

# Primary Mental Health 2008



# Outline

- Context
- Primary mental health initiatives
- Current MOH activities
- Future direction of pmhc

# Te Rau Hinengaro

- 20.7% of population have mental disorder in 12 month period.
- 46.6% of population expected to have mental disorder at some time in their lives.
- Prevalence of mental health disorders higher amongst Māori (29.5%) & Pacific (24.4%) populations.



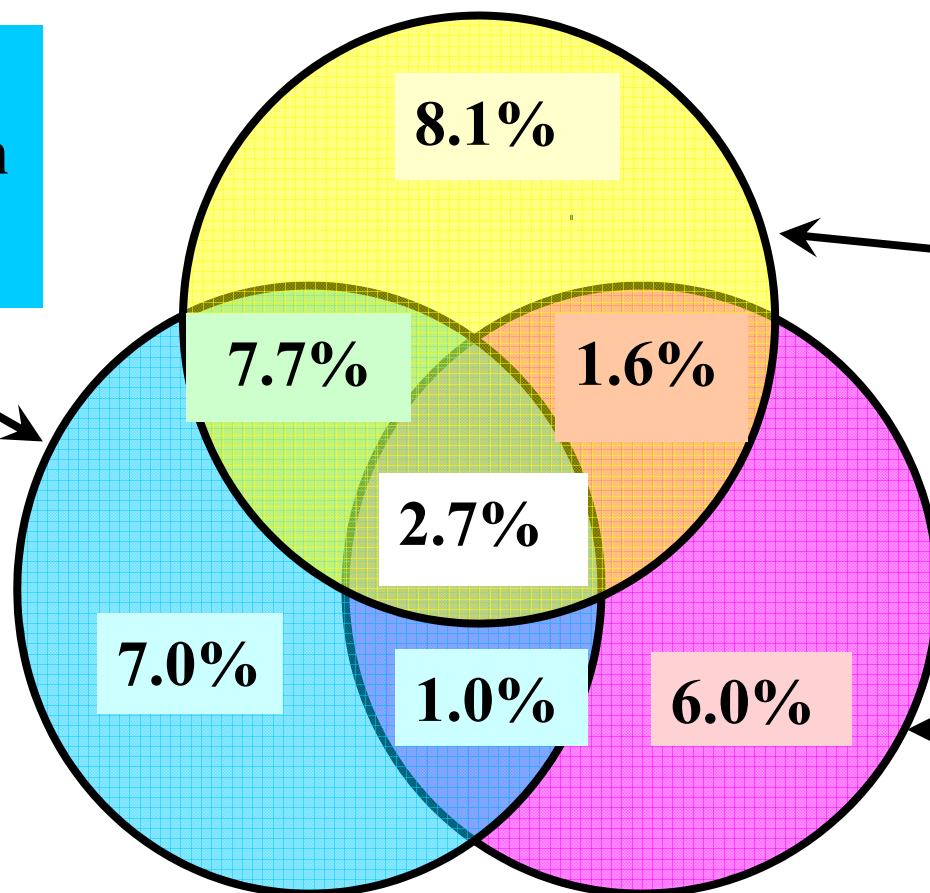
# Anxiety, Depression and Substance use disorders in General Practice:

