollout of integrated mental health and addiction workforce development is to be accessed through general practice and other primary care, and the integrated care examples (Health Care Homes, and Te Tumu Waiora) are internally focused on general practice systems and processes, rather than the breadth of primary and community care.

   **b. Collaboration and teamwork**

   Obstacles to workforce collaboration and teamwork exist at every level of the sector, due to operational and financial limitations. Services such as general practice are predominantly in the private sector, charging a fee for service, compared with mental health services that are secondary or
tertiary, free to users of services, but limited with restrained funding (in NGO and public health sectors). Some psychological/psychiatric services are in the private sector but predominantly focused on ACC funded care with limited contributions from private health insurance.

**The RANZCP recommends:**
- Funding is allocated to support team development in the integration space.\(^a\)
- Engagement in joint projects or activities that help to shape team roles and working relationships.
- Allocate credits for professional development activities related to teamwork.

**c. Wellbeing and coordination**
Wellbeing, as an outcome, may be too broad for workforce development focused on integration skills. We consider that wellbeing in the context of integration would be an outcome of effective integration, and that wellbeing is an additional workforce development opportunity.

**d. What would you add?**
The categories of core competencies are narrow. We consider a system-wide approach to workforce development would be based on a core competency framework covering the breadth of integration, enabling more effective evaluation of the impact.\(^7\)

**The RANZCP recommends:**
- Investing in fit for purpose integration training based on a skills-based framework.\(^b\)
- Defining integration tools and processes.\(^c\)
- Including learning from people with lived experience of mental health and addiction, and their whānau.
- Expanding the review of literature to explore, the role of whānau as a main source of support, their potential as partners in care, and Te Ao Māori approaches.

**e. What are the priorities from your perspective?**
Communication and cultural safety are fundamental to all aspects of care to meet the needs of people with health needs and lived experience of mental health and/or addiction issues. The RANZCP notes that psychiatric diagnosis and assessment models do not always work well for Māori, and evidence demonstrates that integrating cultural aspects during assessment and diagnosis is essential for addressing Māori mental health disparities.\(^8\)

For example, in Tairawhiti, *Mahi a Atua* provides a single point of entry for tangata whaiora at the primary care level. Holistic and whānau-centred, *Mahi a Atua*, applies mātauranga through a focus on pūrākau, in which whakapaka is utilised to enhance people's contextual understanding of their experiences and to facilitate a pathway forward.\(^9\) As a collaborative model across primary health organisations and the DHB, *Mahi a Atua* is a promising initiative that may have application across the country as part of systematic improvements to integrate mental health services for Māori.

**The RANZCP recommends:**
- Building on evidence and successful integrated service approaches known to work for Māori\(^d\).

---

\(^a\) Clear and agreed job descriptions. Expectations of collaborative working. Team protocols with service objectives and the roles and functions of team members. Position descriptions separating leadership or coordinating functions. Professional and clinical responsibilities including shared leadership functions.\(^a\)

\(^b\) Framework e.g. 1. Interpersonal communication, 2. Collaboration and teamwork, 3. Screening and assessment, 4. Care planning and care coordination – in the primary care context, 5. Intervention, 6. Cultural Safety 7. Systems oriented practice – to include measures and goal setting, 8. Practice based learning and quality improvement, 9. Informatics

\(^c\) e.g. data, communication systems, primary and secondary expertise, clinical skills and leadership training, formal collaborative pathways supporting treatment and management, regular communication and information exchange, recognising different scopes of practice and when to refer, appropriate referral and seeking input from a patient and their family/whānau.

\(^d\) Including a reduction in patient referrals to specialist psychiatric services, and enhanced workforce cultural capability (Radio New Zealand, 2018). Available at: https://www.radionz.co.nz/news/te-manu-korihi/352850/maori-narratives-an-alternative-to-western-mental-health-system
• Workforce development incorporates Te Ao Māori perspectives to consider a person’s broader context, and care, is centred on whānau, and acknowledges the interrelated components of hauora.
• Working with the Ministry of Health to ensure DHB contracts include accountability measures for workforce competence in Te Ao Māori practice and Māori participation and leadership in workforce development.

2. **What would strengthen/further enable the workforce in those services that are already working well in an integrated way?**

Future investment in workforce development which is underpinned by evidence and best practice for New Zealand populations, would include regular monitoring, and evaluation to understand outcomes. with corresponding economic analysis to inform decisions about workforce planning, funding, knowledge translation and resources.

