

PROVIDING INPUT OR COMMENT

Towards optimal primary mental health care in the new primary care environment

Feedback due by 5 pm on Friday 19th February 2010.

Please detach and return

Please use the following detachable pages or copy and paste them electronically when providing feedback.

You do not have to answer all the questions or provide personal information if you do not want to.

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Are you submitting this feedback:
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Please indicate which sector(s) your submission represents:
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- | | |
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Please e-mail your feedback no later than 5 pm, Friday 19th February 2010 to:

sarah_dwyer@moh.govt.nz

Alternatively, you can post your feedback to:

Dr Sarah Dwyer
Feedback on primary mental health guidance paper
Ministry of Health
PO Box 5013
Wellington

If you have any questions about this guidance paper, please feel free to email or phone Dr Sarah Dwyer: sarah_dwyer@moh.govt.nz or (04) 496 2326.

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FEEDBACK QUESTIONS

Stepped care approach

1. Do you agree with the proposed stepped care approach?

Yes No

A system that improves access for patients to a range of appropriate and timely mental health services is to be welcomed. The stepped approach is strengths-based and it is a positive move to have CBT and other non-medication options available in primary care.

However, improving the primary mental health care model does little in the way of overcoming the initial barriers people experience in accessing primary care –offering free access to primary health care, particularly for low socioeconomic groups, which would go some way to improving their access rates.

This discussion paper describes 13 key areas of focus for translating stepped care into practice and moving towards optimal primary mental health care (page 26). Are there other elements that are important for optimal primary mental health care that have been omitted?

Yes No

ANZASW is concerned to see that the formalised links within Dowell's optimal model for a primary mental health initiative does not include social service/social work/community work/development agencies. As the guidance alludes to, patients are likely to have complex social needs therefore it will be necessary to have formal links with such agencies.

Building workforce capacity and capability

2. The proposed core skills and qualities for practice staff and other primary mental health practitioners are listed on pages 44. Have any core skills or qualities been omitted?

Yes No

For the successful provision of the proposed mental health primary health services, the primary care mental health team must utilise all existing skill sets by the various professions. Currently, this section of the guidance is heavily weighted towards the position and training of nurses.

In doing so, it has unfortunately overlooked the valuable skills and knowledge that social workers contribute within primary/community based care, particularly to mental health.

Incorrectly, the guidance often refers to social workers (generally degree qualified) in the same terms as that of community support workers (who often have no qualifications other than level 4 Certificate in mental health or "in house" training and who are unregulated). This implies a downgrading of social work's professional status in the health services.

ANZASW strongly asserts that it is essential to recognise that registered social workers through both the Social Work Registration Act and the Health and Disability Commissioner Act 1994 (1994 NO 88) are afforded similar status as those professions covered by the HPCA Act.

Health and Disability Commissioner

Act 1994 Reprinted as at 1 November 2008

Now reads:

AUTHORITY has the same meaning as in section 5 of the Health Practitioners Competence Assurance Act 2003; **and includes the Social Workers Registration Board established by section 97 of the Social Workers Registration Act 2003**

authority: this definition was inserted, as from 18 September 2004, by section 3(4) Health and Disability Commissioner Amendment Act 2003 (2003 No 49).

See section 22 of that Act as to the transitional provisions.

SECTION 5 HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003 NO 48 (AS AT 24 JANUARY 2009)

Authority means a body corporate appointed, by or under this Act, as the body that is, in accordance with this Act, responsible for the registration and oversight of practitioners of a particular health profession.

These provisions allow registered social workers to work along side registered health professionals with **equivalent** status.

The role of social Workers, identified in this guidance, is mainly concerned with meeting the complex social needs of clients (along with community support workers). However, social workers offer much more. They should be viewed as a key member of the mental health primary care teams, in fact, all primary health care teams.

Social Workers are trained to provide holistic input at the macro, meso and micro levels, provides them with a unique insight for such teams. They deal with the person, the environment and person in the environment, thus providing a wider perspective in terms of the patient's presenting issues and advocating changes within the patient's immediate environment (family/whanau), outside environment (community/school/church/employment) and change of social policy.

We recognise other professions such as nurses and other professions allied to health have some training and a role in the psycho social needs of patients. However, these skills are central in social work. Identifying and supporting patients, their whanau and care givers to manage a complex multifaceted range of psycho and socio environmental concerns is the focus of a social worker function.