The MaGPIe Research Group 2003

**Total  
Depression  
18.4%**

**Total Anxiety  
20.1%**

**Total Substance  
11.4%**





# Different patterns of prevalence by ethnicity

## Prevalence Depression in GP attendees

- Non Māori = 15.4%
- Māori 46.4%

## Prevalence of any mental disorder

- Non Māori = 32.5%
- Māori 64.4%

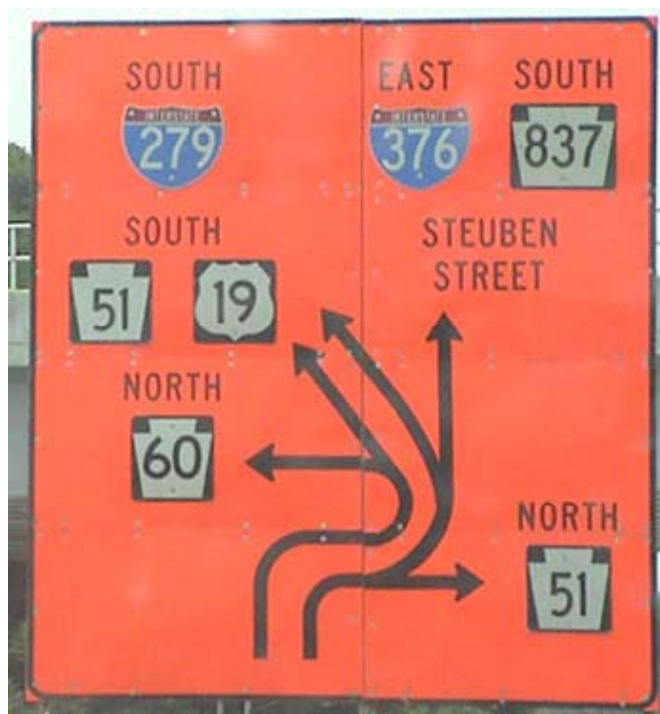
The MaGPie Research Group. Mental disorders among Maori attending their GP. *Australian and New Zealand Journal of Psychiatry* 2005 39 (5), 401-406. doi: 10.1111/j.1440-614.2005.01588.x

# Policy Context

Te Tāhuhu

Te Kōkiri

Te Puāwaitanga



Primary Health  
Care Strategy

Te Raukura

New Zealand Suicide  
Prevention Strategy & Action  
Plan

# Policy Context

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MAKE HIM TAKE 16 OF THESE A DAY UNTIL WE FEEL  
BETTER ABOUT WHAT WE'RE DOING TO HIM!



# Components of pmhc

- Extended GP consultations
- Training and education for practice staff
- Primary mental health coordinators
- Packages of care, eg, brief talking therapy

# Models of Care

- Nine distinct models of care
  - Clinical vs non clinical coordinators
  - PHO-employed talking therapists vs PHO-contracted talking therapists
  - Coordinator based in practice vs PHO
  - Packages of care vs no packages of care
  - Focus on youth and/or addictions
  - Chronic care management – no coordinator

