Upskilling to meet community mental health needs

A Hawkes Bay nurse is finding many rewards from working as a well-being nurse as part of general practice.

By co-editor Anne Manchester

Experienced practice nurse Sally Tither, who works at Hastings Health Centre, has always been interested in mental health. When the chance came two years ago for her to take part in a mental health and addictions credentialing programme for nurses and others working in the community, she jumped at the opportunity.

“I have been a registered nurse for 36 years,” she said. “I loved the mental health component of my training and over the years, I’ve had quite a lot of contact with mental health systems, as a support person. As a long-time practice nurse, I have also been able to get to know my patients very well. But I knew I needed some training to help people facing difficult life events.”

The eight-month mental health training programme, an initiative first piloted in Northland by Manaia Primary Health Organisation (PHO) and subsequently picked up in Hawkes Bay, was co-ordinated by Trish Freer, programme delivery manager at the Hawkes Bay PHO. The once-a-month training days were delivered by two Hastings Hospital mental health nurses Karen Smiley and John Conneely.

“We were fortunate to have such excellent input from our DHB,” said Tither. “But I am thrilled to have completed the training and to be credentialed as a well-being nurse working with patients within primary health care. It is exciting and rewarding work. Having more nurses in the community is a way of relieving the burden faced by clinicians in secondary services. They are then freed up to see the more acute and more complex cases.”

However, Tither has noted that patients seen in the community are also presenting with more complex issues. “Some people don’t fit the model of having mild to moderate mental health issues, yet their issues are not considered severe enough for referral to secondary care. Other providers in the community are being inundated with referrals too, with some forced to close their books for weeks or even months.”

Hastings Health Centre provides registered patients who have mild to moderate mental health issues with a funded package of care. This enables them to make an appointment with Tither at her one-day-a-week well-being clinic. The funding allows each patient up to five appointments.

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and their late 80s. They will present with a range of issues, with depression and anxiety the most common. Others may be dealing with anger, childhood trauma or a history of sexual abuse. Some may be struggling with the emotional pain of miscarriage or traumatic child birth; they may have witnessed an horrific road accident, be facing a redundancy at work, be newly separated or have chronic pain. Others may be suffering burnout from caring for someone with mental health and addiction issues.

“One of my roles is to refer people to the right organisations for support, perhaps to a non-government organisation. If I am able to refer someone to a more appropriate agency, that leaves more funding for others at our centre needing one-on-one support.”

A lot of Tither’s work is around encouraging better self-care, eg making sure people are eating well, are having enough sleep and are getting out in the fresh air. She has the time in her one-hour appointments to delve deeper into the issues a patient might be facing than other clinicians at the practice, eg the GPs. She has found some patients struggle with communication, and helping them practise being more assertive can improve their relationships. Part of her role is to give them a safe place to talk more freely about their problems. “When someone is able to communicate more openly, that can help them on their journey towards recovery.”

Work between appointments
Tither will also ask her patients to do some work between appointments, eg journaling, practising mindfulness and self-soothing exercises, and planning their day. Having a plan helps them build energy to do more than they thought possible. “I help people break down the tasks they may find overwhelming, so they become more manageable. I also help them make a safety plan, if necessary, and encourage them to ring or text the national helpline 1737 when they feel overwhelmed. No problem is considered too big or too small at the 1737 service.”

Although Tither can’t prescribe medications (and wouldn’t want to), she can refer back to the GP if medication seems a good option or if the person’s safety seems to be at risk. Being part of the general practice team, with easy communication with the patient’s GP, is key.

“As I build trust and rapport with people, they will sometimes reveal past hurts they have never revealed to anyone before. For those suffering sexual abuse issues, they can be offered counselling funded by the Accident Compensation Corporation.”

Having a social worker on the health centre staff is also an advantage. Some patients may end up seeing both Tither and the social worker, who can visit the patient at home and even accompany them to Work and Income to ensure they are receiving the right benefits if necessary.

Tither is continuing to increase her mental health knowledge, completing and passing a postgraduate paper in cognitive behavioural therapy at the Eastern Institute of Technology recently. “This is an additional tool I am already using with patients.”

Model working well
Although loving running her one-day-a-week wellness clinic, Tither doubts working full time in this area would suit her. “I think that would be pretty intense – the balance I have now suits me very well. Each of the nurses credentialed in mental health are finding their own way of delivering the service. I think our model of having a dedicated clinic works well, although new ways of working may develop over time. Other credentialed nurses might be called on to see a patient or give advice when the need arises. I certainly think many more credentialed nurses working in the community are needed – and the model seems to suit the Government’s decision to ensure more people with mild to moderate issues get services earlier rather than later.” •

Credentialed programme aims

THE PRIMARY mental health and addiction credential programme was first piloted in Northland by Manaia Primary Health Organisation (PHO) in 2013. Based on Te Ao Māramatanga New Zealand College of Mental Health Nurses’ credentialing framework, regional programmes are a collaboration between the college and local district health boards (DHBs) and PHOs. The Hawkes Bay programme started in 2017, resulting in around 12 nurses credentialed, a further 12 the following year and 12 in training this year.

The overall aim is to equip and professionally support nurses in primary care to respond to mental health and addiction concerns, as part of their everyday practice. The programme focuses on prevention, early intervention and the ongoing needs of people in communities, who are experiencing mental health and addiction challenges.

Once credentialed, nurses often become an acknowledged resource in their workplace, adding real value to their teams. Settings include primary care practices, schools, corrections, marae and iwi health clinics, and nurses in rural and remote settings. As well as increasing nurse confidence, knowledge and understanding, the programme also addresses stigma and discrimination, which can be a significant barrier to people accessing services and contributes to poor physical health outcomes.

The programme is available via DHBs in Northland, Auckland, Hawkes Bay, Bay of Plenty, Lakes, Whanganui and Nelson Marlborough, with a current total of 244 nurses credentialed. •