Much of the capacity building that the workforce is deemed to require are part of **core** social work training and practice e.g. psychosocial assessment, lifespan development, problem solving, motivational interviewing and community networking. From the skills and qualities required by primary mental health practitioners (page 44 & 45), social workers can undertake all the requirements, other than prescribing.

Social work is generally in a position to undertake a range of appropriate interventions as identified in the guidelines. It is indirectly suggested via the more generic terms "other allied health" and "mental health practitioners". However, it seems to be useful to clarify in the specific identification of social work with client social issues, that many/most (mental) health social workers are also in a position to provide some of the talking therapies described. Psychotherapy and associated techniques are often the postgraduate training focus of social workers (Calvert et al (2007))

The Association urges that the profile of social workers in primary mental health care be re-evaluated within this guidance and that the skills social workers offer be fully utilised, integrated and, where necessary expanded, throughout the primary mental health care sector. Their integration will, no doubt, have a beneficial impact on achieving 'optimal primary mental health care'.

Targeted approach to meeting the needs of vulnerable population groups

Māori

3. The requirements necessary for optimal service delivery for Māori are listed on page 60. Have any requirements been omitted?

Yes No

It would be helpful to have a clear understanding as to how Whanau Ora will influence service provision as described in the guidance?

ANZASW supports the urgent need to resource recruitment and training so a greater number of maori practitioners are available.

Children

4. The requirements necessary for optimal service delivery for children are listed on page 61. Have any requirements for children been omitted?

Yes No

From early childhood and beyond, there is a significant gap in service provision for children with behavioural issues that may be early indicators of mental health issues, particularly those with mild or moderate problems.

The Association supports the use of appropriate-child/youth friendly service interventions such as getting children into play during mental health sessions, doing an assessment in a non-clinical setting, developing therapy strategies that would evoke patient's participation such as maximising the use of technology/computer games, listening to child-friendly music etc.

Youth

5. The requirements necessary for optimal service delivery for youth are listed on page 63. Have any requirements for youth been omitted?

Yes No

The guidelines identify school based services for youth mental health. It should also acknowledge that Social Workers in Schools programme (MSD funded) is in a similar, or better, position to identify and intervene with those families where behavioural issues are the early indicators of mental health issues in children. Again the focus should be on those children whose behaviour does not fit the CAMHS criteria for service provision

The environment in which youth-oriented programmes are undertaken is an important consideration. Undertaking sessions in a group setting rather than inside a clinic/consult room, could be more effective. Adolescents and youth are more likely to present to a

dedicated youth health centre, particularly those with an emphasis on peer support when experiencing mental health issues (MoH, 2009).

Older people

6. The requirements necessary for optimal service delivery for older people are listed on page 64. Have any requirements for older people been omitted?

Yes No

Whilst attention is paid well to depression in the community, more emphasis needed to be placed on dementia and its associated behavioural and psychological symptoms (BPSD). According to the Alzheimers New Zealand Dementia Impact Report (2008), the numbers of people with dementia in this country are expected to nearly double to more than seventy-four thousand people affected by the year 2026. A significant proportion of these people are likely to experience one or more of the mental health-related symptoms – e.g. apathy, aggression, delusions, depression - that come into the BPSD category. Strong primary health services are particularly important because of the special needs of people with dementia and their carers, and also because of the higher risk of elder abuse and neglect occurring within this population.

A complexity of mental health care and an holistic approach will be required for older people. Older people are more likely to have multiple medical conditions that are often not well treated in a health system that tends to silo responses to physical and mental health needs. Major issues faced by older people are adjustment to multiple losses in their lives and increasing social isolation as their network of close supporters reduce. Primary health services should be gearing themselves to be able to respond to social and practical needs - such as isolation, poverty, housing, transport - in order to help ameliorate mental health conditions. Community social workers based in primary health organisations would be well placed to offer the additional assistance required for older people in addressing the varied needs. While it is commendable that an emphasis has been placed in the report on contracts of packages of care with NGOs to provide specialised treatment, there needs to be stress also on a 'hands-on' person within the primary health organisation to help older people with a wide range of social and emotional needs.

Pacific peoples

7. The requirements necessary for optimal service delivery for Pacific peoples are listed on page 66. Have any requirements for Pacific peoples been omitted?