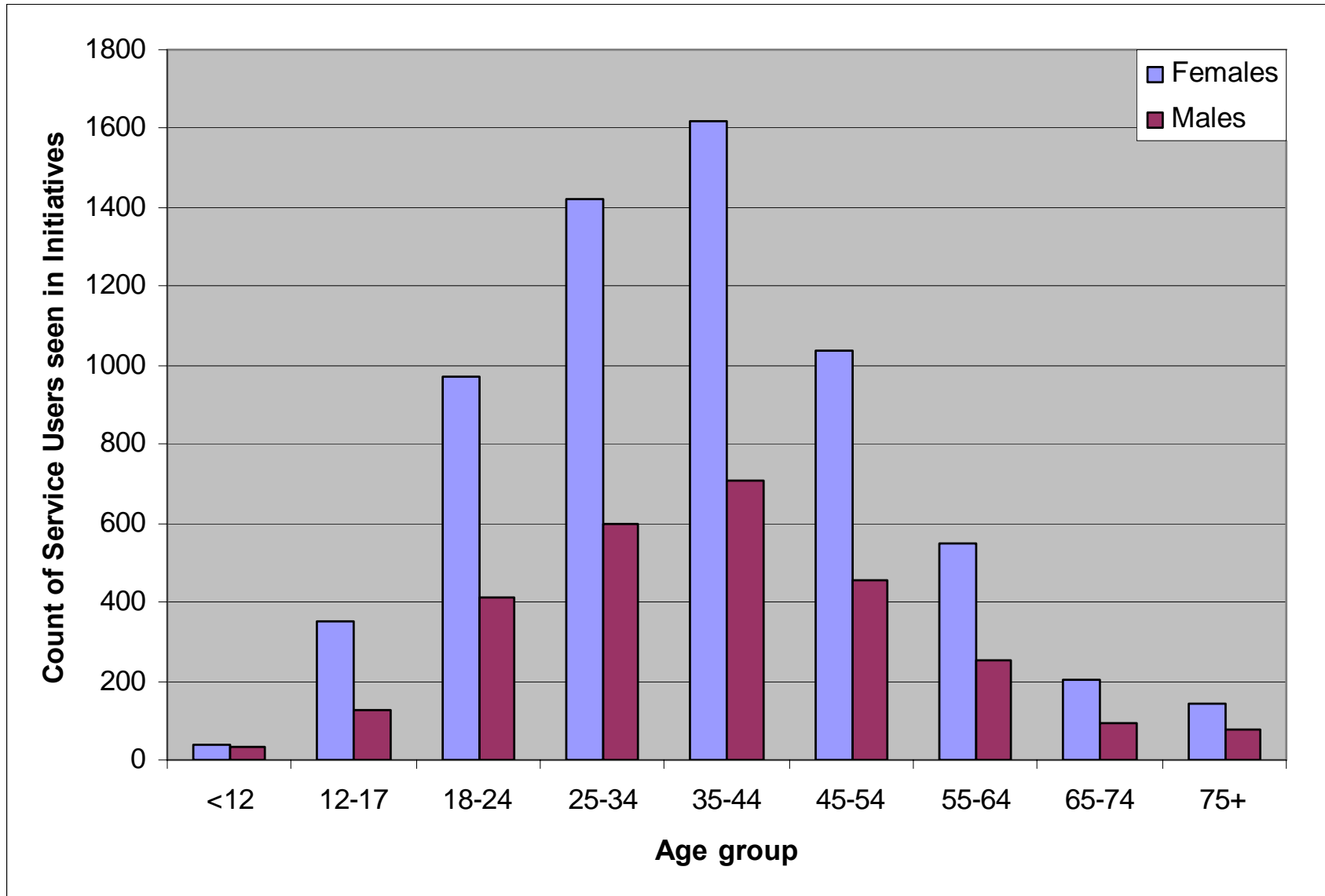


## Workforce: Primary mental health coordinators

- Co-ordinate and support
- Primarily nursing background
- Majority ex-secondary care mental health
- May have clinical case load
- Generic problem solving capabilities

