

Working in Primary Mental Health: Health Improvement Practitioner Role

An Educational Psychologist's Perspective
Educational Psychology Forum 2020

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Aims

- Broad overview of the Primary Care Behaviour Health Model and the HIP role
- Outcomes from Auckland pilot
- Working as a HIP

Vision-Te Tumu Waiora

Te Tumu Waiora is a model of care that aims to improve wellbeing for all people enrolled at a general practice, whose thoughts, feelings or actions are having an adverse impact on their lives.

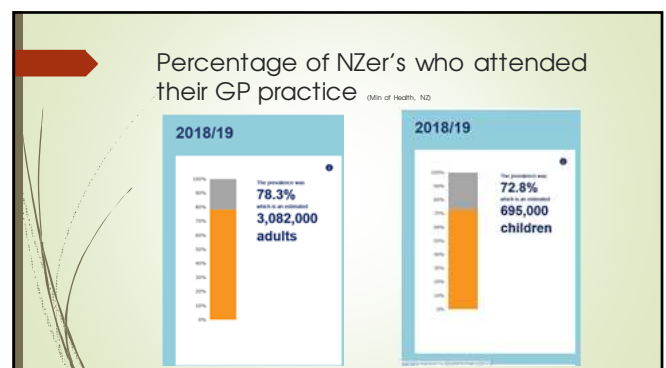
Te Tumu Waiora provides rapid and expanded access to effective, evidence-based, brief interventions for individuals, whānau and groups, to enable them to make changes that will improve their mental health and wellbeing.

The Primary Care Behavioural Health Model

- Goals are to improve efficiency & effectiveness of GP
- Designed to mirror the function of GP
- Work in team-based fashion
 - Shared exam rooms, workstations, staff, chart
 - Immediate access

Why include behavioural health?

- The majority of the population attend their GP practice
- No referral criteria and immediate access
- Less stigma
- MH secondary services by nature require a referral, a wait time, and sometimes a 2nd location.



Three key roles in PCBH

- Health Improvement Practitioner
- Health Coach
- Community Support Worker

Health Improvement Practitioner

- HIP's may be psychologists, nurses, GPs, social workers, psycho-therapists or other health professionals with a mental health qualification.
- Deliver brief therapies
- Individual, family/whānau and group based interventions-e.g. group medical visits
- Chart in the shared medical record, part of the team

Health Improvement Practitioner GATHER



- G**eneralist
- A**ccessible
- T**eam-based
- H**igh Productivity
- E**ducator
- R**outine care component

Typical Day/Week for a HIP

- 10-12 appointments per day, 30 minutes average length
- Half of appointments kept open for same-day referrals
- Warm handovers and feedback to GP or PN
- Occasional referrals to another service
- Groups/workshops
- Team meetings/MDTs

PCBH Outcomes-United States

Clinical Outcomes

- 70% of patients receiving 2-4 visits show broad improvement in symptoms, functioning, well-being
- Effective for both mild and severe presentations
- More severely impaired may improve faster¹⁻⁸
- Changes are robust and stable at 2 years
- Patients report stronger connection to the BHC than to traditional, specialty therapists

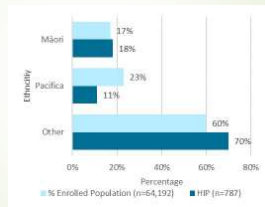
PCBH Outcomes – United States

Systems Outcomes

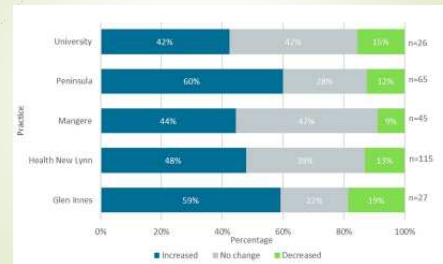
- Large reductions in specialty mental health referral rate^{9,10}
- Improved adherence to evidence-based guidelines¹⁰
- More appropriate antidepressant prescribing^{9, 10}
- Improved PCP willingness to engage with behavioral issues^{9, 11}
- Improved detection (and treatment) of suicidal ideation¹²
- High patient and PCP satisfaction^{9, 11, 13}
- More appropriate utilization of PCP^{4, 11}
- Improved prevention¹⁴

HIP reached by ethnicity

(Synergia ADBR For Future Integrated Practice Team Evaluation Report Oct 2018)



Change in Duke Health Profile Scores



Converted referrals with complete data

	HP	HC
Converted referrals	n=716*	n=258*
Referrals with one consult	68%	80%
Referrals with 2 to 3 consults	28%	18%
Referrals with 4+ consults	4%	3%

Consult patterns for HIP and Health Coach

	HP	HC
Initial consult	n=721*	n=234*
Initial consults seen same day	55%	69%
Initial consults seen within 5 working days	88%	92%
Initial consults seen after 5 working days	12%	8%

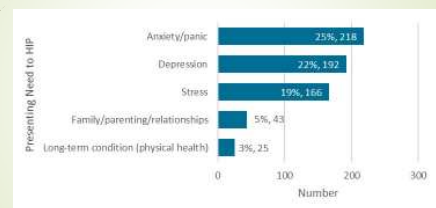
Conversion rate by ethnicity

(Te Tumu Waiora Overview)



Top presenting need seen by HIP

(Synergia ADBR For Future Integrated Practice Team Evaluation Report Oct 2018)



HIP Tool Box

- ❑ Contextual Interview (Love, Work, Play, Health)
- ❑ Conceptualise the problem and formulate an intervention that matches the patient's strength/ability
 - ❑ FACT
 - ❑ CBT
 - ❑ Solution-Focused



FACT

The ACT/FACT mission (Dr. Bruce Arroll)

ACT seeks to undermine and reverse the cycle of rule following, emotional and behavioral avoidance that leads to suffering. The aim is not for an absence of symptom, rather:

- Practicing acceptance/detachment undoes emotional avoidance
- Being in the present moment and able to produce self-reflective cognition undoes unconscious rule following
- Being connected with, and engaging in, valued action undoes behavioral avoidance

The Appeal for Ed Psychs

- Strength-based, contextual approach
- Immediate access
- Flexibility
- Team approach
- Opportunities to share knowledge with professionals

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