

Reports from the colleges

Developments in primary mental health care in New Zealand

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Primary mental health care in New Zealand has been the subject of recent investment and extension. In this article we summarise some of the developments in the provision of services, as well as some of the research activities under way. Professional development for new-entrant general practitioners (GPs) is part of the Royal New Zealand College of General Practitioners (RNZCGP) programme; additional activities are integrated with local service development.

Innovation in service delivery

Primary mental health initiatives

Until recently, GPs and practice nurses have provided between 50% and 75% of all mental health care without dedicated funding, time or resources.¹ The New Zealand Ministry of Health has recently invested in primary mental health services, allowing the development of a variety of options for people with mild to moderate mental health problems. These have specifically taken the form of primary mental health initiatives (PMHIs) where primary health organisations (PHOs) have been funded to provide additional time for patients with the GP or practice nurse, improved access to psychological therapies, and a range of improved linkages with health and social services. The outcome of these initiatives has been very positive. Initial funding for 42 projects has now been extended so that nearly all of the 80 PHOs have some kind of dedicated primary mental health funding. A range of service-delivery models was developed, offering choice to both service users and practitioners. An evaluation of the initiatives showed that up to 80% of service users benefited from the

variety of interventions offered and that no model offered an inherently more cost-effective service compared to others.² The ability to address undifferentiated and subthreshold symptom complexes, as well as well-defined conditions such as depression and anxiety, was welcomed by service users. These initiatives represent a significant and beneficial treatment effect, which has been sustained at six months' follow up evaluation.

New types of mental health clinician and professional have also developed as part of these initiatives and include those of PHO mental health coordinators and other mental health clinicians working as part of practices or PHOs. There have also been opportunities to extend the roles of existing team members such as GPs and practice nurses by funding additional time for existing staff.

In addition the Ministry is supporting further workforce development and a move to a more structured stepped care model.

Research

In order to support improvements in care there are a number of research projects under way, led by the academic general practice departments in New Zealand.

Recent research includes the following:

Case-finding and Help Assessment Tool

The Case-finding and Help Assessment Tool (CHAT) is a validated self-administered lifestyle and mood-assessment tool assessing problem drinking, smoking,

other drug use, gambling, anxiety, depression, abuse, anger, inactivity and insomnia. Following the successful introduction of the CHAT as a paper-based instrument, a feasibility study is under way to evaluate the process of converting it to an electronic format, the ECHAT. This project is adapting the CHAT into a web-based format, enabling primary healthcare patients to complete it by touch-screen in the waiting room, and makes this information, including scored diagnoses where relevant, available to GPs during the consultation via their practice management system.

Contact: Felicity Goodyear-Smith, Bruce Arroll *et al* – University of Auckland

Integration of mental health care within a primary healthcare setting

The aim of the project is to use a translational approach to research and develop an evidence-based, sustainable system framework for primary mental health care. This will build on and strengthen existing capacities and capabilities. The overall aim is to support primary mental healthcare implementation in a range of New Zealand settings by producing a series of best practice toolkits.

The research will take 18 months and will look at what health sector organisations need to do to provide effective mental health care, ranging from mental health promotion to treatment of disorders in the primary care setting. The process will engage a range of key stakeholders in the participative development of the framework, based on the principles of participatory action research.

Contact: Sunny Collings, Tony Dowell, Philip Gandar, David Rees – University of Otago, Wellington

Depression screening trial

Work is continuing on the use of brief screening questions for depression with the completion of a randomised controlled trial (RCT) of the Two Question (with a third asking whether the patient wants help today) screen versus an established questionnaire (the Patient Health Questionnaire (PHQ-9)) and a control group. Work coming from that project is further exploring the high rates of depression in New Zealand Maori populations.

Contact: Bruce Arroll – Auckland University

The SSRI Study: how long should we continue antidepressants?

Many patients in primary care are on long-term maintenance therapy with antidepressants with the aim of preventing recurrence. An RCT is under way to determine whether there is a benefit from the use of antidepressants beyond 12 months in reducing recurrence, and if there is what patient- and illness-related factors might allow clinical prediction of which patients will benefit? The study is a triple-blinded RCT of continued treatment versus slow withdrawal of selective serotonin reuptake inhibitor (SSRI) (fluoxetine in the first instance). Patients will be monitored for 18 months for recurrence of depressive symptoms, side-effects, and general social and occupational functioning.

Contact: Dee Mangin, Les Toop – University of Otago, Christchurch

Does a home-based activity programme improve function and mood for older people with depression?

A recently completed RCT set out to establish the impact of a home-based activity programme on physical function, depressive symptoms and quality of life in older people. The trial compared a nurse-delivered home-based progressive resistance and aerobic programme with a social visitor who discussed social networks and activities. Functional status and mood improved for both the activity and social group participants. The conclusion is that social interventions may be as effective as physical activity in improving overall well-being for older people with depression.

Contact: Ngaire Kerse – Auckland University

Brief intervention for common mental health syndromes in primary care

Many people who attend primary care have significant psychological symptoms and distress that cause problems in day-to-day life. These are not usually defined as mental disorders, which means that often they find it difficult to access treatment. However, the people with this 'subthreshold syndrome' experience genuine suffering and impairment in functioning. Those with depressive symptoms may go on to develop a disorder. A very brief psychological treatment for this common problem is being

developed to determine whether it is acceptable to patients and to primary care nurses and other treatment staff based in general practices. Following development of this ultra-brief intervention (UBI), funding will be sought to do a formal trial to pilot and test its effectiveness compared to usual care.

Contact: Fiona Mathieson, Sunny Collings, Tony Dowell, Felicity Goodyear-Smith – University of Otago, Wellington

2 Dowell AC, Garrett S, Collings S *et al.* *Evaluation of the Primary Mental Health Initiatives: summary report 2008*. Wellington: University of Otago, Wellington and Ministry of Health, 2008.

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REFERENCES

1 Andrews G. *The Tolkein Report II. A model for matching the available workforce to the demand for services*. Sydney: University of New South Wales, 1994.