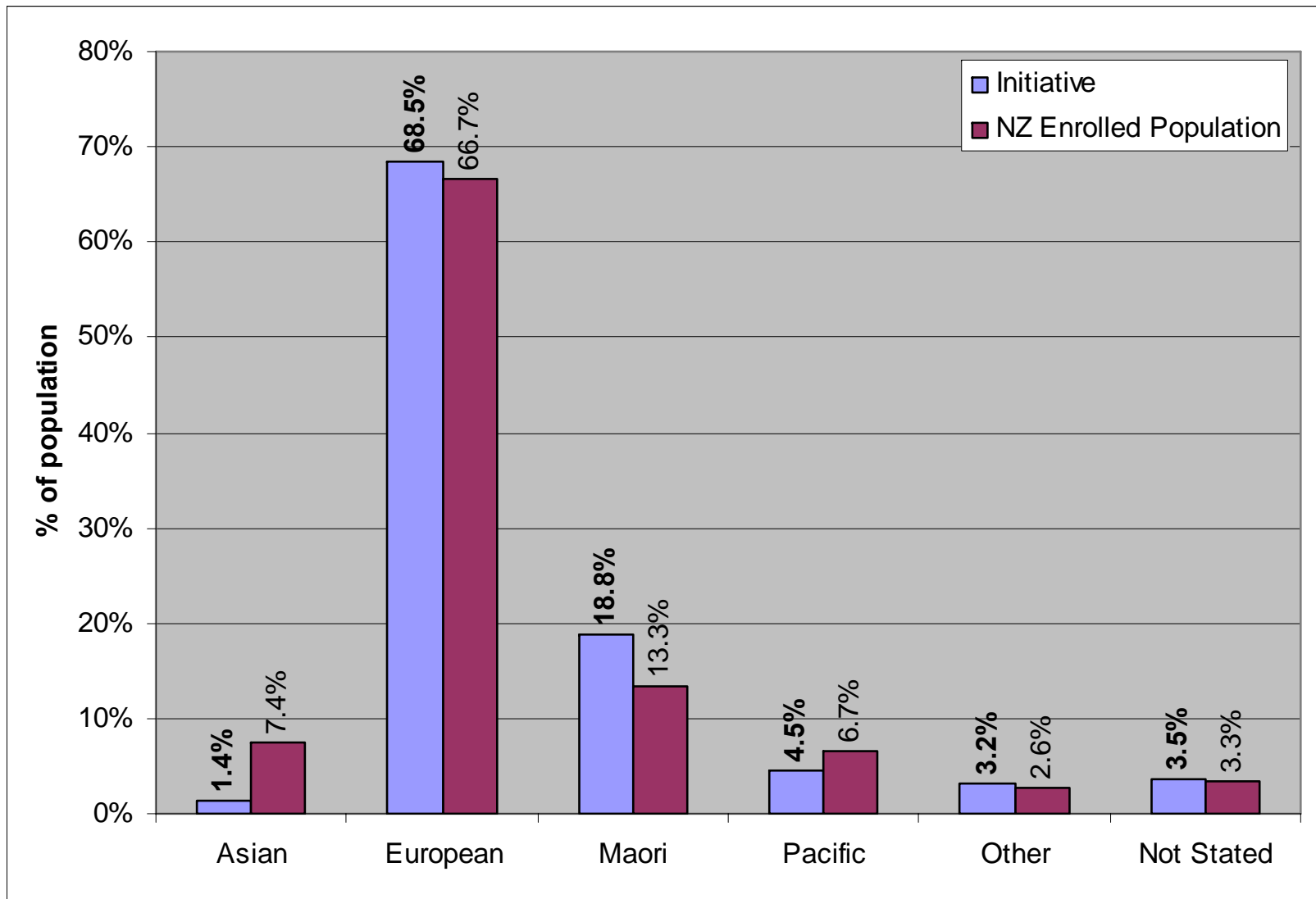
# Age & gender of service users

(n=9136)

