Integrated mental health and addiction care in the primary health setting: workforce development requirements

Background

The government’s investment in integrated primary mental health and addiction (MH&A) services outlined in Budget 2019 was informed by the findings of the He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (2018) and aims to support greater access to services and more choices of care for people. Te Pou o te Whakaaro Nui (Te Pou) has been asked by the Ministry of Health to lead the planning, development and delivery of training and resources for the workforce to support the roll-out of integrated primary MH&A services accessed through general practice and other primary care services.

This paper

This paper has been developed to support discussion with, and feedback from, key stakeholder groups to:

- Develop shared understanding of integrated MH&A care in primary health settings from a workforce development perspective.
- Explore what is already working well in the integration space in primary care.
- Identify the most effective ways to support the workforce to provide integrated MH&A care in primary health settings.

Primary care

He Ara Oranga defines primary health care as “generalist health services designed for delivery to the general population” (p23). The Inquiry panel recommended development of integrated services to expand access to services across primary care, community-based non-government organisations (NGOs) and district health boards (DHBs). It is recognised that general practice is a key component of primary care.

As the primary MH&A workforce starts to expand, it is important to acknowledge both new and existing roles and the diversity of primary care services and settings in which MH&A care is provided. Accordingly, workforce development activity needs to be adaptable, flexible, culturally capable and responsive.

Integrated care

The term ‘integrated care’ is used variably and there are many models of integrated care. In this paper integrated care is about bringing together key elements of care so that people and their whānau feel more able to access support within primary care and are more likely to experience care that not only meets their needs, but is also seamless and easy to navigate. Optimally all integrated care approaches are designed to create “connectivity, alignment and collaboration” across teams and between different parts of the health and social sectors.
For those working at the frontline this means working in teams that are comprised of a variety of roles, sometimes from different services and different professional disciplines, and coordinating tasks and services across traditional professional boundaries. For example, a person, their whānau, a general practitioner, a practice nurse, an NGO support worker and a DHB key worker may all be part of the ‘team’ working to support a person.

At the organisational level integrated care is likely to require, for example, leading a diverse team (sometimes virtually), building and maintaining a collaborative culture, developing and managing systems and structures to support integration and fostering inter-agency collaboration.

Regardless of the approach to integration, key features of integrated care generally include:

- A holistic approach to wellbeing and recovery; person/whānau centred; culturally capable and responsive; strengths based; responsive to the spectrum of needs that people bring
- Easy / actively facilitated access to a wide range of care and support (across a range of services)
- A proactive approach to care
- Coordination of care across the intervention continuum; redefining of traditional professional boundaries
- Shared understanding of roles, systems and processes; everyone working to top- of-scope
- Close collaboration and teamwork within and across services and sectors; high levels of communication; shared culture.

Examples of models of integrated primary care operating in New Zealand include:

**Health Care Homes:** a patient-centred model which maximises the role of general practice and its integration with other services enabling primary care to deliver a better patient and staff experience, improved quality of care, and greater efficiency. The model provides convenient and flexible appointments; access to a wider range of services; a team approach to patients’ care and improved business efficiencies. The model is operating in 150 practices in New Zealand. See [www.healthcarehome.org.nz/](http://www.healthcarehome.org.nz/)

**Te Tumu Waiora:** a holistic model, supporting and addressing the physical, emotional, and social needs of the person, based on a pilot conducted by urban Auckland DHBs. Elements of the model include new roles in enhanced GP teams (health improvement practitioners, health coaches, and mental health credentialed primary care nurses), increased access to NGO community-based support services and enhanced interface between primary care and DHB services. See [https://www.procare.co.nz/media/1752/procare_overview_te-tumu-waiora_v1.pdf](https://www.procare.co.nz/media/1752/procare_overview_te-tumu-waiora_v1.pdf)

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1 It is important to acknowledge the centrality of system design in the delivery of integrated care, however, system design is beyond the scope of this project. The challenge is to develop workforce resources that are adaptable to any model, primary care context and community.
Supporting the workforce to work in an integrated way

Findings from literature and Te Pou’s initial discussions with stakeholders suggest that resource development and any associated training needs to:

- Be focused on improving outcomes for people and their whānau
- Be practical ie, focus on the things people need to do
- Have clear objectives
- Acknowledge and build on existing skills (this includes the range of competencies which each professional brings).

There is broad acceptance of Let’s get real: Real Skills for working with people and whānau who have mental health and addiction needs (Te Pou o te Whakaaro Nui & Ministry of Health, 2018) as a foundation knowledge and skills framework that supports anyone working in health to work effectively with people and whānau with mental health and addiction needs.

The additional skill domains that the workforce may need support with include:

**Working effectively in the primary care context**: eg, building on your capability to be adaptable, flexible and prioritise your time; working at the pace and responding to the imperatives in the primary care context (such as, providing a rapid response, undertaking an assessment, delivering brief interventions, working with a high volume of contacts); understanding and utilising primary care systems; working across different sites/agencies.

**Collaboration and teamwork**: eg, understanding your team[s]; understanding your role in the team; describing all team roles to people who are accessing care; working with the person and their whānau as valued team members; building relationships and working in a range of cross-agency teams eg, inter-professional teams, virtual teams; contributing towards shared values, vision, sense of direction and a collaborative culture; valuing and utilising the expertise and role of every team member; demonstrating respect for different approaches; understanding agency constraints (own and others); active consulting within and outside your team and service; developing and participating in networks to support holistic care, overcoming barriers to collaboration and resolving differences.

**Wellbeing planning and coordination**: eg collaboratively developing and implementing integrated care/wellbeing plans; using a shared decision-making approach, navigating consent and information sharing issues; being a care coordinator; navigating services; actively connecting people/whānau to other team members and services.

**Your feedback**

We would welcome your feedback on the ideas set out above. Given that the COVID-19 pandemic prevents us from meeting with stakeholder groups in person, we have developed a very short online survey option so that individuals and groups can provide us with feedback. This survey is open until Monday 25 May 2020. Please access the survey via this link: [www.surveymonkey.com/r/CHRKL3K](http://www.surveymonkey.com/r/CHRKL3K)


Te Pou o te Whakaaro Nui. 2015. Scope it Right: Working to top of scope literature review.