NEW MODEL FOR PRIMARY MENTAL HEALTH

Background

The current model of primary mental health care delivered in New Zealand is not meeting the needs of the population. In May 2017 the ProCare Board approved a new mental health and addictions model of care and agreed to a programme to begin implementation of the new model.

The vision for implementing the new model of care in the demonstration sites is to:

- Increase capacity within general practice to address people’s needs
- Increase access to, and enhance, the referral-based psychological service delivered by Patient Services
- Improve the coordination and integration between general practice teams and DHB mental health services
- Leverage other available resources e.g. those delivered by NGOs, Homecare Medical and within the person’s own community to better support wellbeing.

The new model of care consists of a spectrum of services that can be flexibly tailored to the needs of people and their families/whanau. This spectrum of care includes:

- Self-management support – utilising digital and other resources
- Interventions delivered by capable general practice teams
- Health coaches to act as a partner, encouraging people to identify their own priorities for change and supporting them to find the resources, tools and supports to meet their goals. Health coaches are likely to have a variety of backgrounds, while some may be health professionals they may also be people with training and experience in community health and/or people with lived experience of mental health issues.
- Interventions delivered by Health Improvement Practitioners (HIPs). HIPs are mental health clinicians who work within general practice to deliver focused brief interventions for all age groups
- Referral-based talking therapies (based on the current PPS model)
- Shared care between primary and secondary services
- Social interventions and cultural support to enhance wellness

Figure 1 Stepped Care for Mental Health in Primary Care illustrates the new model of care.
In implementing this new model in the demonstration practices it is anticipated that the mix of services may vary to some degree for different practices and enrolled populations. This reflects the differences between each practice’s enrolled population such as the numbers of patients, socio economic and cultural mix.

The model has been developed to ensure it can be adapted for Māori, and for Pacific Peoples and specifically:

- All components of service can be delivered for whānau or individuals
- The model is holistic, offering support for people to address any issues they have, whether physical, social, emotional or spiritual
- It is well integrated, with health coaches and health improvement practitioners expected to build linkages with the local community resources that support wellbeing, including local NGOs, churches and marae and whanau ora services where these exist.