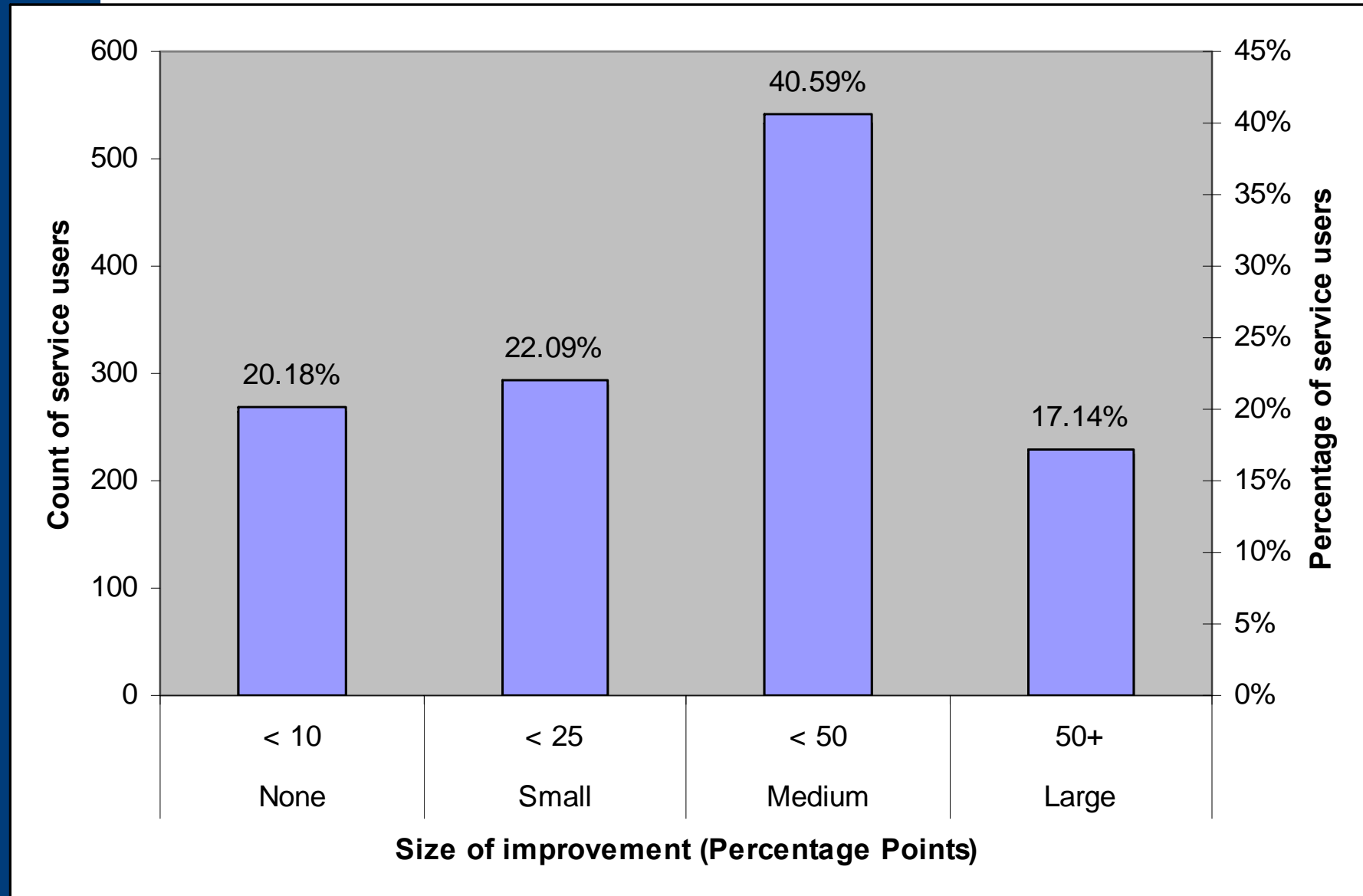


# Ethnicity of service users compared with PHO enrolled population

n = 13271



# What happened - % change in outcome measures



# Outcomes

- 79.8% had at least some improvement in their post-intervention scores
- Size of improvements did not significantly differ between any of the diagnostic groups
- No difference in improvements between model types
- Concerns over measures in some client groups

# Activities & Timeline

2006/07	2007/08	2008/09	2009/10 & out-years
<p>41 Existing PHO Primary Mental Health Initiatives</p> <p>Evaluation</p> <p>International literature review</p> <p>Service Development Toolkit</p>	<p>20 New PHO Primary Mental Health Initiatives</p> <p>Workforce development programme</p> <ul style="list-style-type: none"> <li>• e-therapy tools</li> <li>• Depression guidelines</li> <li>• Workforce