



SYNERGIA

FIT FOR THE FUTURE: AN EVALUATION OVERVIEW FOR THE ENHANCED INTEGRATED PRACTICE TEAMS AND OUR HEALTH IN MIND STRATEGY (BUSINESS CASE ONE)

Report for the Ministry of Health

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1. INTRODUCTION

This report has been written for the Auckland District Health Board, Waitemata District Health Board and as an overview of key insights for the Ministry of Health. This document presents an overview of the insights from the evaluations of interventions supported through the Fit for the Future (FftF) for the 2017/8 financial year. The evaluations were structured around the results-based accountability framework (RBA; asking how much, how well and if people were better off). Findings have been presented in two individual reports. The purpose of this overview is to lift our level of reflection above those individual initiatives and beyond the limitations of the RBA framework to reflect on what we have learned from the two DHB's programmes of work and what works for people with moderate mental health needs in primary care. This supports us in identifying the key things to consider if the sector is going to be fit for the future in terms of meeting the needs of people with mild to moderate mental health needs in primary care.

2. WHAT'S WORKING WELL ACROSS THE LANDSCAPE?

The interventions delivered across the two DHBs have been summarised into four core primary care landscape components, alongside the level of evidence for their contribution to primary mental health and their future value in supporting the sector to be fit for the future.

Enhanced integrated practice teams incorporating Health Improvement Practitioner (HIP) and Health Coach roles. These are new roles that integrate into the existing practice teams. Currently delivered in six practices, most commenced in December 2017. HIPs provide short structured sessions of targeted behavioural health support. Health Coaches support people with health literacy and self-management.

- Levels of evidence are sufficient to identify HIP and Health Coach roles' direct contribution to improved mental health and wellbeing outcomes for people accessing support; increasing access for Māori, Pasifika and youth, benefits for staff confidence and capacity in practices with these roles and early but emerging contributions to benefits for practices and the health system. This includes reductions in referrals to psychological support services. Reductions in antidepressant prescribing are also emerging.
- These insights are supported by quantitative service data and outcome measurement, and patient and staff interviews.

Awhi Ora Supporting Wellbeing (Awhi Ora). As part of the enhanced practice team landscape, NGOs provide 'walk alongside' support to people experiencing life challenges or stress. Traditionally, such support has only been available to people through secondary mental health services. Support is brief and addresses a wide range of psychosocial issues. NGOs partner with primary care practices, with and without HIPs and Health Coaches, and other sector partners to provide access to broad range of supports.

- Levels of evidence are sufficient to identify Awhi Ora's direct contribution to improved mental health and well-being outcomes for people accessing support,



increasing access for Māori, Pasifika and youth, and value for the primary care and other sector partners who introduce people to Awhi Ora. The preventative nature of Awhi Ora and its unified role in meeting social needs, providing support in people's homes and in their communities, infers a strong contribution to system benefits that will be realised beyond the health sector.

- These insights are supported by quantitative service data and outcome measurement, client and staff interviews.

Access to psychiatrist support in primary care. Direct telephone access was provided across the WDHB region, and direct specialist support was also made available to four practices. Advice typically related to prescribing, the navigation of local mental health services and supports, and access to information only available to secondary care.

- Levels of evidence are sufficient to identify the contribution of this support to the management of people with mental health needs in primary care. Support built the confidence and capability of GPs, enabling them to respond immediately to the needs of their patients. The support has been associated with an increased understanding and/or greater appropriateness of referrals to secondary services.
- These insights are supported by quantitative service data and interviews with the psychiatrists providing support and practice staff.

Increasing the provision of existing primary mental health initiatives in WDHB. This included funding for complex packages of care for youth, online e-therapy, additional self-efficacy and wellbeing groups.

- Levels of evidence are sufficient to identify the contribution of these initiatives, to the mental health and wellbeing of those accessing supports. Depending on the location and focus of the service, access is supported for youth and Māori.
- The reach of these initiatives is limited by their capacity or availability, i.e. there are limited numbers of group sessions and packages of care available. This can challenge the reach of the initiatives. While e-therapy is a good test of broadening options for reach, access is limited by entry criteria. The provision of psychological support services also does not include support for the broader determinants of ill health. This is not to undermine their important contribution to the health and wellbeing of people accessing them but to understand their fit within the landscape of supports.

The ADHB and WDHB FftF evaluation reports outline some considerations for the ongoing improvement of the interventions in their district and considerations for sustainability and expansion. The executive summaries from these reports should be read alongside this overview to gain a more detailed insight into the contribution of the interventions.

