The New Zealand Psychological Society

Te Rōpu Matai Hinengaro o Aotearoa

Submission to the Ministry of Health

On the Mental Health and Addiction Service Development Plan

Prepared by the New Zealand Psychological Society

August 30, 2011

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Sector Capability Implementation
Ministry of Health
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Dear Savita

Thank you for the opportunity to comment on this submission.

RE: Feedback on the Mental Health and Addiction Service Development Plan (MHASDP).

The New Zealand Psychological Society is the premier association for professional psychologists in New Zealand. The Society is the largest professional association for psychologists in Aotearoa/New Zealand with over one thousand practitioner, academic and student members. Our vision is

> "To improve individual and community wellbeing by representing, promoting, and advancing psychology and psychological practice."

Considerations based on Questions posed from MHASDP Paper for stakeholder Engagement -4 July 2011

1. **Do you support the directions and priorities?**

   We support some of the ideas contained in this paper including the emphasis on primary prevention and early intervention, the acknowledgement of the need to provide services to previously under-served populations (infants and children, Māori, Asian peoples etc.) as well as the identification of priority areas for intervention (youth suicide, offending etc.). However we do have some concerns about the general direction of paper.

   Firstly, we would have liked to have seen a greater recognition of the current under-resourcing of mental health and a clear prioritisation of this area by the Government.

   Secondly, we are concerned that funds and resources that are currently insufficient at the tertiary level will be diverted to the primary level. While, in the long term, prevention and early intervention may decrease the load on tertiary services, this will not occur in the short or even medium term. While we would like to see the development of primary level services, this cannot be at the expense of the already over-stretched tertiary services where there are workforce and resource shortages.

   Thirdly, while we recognise the importance of empowering clients to engage in 'self care' this cannot be a substitute for good quality professional care. We would not like to see the appropriate responsibilities of the Government being displaced onto those in need of mental health support.

   Fourthly, we do have concerns about primary mental health being effectively channelled through GPs. Research recognises the GPs are not especially good at identifying common mental health problems (Mitchell et al., 2009). GPs also tend to rely on medication as a standard intervention and there is little evidence for the effectiveness of this approach for the mild to moderate conditions that present at primary care level (Kirsch et al., 2008).

   Finally we are disappointed in the scope and breadth of this paper. The paper does not address the context within which the proposed service development plans are situated. There is little data on what currently exists in terms of mental health services, what is currently functioning well and what is not. There is no supporting evidence-based data on, anticipated future mental health needs, workforce development needs, expected demographic changes and the impact of socioeconomic factors on mental health. The paper appears to be a list of aspirations without research evidence or other data to support them. Most importantly there is no discussion of funding issues apart from statements which note that "funded services need to be effective and provide value for money"- and "ring-fence mental health funding policy" The allocation and utilisation of funding in mental health is a key issue which needs to be addressed for effective mental health service delivery.

   As a result the draft goals for future mental health and addiction services are far too general and require more detail. For instance, "7" – what is meant by "good" primary care, "8" – using specialist mental health and addiction services expertise more "strategically"; what does this actually mean in relation to service provision?

Whilst we very much support a focus on improving services for Māori, Pacific, and Asian populations ("10," "11") we are not clear what is meant by "effective response to the needs of these populations across their life span and patient journey"? These goals need to be more specific so that progress and relevant outcomes can be measured. Nevertheless, it is encouraging that there will be an increased focus on earlier interventions via primary care from early infancy to adulthood.

2. If not, what changes do you recommend?

Our principal recommendation is the need to identify mental health as a Government health priority. Given the extent of mental health problems faced by New Zealanders it is difficult to understand why mental health issues are not deemed to be a Government health priority.

We believe that there a number of major barriers to people accessing effective mental health services. These include,

- a lack of sufficient trained mental health practitioners (e.g. psychologists)- leading to waiting lists and insufficient follow-up
- equipping the mental health workforce with the skills to provide psychological interventions as opposed to just medication and monitoring.
- the concentration of mental health primary care funding on PHOs and general practice making it difficult for those with mental health needs to directly access affordable mental health care other than through their general practitioner ,
- a lack of training of general practitioners in mental health diagnosis and care and workloads in general practice which prohibit sufficient time being given to mental health issues
- a lack of awareness regarding the range of psychological therapies that can be utilised for some mental health conditions.

We would recommend that any mental health and addiction plan explicitly outlines:

- how the workforce will be developed to ensure effective services at both primary and tertiary level
- how training will ensure that those on the front-line of primary health care are able to deliver this effectively and make appropriate referrals where necessary
- how those with existing skills in psychological therapies (psychologists, psychotherapists and counsellors) can be utilised effectively in the proposed system.

3. What are the priorities for action?

As noted above the mental health and addiction service plans need to be part of a broader strategy to address a range of issues. These include

- Ensuring that workforce development is a priority- staff shortages in DHBs are a major barrier to the delivery of effective and efficient mental health services.