capability</li> </ul> <p>Reshaping existing 41 initiatives post evaluation</p> <p>Policy advice on future funding mechanisms and service delivery models</p>	<p>21 Remaining PHO Primary Mental Health Initiatives funded</p> <p>Increased service volumes for current services</p> <p>Workforce programme implementation</p> <ul style="list-style-type: none"> <li>• e-therapy tools</li> <li>• Depression guidelines</li> <li>• Workforce capability</li> </ul>	<p>Policy implementation of future funding mechanisms and service delivery models</p>



# Future Policy Direction



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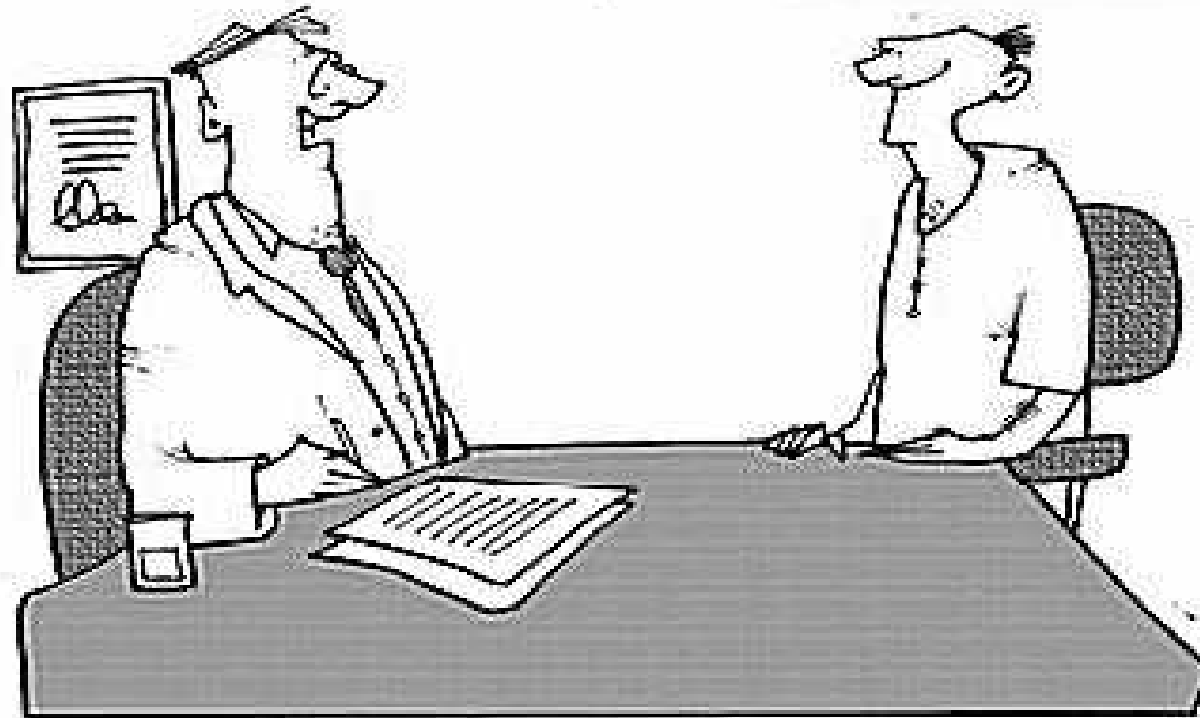


# Future Policy Direction

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I THOUGHT WE'D LOOK AT REDUCING YOUR MEDICATION AND REPLACING IT WITH EIGHT HUGS A DAY BEFORE AND AFTER MEALS!