3. WHAT DOES THIS MEAN FOR THE MISSING MIDDLE?

The missing middle is defined as a cohort of people with moderate mental health needs. As a cohort, it is not missing. It never has been. What has been missing is the ability of primary and secondary care to respond to the needs of this cohort of people, a cohort that has previously missed out due to an overstretched and siloed health system. The



evaluation highlights the contribution of the HIP and Health Coach roles, Awhi Ora and psychiatrist support in:

Providing easy access to holistic support through:

- providing an effective gateway to services and supports for people with mental health needs in primary care
- providing services and supports that respond to the psychological, social and economic determinants of ill health and wellbeing
- removing barriers to entry – no criteria, access is fast and convenient.

Enabling primary care to meet the needs of people with mild to moderate mental health needs with the right resources. The evaluation also indicates that people with complex mental health needs can be managed within primary care, if it is equipped with the capacity and capability to do so. This is enabled through:

- team members with the capacity, capability and engagement approach to respond to the volume, range and severity of needs. The HIP role has been a game changer here
- selection of locations and workforce roles to target high needs groups, Māori, Pasifika, Asian and youth
- effective options for targeted need or population groups to select from. Awhi Ora support workers and Health Coaches are particularly important here.
- Timely access to psychiatrist advice facilitating better management in primary care.

Meeting immediate needs and preventing decline. The findings suggest that without providing support for people with mental health need in primary care, there is a risk that these people's needs will continue to go unmet, and that they will continue to experience poorer health and wellbeing outcomes that impact on their ability to go about their daily lives and contribute to the wellbeing of others.

- Primary care's core business of primary, secondary and tertiary levels of health prevention are strengthened through the HIP, Health Coach, Awhi Ora and specialist support.

Collaboration across the sector is required. The evaluation highlights the value that can be provided for people needing services and supports when DHBs, PHOs and NGOs partners work together across the support landscape to strengthen the capability and capacity of primary mental health.

- Relationships between professionals and provider agencies have been a significant enabler.

4. SO WHAT NEXT? GETTING FIT FOR THE FUTURE

The Oxford English dictionary defines fitness as '*the quality of being suitable to fulfil a particular role or task*'. The evaluation has identified component interventions across the landscape that will enable primary care to be able to respond to the needs of people with moderate mental health needs – and so move towards being fit for the future.



4.1 Considerations for primary mental health care

Specific recommendations have been made for ADHB and WDHB. These recommendations and the learning about what works provide a guide to the way forward, for primary care. The way forward is based on the evidence from a range of initiatives that have been evaluated over a year or less – a period that has included initial implementation for some. This has its limitations, however, the level of evidence achieved within this timeframe and stakeholder support gives confidence to the way forward that is proposed here.

The way forward centres around the enhanced integrated practice teams and opportunities to improve the interface between primary and secondary care.

In terms of where to next, the evaluations provide evidence for:

- **HIP and Health Coach roles. It's not just the behavioural approach but the ease of access** – timely and without barriers – that is significant. An immediate gateway to support.
- **Awhi Ora** Supporting Wellbeing provides important reach into the community. This provides support that reaches far beyond that of a practice team. This **provides support for a broad range of needs across the biopsychosocial spectrum, which is a gap for existing services.**
- **Strengthening the link to secondary care.** Direct Telephone Access is really promising but is not the only thing needed. The value of consistent support from a community psychiatrist shows that accessibility and building of relationships has to be part of any solution. Drawing on locally based community psychiatrists' expertise will be important here.
- **Shifting away from pilots** to a commitment to ongoing work programmes and commitment to improvement science within primary mental health. This is important for ensuring evidence informs ongoing developments.
- **Reviewing the capacity and reach** of new and existing primary mental health care services and supports to understand more about the service mix and level of supports that are needed across different practice and population contexts.

This will require the consideration of funding streams, workforce development, collaboration and leadership, economies of scale, and development of a measurement model that can support ongoing development and inform policy.

In terms of ongoing measurement, the evaluations highlight the importance of consistent quality data collection, analysis, review and use. This is crucial for introductions, conversion rates, key demographic details, level of need and service provided. The notion of outcome measurement must also be considered within the context of rapid brief interventions that are designed to set people on the right trajectory, rather than the concept of 'fixing someone'. The lens through which change is understood should therefore focus on wellbeing and reflect the holistic nature of the services and supports available. The full evaluation reports identify specific considerations in terms of potential data collection tools and approaches. Regardless of the tool, systematic use is important.