- Prioritising Māori, Pacific and Asian health workforces as these populations are over-represented in not just long term physical health conditions but in mental health and addictions statistics.
- Ensuring that clients have a choice of evidence based treatments beyond pharmacological treatments
- Ensuring that the skills of allied health professionals such as psychologists are better used. Private practitioner psychologists are an untapped workforce and their skills in providing psychological therapies, training and supervision could be utilised
- Ensuring a joint approach to mental health care with interagency collaboration and cooperation. It is important to consider the expertise required for different 'levels' of therapy. There is some useful work happening around "stepped care" approaches to "talking therapies".
- Ensuring better GP and nursing training on the screening and treatment of common mental health and addiction problems. It is appropriate to include strategies to improve access to psychological therapies (across the primary/secondary sectors, and NGOs).

4. What specific actions are needed to achieve these aspirations/goals?

In our view, service development planning needs to

- Include the development of specific measurable goals (SMART)
- Provide sufficient funding for mental health services as an important Government health priority
- Implement workforce development planning. It is imperative that psychologists and other mental health professionals are provided the opportunity to engage in regular professional development/training opportunities, and regular supervision to improve the health outcomes of their patient population. Tertiary institutions and DHBs need to have access to internship placements to develop and grow the mental health workforce.
- Recognise that many mental health problems are a public health issue related to socio-economic status, inequitable access to resources wealth disparity, unemployment etc.
- Address issues such as alcohol law reform which could assist in addressing some of the major problems associated with access to alcohol
- Support and develop existing resources in the NGO sector which already contribute to primary prevention (e.g. NGO's working with domestic violence)

5. Are there barriers to achieving these actions? (If so, how can they be best addressed?)

We see these barriers as being:

- Limited analysis of the antecedents of mental health and addiction problems
- Apparent lack of Government will to address some of these issues e.g. better management of access to alcohol
- Unequal access to resources, opportunities and health care

- Insufficient funding for workforce development in the areas of mental health and addiction
- Lack of attention being paid to the utilization of the mental health expertise of allied health professionals particularly in relation to psychological therapies
- Lack of workforce development – at present, workforce development strategies appear to be chiefly aimed at doctors and nurses rather than allied health professionals such as psychologists
- What appears to be lack of processes which ensure that the funding allocated to DHBs is spent directly on mental health services.

6. Which areas of service need better integration and how can this be achieved?

In the primary care sector, GPs need to look beyond the medical model and pharmacotherapy to address mental health issues. They need to recognize the skills of allied health professionals to provide "better, sooner, more convenient" primary mental health care.

There needs to better integration between primary and secondary services. For example, psychologists in specialised mental health and addiction triage services that work across primary and secondary services:

- This would consist of appropriately knowledgeable and qualified clinicians (preferably from multiple disciplines, from primary and secondary services) who could classify referrals based on level of symptoms/functioning/risk (mild to severe).
- A range of 'eligible interventions' would be available at each level. These would include psychological therapies, ranging from self-help/computer-based approaches through to group, family and individual work.
- If triage services like this were set up, they could also play a support role through consultation, education and supervision across the sectors.
- Areas in which psychologists could usefully have a role include:
    - Development of criteria for classifying referrals.
    - Deciding appropriate psychological interventions at each level.
    - Delivering psychological interventions.
    - Providing education, consultation and supervision to therapists from other disciplines (working at levels appropriate to their qualifications and level of expertise)

Whilst the suggestions above require increased resources in the short-term, they would be expected to significantly reduce longer-term costs. They fit well with the "better, sooner, more convenient philosophy".

There needs to be a focus on maternal mental health. Indeed, the latest annual report from the Perinatal and Maternal Mortality Review Committee (PMMRC) chaired by Professor Cynthia Farquhar highlights the importance of addressing the alarming rates of maternal deaths which can be partly attributed to mental health needs of this vulnerable population(PMMRC, 2011). There needs to be early detection of mental health needs in our children and adolescents via the education system and educational psychologists and other child health services to identify and refer on those who need support at this early stage of their lives. Similarly, the needs of the elderly also require special attention as their mental health needs are commonly neglected.

Finally, Government departments ought to have better dialogue between relevant stakeholders who are all integral in tackling this important health area. We suggest improvements in communications and co-operation between MOH, MOE, CYFS, MSD, Department of Corrections, DHBs, and HWNZ who would all be primed to assist and address the mental health needs of all New Zealanders.

Finally there are a range of non-governmental organisations both within and outside of the mental health area whose work is central in providing support to people who might otherwise require mental health services. This includes organisations that work to address a range of social problems such as poverty and violence.

7. **How will we be able to measure whether we are achieving these goals? (Specific targets and timeframes?)**

   By developing specific targets, realistic timeframes and measures of progress. Outcome measures could include (but not be limited to) devising objective measures such as the rate of suicides, the number of pharmacotherapy prescriptions, and the number of New Zealand trained mental health practitioners who do not go off-shore for work.

8. **What are existing strengths that shouldn't be lost**?

   There is a great deal of mental expertise in the existing tertiary level DHB services which should be maintained and developed. There are also a range of resources outside of DHBs including private practitioners (in the field of psychology and related professions) who might be able to make a substantial contribution to the provision of service at primary care level provided that training, resources and processes are in place to support this. None of these things can, however, be effective without an awareness of the broader context in which mental health problems develop. A sound social service infrastructure must be retained and developed to prevent an increased incidence of mental health problems.

References

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