# Future Policy Direction



# Future Policy Direction

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**WE AT PHARMACORP ARE 110% BEHIND THE  
BENEFITS OF 'SPIRITUAL AND ARTISTIC'  
THERAPIES, WHICH IS WHY WE'VE DEVELOPED  
'MEGAZYLOMOL' TO ENHANCE THE EXPERIENCE!**

# Stepped Care Model

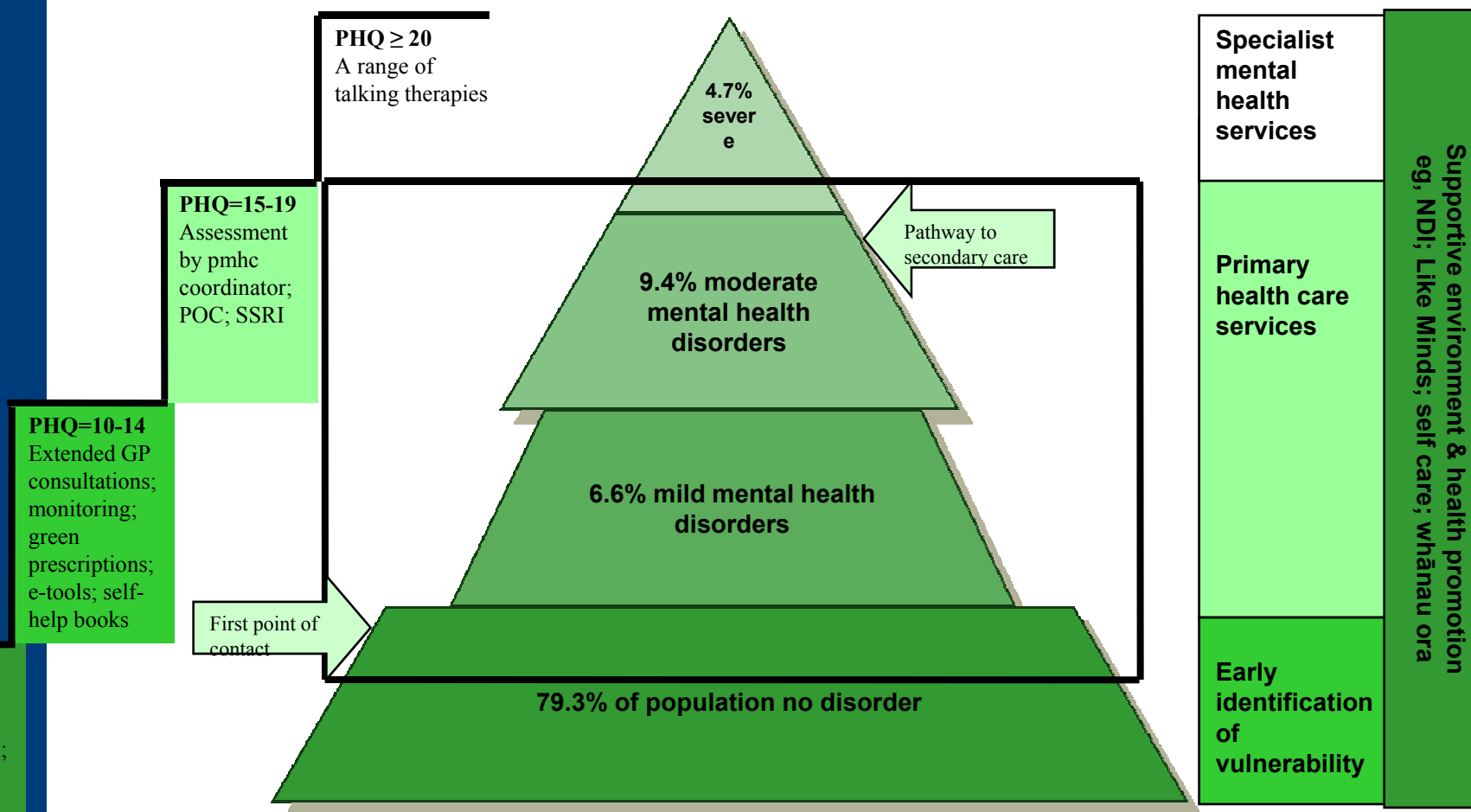
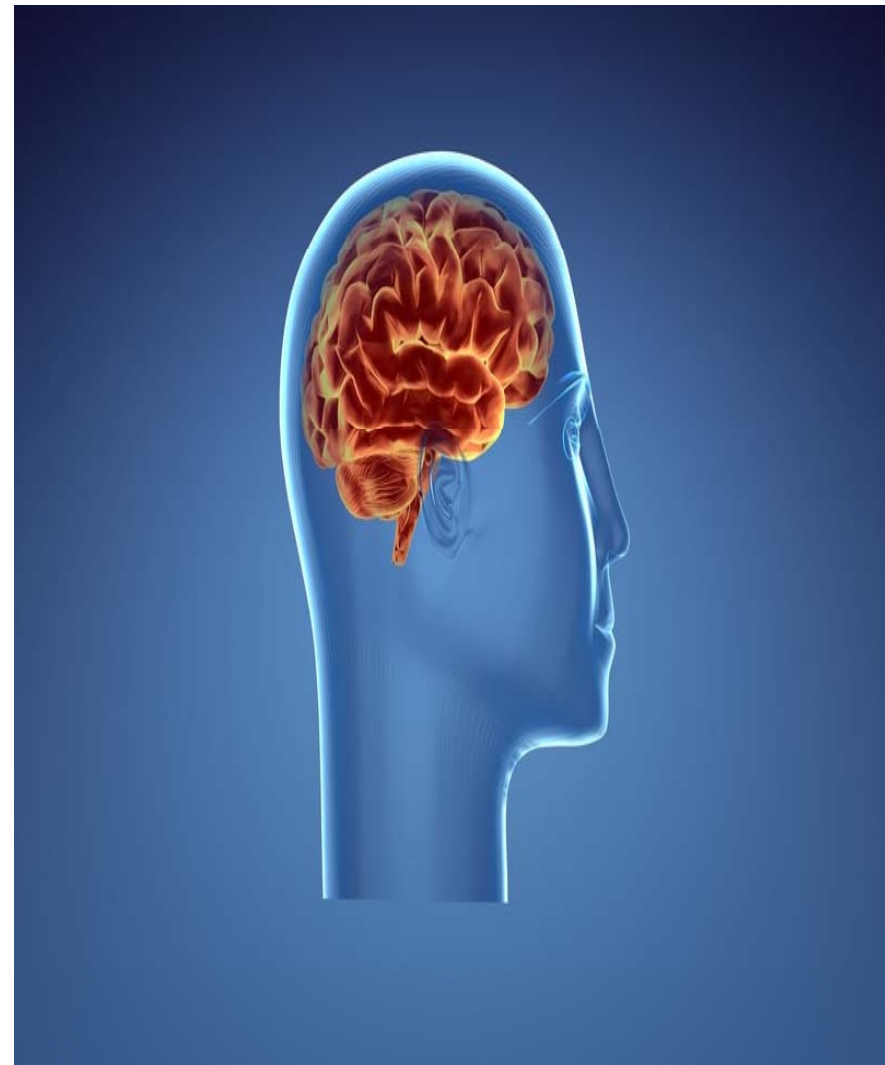


Diagram adapted from Auckland District Health Board's Primary Care Mental Health and Addictions Plan

# Policy Questions

- Who should be eligible to deliver primary mental health services at each level of the stepped care model – role of different health professionals & consumers?
- What funding mechanism should be used for primary mental health services, eg, added to capitation funding - first contact or SIA?
- What monitoring and reporting should be required?
- What is the role of DHBs and NGOs?
- What are the unique service requirements of children & youth, older people, Māori, Pacific peoples, AOD?



# Principles to determine eligibility

- Priority should be given to populations with the greatest need or who have the greatest potential to benefit from services:
  - Maori
  - Pacific
  - Socio-economically disadvantaged
  - Children and youth
  - People with medically unexplained symptoms
  - People with comorbid physical and mental health problems
  - People for whom support is likely to enable them to return to work or stay in work



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