Yes No

Asian, migrant and refugee peoples

8. The requirements necessary for optimal service delivery for migrant and refugee peoples are listed on page 67. Have any requirements for migrant and refugee peoples been omitted?

Yes No

People with disabilities

9. The requirements necessary for optimal service delivery for people with disabilities are listed on page 69. Have any requirements for people with disabilities been omitted?

Yes No

This section does not countenance the issues for children with disabilities. There are multidisciplinary services for these children and their families. Social work intervention commonly aims to empower the families to address the disability issues, or differences, as a prosocial early intervention / prevention strategy to mitigate against later in life mental health issues for these children. This is congruent with the Guideline's description of the influences for children generally, but should be noted in the disability section as well.

People with alcohol and/or other drug problems

10. The requirements necessary for optimal service delivery for people with alcohol and/or other drug problems are listed on page 69. Have any requirements for people with alcohol and other drug problems been omitted?

Yes No

People with comorbid physical and psychological problems

11. The requirements necessary for optimal service delivery for people with comorbid physical and psychological problems are listed on page 72. Have any requirements for people with comorbid physical and psychological problems been omitted?

Yes No

Prison population

12. The requirements necessary for optimal service delivery for the prison population are listed on page 74. Have any requirements for the prison population been omitted?

Yes No

People in low socioeconomic groups

13. The requirements necessary for optimal service delivery for people in low socioeconomic groups are listed on page 75. Have any requirements for people in low socioeconomic groups been omitted?

Yes No

[This group should be given priority.](#)

General

14. Do you have any other comments or feedback about what is required to achieve optimal primary mental health care in the new primary care environment?

Yes No

The social determinants of health is acknowledged in the guidelines, but disappointingly in the very last section, and this reflects the overwhelmingly medical model approach taken to the understanding of health, including mental health, reflected in the document.

An understanding of the social determinants of health would identify very different priorities for the provision of services aimed at reducing the incidence of health problems in the population. There is a vast area of research that has been undertaken in the area of the social determinants, but this has not been utilised in developing the guidelines, e.g. Sluzki (2007) identifies, with reference to a large array of largely biomedical studies, that research over the past 30 years has shown recursive relationships between the biological, psychological and social systems.

Whiteside (2004) states that there is a growing body of research identifying the "social gradient of disease" , i.e. physiological pathways have been identified linking a person's lack of 'agency' associated with their social status, to a range of diseases.

Whiteside argues that improvements in health at a societal or population level come from addressing the social environment / inequalities, and that this approach would do more for promoting health and preventing ill health, than the current priorities given to the medically dominated acute services.

ANZASW would support the guidance including specific programmes for maternal mental health, family violence and how it affects mental state as part of the targeted approach to meeting the needs of vulnerable population groups.

It is known that there is a huge area of work needing to be done with GP's and Practice Nurses in terms of screening for family violence and sexual abuse. There is a need to eliminate family violence and sexual abuse at the first screening otherwise it will remain un-named and the client unassisted leading to depression and anger in both victims and perpetrators. Family violence and unresolved sexual abuse is a major cause of serious and mild to moderate mental health issues.

This type of screening is not being done by GP's and Practice Nurses. The Paper discusses and gives examples of "Triple P Parenting Programmes" and other related/similar programmes. It doesn't appear to give any consideration to the issue of family violence or sexual abuse and with the emphasis seeming to be on this type of parenting programme appears to be heavily focussed on "blame the victim" and "self help" approaches rather than addressing the systemic causes of mental health issues in Aotearoa.

References.

Alzheimers New Zealand (2008) Dementia Economic Impact Report. Wellington

Calvert, S., Kazantzis, N., Merrick, P., Orlinsky, D., Ronan, K. & Staniforth, B. (2007) Professional development of New Zealand social workers who engage in psychotherapy: Perceptions and activities, *Social Work Review*, 19 (4) 16 – 31

Ministry of Health (2009) Evaluation of Youth One Stop Shops – synopsis report version 1.1, 23 November 2009.

Sluzki, C.E. (2007) Interfaces: Towards a New Generation of Systemic Models in Family Research and Practice, *Family Process*, 46 (2) 173 – 184

Waldegrave, C. (2005), "Just Therapy" with Families on Low Incomes, *Child Welfare*, 134 (2) 265 – 276

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