**The RANZCP recommends that workforce development would:**

- Sit within a formal national framework.
- Be grounded in Te Ao Māori principles to ensure appropriate practices contribute to reducing inequities and improving mental wellbeing.
- Be embedded in health system policy as a core function and priority across the breadth of the New Zealand health workforce.
- Sustained by ring fencing and aligning funding across government jurisdictions, e.g. the workforce outside DHB services, such as private, iwi (Te Rau Ora), community.
- Focused on increasing the consistency and improving outcomes of care.

3. **What would support/enable staff and services who are new to this way of working?**

Not orientating a person to the nuances of integrated care poses a risk for patients and sets up new team members to fail. Services need to support new staff to understand integration. They also need to acknowledge limitations or barriers to integration.

**The RANZCP recommends:**

- Adequate and sustainable remuneration for skills training or professional development.
- Training to orientate teams to the challenges of working in the integration space.

4. **What can you share about what is already working well in the integration space, including resources that have been developed to support the workforce?**

a. **Consultation Liaison Psychiatry – a model of integrated care at the interfaces of primary, secondary, and community**

The Consultation Liaison Psychiatry (CLP) model is a key existing link between health, mental health and addiction services, primary and secondary care services. The approach, design to meet the mental health needs of patients who are inpatients in the general hospital system, has shown improvements in mental health over a period of three months. Referral is made to the team who meet and assess a patient and communicate with team members involved in their care. A collaborative management plan is created to encompass the views of the patient and hospital team. This process supports integration of a person’s mental health needs alongside continued delivery of medical or surgical needs.

The Consultant Liaison Psychiatry Team is interdisciplinary, including medical, nursing and allied health professionals. The model fosters a culture of working with others to address needs of people with continuing or complex, health, mental health, and addiction needs, and facilitates effective

---

* Key integration elements: communication, teamwork, clinical skills and leadership, collaborative pathways to treatment and management including information exchange, recognises scopes of practice, appropriate referral and incorporates the views of the patient and their family/whanau.
relationships across primary, community and hospital interfaces. The team works alongside GP Liaison Mental Health roles, which work to support patients who have been involved and considered stable in the Mental Health system to transition back to primary care.

Key integration elements:
• Assessment: Takes mental health issues into account alongside physical health concerns and treatment, that may be adversely affecting well-being.
• Treatment plans include non-pharmacological techniques, supportive therapy, and medications.
• The CL psychiatry team is interdisciplinary including medical, nursing and allied health team members.

b. Te Rau Ora
Te Rau Ora, is recommended by the RANZCP Te Kaunihera Committee, as an example of a service that is working well to meet the needs of Māori with mental health and addiction needs. It is an indigenous Māori organisation providing a range of local and national programmes to improve Māori Health. Strengthening Māori Health & Wellbeing is at the core of their work, including workforce development and training, through its Mā Purapura Mai programme.

Te Rau Ora reflects its unique & inclusive way of capturing and exchanging overall kaupapa of what matters to Māori. They maintain a commitment to the mental health and addiction sector and have an overall focus on the health & wellbeing of Māori. [https://terauora.com/](https://terauora.com/)

5. What other feedback do you have?
The RANZCP is concerned about unmet need experienced by people living with mental illness and recommends that workforce development gives more attention to skills that understand, ‘what matters’ to them and their family/whanau.

We note that the integrated space does not need to be geographical or physical. Emerging technologies, such as telehealth will have a strong role in the future and should be factored into workforce development needs.

Finally
Thank you for the opportunity to comment on the Te Pou paper on Integrated mental health and addiction care in the primary health setting as a starting point for engaging with the sector. We reiterate that a coordinated national workforce strategy is imperative, that has been effectively costed to ensure sustainability. We tautoko the benefits of a shared understanding across the breadth of public, private, community and whānau based services, and look forward to continued involvement.

If you have any further questions regarding this submission please contact Rosemary Matthews, National Manager, New Zealand, on 04 472 7265 or by email Rosemary.Matthews@ranzcp.org.

Ngā mihi

Dr Mark Lawrence, FRANZCP
Chair, Tu Te Akaaka Roa - New Zealand National Committee

---

¹ Te Kaunihera note the Te Rau Ora, Rangitahi Ora model centres on ways Rangatahi can best represent rangatahi in the kaupapa they lead and oversee within the organisation. The core kaupapa of Rangitahi Ora is youth leadership and wellbeing, suicide prevention and health promotion.
References