

Skills for integration in primary health settings

Summary of results of stakeholder survey

In May 2020 Te Pou o te Whakaaro Nui (Te Pou) distributed a discussion paper entitled *Integrated mental health and addiction care in the primary health setting: workforce development requirements*.

The purpose of the paper was to inform stakeholders about the work being undertaken to support the development of skills for integration in primary health settings and seek feedback via an e-survey about priority areas for development.

81 people responded to the survey, representing a range of organisations including primary care, NGO, DHB, PHO and private practice. 'Health workers' were the largest group of respondents, closely followed by those in 'manager' roles. A majority of respondents indicated that they have more than three years' experience working in primary health, and almost all respondents reported experience in working in an integrated way.

Representation from Māori stakeholders and organisations could not specifically be determined from the responses. Targeted consultation with Māori is a high priority in progressing this work, as is consultation with Pasifika.

Workforce development priorities

Based on preliminary stakeholder feedback, the discussion paper proposed that three skill domains are of high priority for workforce development to support integration. These were:

1. working effectively in the primary care context
2. collaboration and team work
3. wellbeing planning and coordination.

Working effectively in the primary care context was considered a high priority skill domain by the greatest number of respondents: a combined 89% of respondents agreed or strongly agreed this is a high priority. Comments, such as the one below, indicated that working effectively in primary care supports access to health services for people in their local community and is de-stigmatising.

“Primary care is often the first place people present when distressed. Providing care in this context also helps to de-stigmatise mental health issues so that support becomes a part of routine care.”

Collaboration and team work was also considered a high priority skill domain, with a combined agree/strongly agree rating of 87%. Comments suggest it is vital to work collaboratively to move out of 'silos' and work in a new way.

“Increased collaboration and team work supports access to appropriate services for people.”

There was also strong support for the Wellbeing planning and skill coordination domain, with a combined agree/strongly agree rating of 83%. Respondents indicated that planning and coordination is central to an integrated approach, as it supports holistic care and fits well with the management of long-term conditions. Comments also suggested strong support for a wellbeing focus.

“Increasingly complex situations that span many domains (and sectors) but ultimate goal is wellbeing of individual/community/society. Given complexity planning and coordination vital - planning as will not happen by chance; coordination as complexity means that many threads to weave together to ensure - to avoid duplication, efficiency, and best outcome.”

Other priorities

Survey respondents suggested additional priority areas to support the workforce to work within an integrated approach. Most of these are included in the skill domains in *Let's get real*. This highlights an opportunity to support the primary health workforce to become familiar with *Let's get real*.

Respondents also suggested various methods for workforce development, including inter-professional training, working with primary health sites, providing ongoing supervision and mentoring and developing a competency framework.

System-wide change is needed to support integration

The need for system-wide change to support and enable an integrated approach, beyond the scope of workforce development, was a persistent theme in the feedback. There is a call for guidance in relation to terminology, systems, structures, funding models, and outcomes measurement. In terms of workforce development, training people together was suggested as one way to support systemic change.

“This is a new way of working and it involves systemic change that an unprepared workforce is likely to slip from the model and resume more traditional MH therapy delivery.”

“The funding models do not encourage coordination unless approved by GP.”

Key learnings and next steps

The survey results confirm that the three selected skill domains are a high priority for workforce development to support an integrated approach in primary health settings.

In combination with *Let's get real*, these three domains provide a solid foundation to build on. Priority steps to progress this work are further refining and enhancing these domains and ensuring relevance for Māori, Pasifika and people with lived experience.

A further step is to support the primary health workforce to become familiar with *Let's get real* and the resources associated with this.

The feasibility of suggested workforce development methods could be tested out in partnership with the sector as part of an iterative process of consultation, development and implementation.