



NZCCP

The New Zealand College
of Clinical Psychologists

27 June, 2008

Submission: Mental Health Action Plan Consultation Forum –Primary Care Mental Health Plan

The Nelson Branch of the New Zealand College of Clinical Psychologists appreciate this opportunity to make a submission on the Primary Care Mental Health Plan and wish to respond to this plan as it relates to Clinical Psychologists, their referrers and clients. We thank Nelson Marlborough District Health Board for this opportunity.

New Zealand College of Clinical Psychologists – Nelson Marlborough Branch

The Nelson Marlborough Branch of the New Zealand College of Clinical Psychologists represents clinical psychologists throughout the Nelson Tasman region and our members provide services in Nelson, Tasman and Marlborough. We are a group of 18 Clinical Psychologists working in a variety of settings both in primary and secondary health care settings. Clinical Psychologists complete a minimum of 3 years post-graduate university training in the assessment and treatment of mental illnesses for children, adolescents and adults. They are required to be registered under the Health Practitioners Competency Act. A core aspect of our training is the delivery of Cognitive Behavioural Therapies (CBT) for common mental illnesses e.g. depression, anxiety, adjustment disorders, alcohol and drugs disorders etc. A number of clinical psychologists have additional experience and training in other psychotherapies e.g., Interpersonal Therapy (IPT), and Solution Focused Brief Therapy.

Primary Care Mental Health Plan

Firstly we congratulate Nelson Bays Primary Health Organisation and Kimi Hauora Wairau on compiling this document and beginning to consult with the community about primary mental health care needs. For too long mental health care at the primary health care level has been inaccessible for many clients. Many are treated at a secondary health care level only when their illness has deteriorated. Until now, in primary care, access to evidence based psychological

therapies, such as CBT, has only been available to those who can self fund or those who qualify for a full health and disability allowance. This plan marks an important step forward in improving access to primary mental health care.

We wish to comment on specific parts of the plan including

- Consultation process
- Access to services
- Implementation of packages of care
- Best Practice for treatment of depression and anxiety

Consultation

We note that numerous stake holders were consulted in the production of the plan but suggest that, given the emphasis the report places on accessing psychological therapies, providers of these services should have been consulted. In particular we would like to have seen consultations with Clinical Psychologist representatives. Increased primary care screening for mental illness will increase the identification of clients eligible for psychological treatments and as part of the identified pathway we would like to request a meeting following up on our submission. This would include discussion on issues of access to providers of the psychological therapies and, in particular, to receive information on pathways to psychological treatments for clients.

Access

Recommendations are made in the plan for improving access to psychological therapies, in particular, for rural communities and schools. We suggest that another recommendation should be for improving access to psychological therapies for all. In our experience it is difficult even for those living in urban areas to access appropriate psychotherapy and counseling services. Cost is one of the most significant barriers to those wishing to see a clinical psychologist in Nelson. Through their training and professional education, Clinical Psychologists are well placed to deliver the evidence based therapies such as CBT which are recommended in the Best Practice section of the plan. In Nelson there are other therapists delivering a range of therapies and this can be confusing for the public who may have difficulty accessing information about different types of therapies.

General Practitioners currently identify a demand for psychological therapy and have referred to psychologists in private practice but, at times, the client is unable to afford to attend. More commonly, we understand that GPs would like to refer clients but do not because of cost barriers. It is our experience that GPs that we have talked to do not know that they can access packages of care to fund psychological treatments or specialist assessments for Post Natal Depression. We are not aware that any of our members have received a referral to treat a client with anxiety or depression from the Mental Health Co-ordinator at this stage despite funding being available since 2007. We are in a position to increase knowledge amongst GPs of services available and pathways to these services.

Implementation of Packages of Care

We congratulate the PHOs for their success in obtaining a Primary Mental Health contract from the Ministry of Health. Of all parts of the plan we believe this will have significant implications in the access of psychological therapies for primary mental health clients. We welcome further information on the rolling out of this contract and greater dispersal of information to GPs who will access packages of care for their clients. We would like to be available to GPs to assist in developing access to clinical psychologists' services. To date we are not aware of any referrals directed to clinical psychology CBT providers.

We are also concerned that GPs who routinely refer to psychologists may not know that packages of care can be used to access psychological therapies. From our perspective it is also important that GPs and the Mental Health Co-ordinator are aware of practitioners working in specialist areas such as Post Natal Depression, treatment for anxiety, treatment for depression and services for children and ensure that referrals are made only to suitably trained and qualified health professionals. All clinical psychologists, and a small number of counselors in private practice have training and experience in the use of Cognitive Behavioural Therapy as a treatment for mental disorders such as anxiety and depression. It is important that the PHO meets the requirements of the Health Practitioners Competency Act in referring only to those clinicians who have adequate training and experience in particular therapies such as CBT for the protection of the public.

Best Practice for Treatment of Anxiety and Depression (Mild to Moderate)

We congratulate the PHOs for considering Best Practice models in the provision of mental health care. As scientist-practitioners we also undertake to provide evidenced based treatments and support the funding of treatments supported by research. Clinical psychologists have significant expertise in the areas of treatment of anxiety and depression and, as such, we feel it important to comment on the points listed under these sections.

Mood Disorders

The document is unclear on the point of psychological therapies and recommends first line therapy of CBT or IPT (interpersonal psychotherapy). However, the document also suggests non-directive counseling may improve effectiveness of treatment. This point could be clearer with recommendations for when counseling versus CBT is more appropriate. The New Zealand Guidelines Group will soon publish their guidelines for the identification and management of depression in primary care and this contains useful guidelines for the provision of psychological therapies amongst other treatment modalities.

Anxiety disorders

Although treatment literature clearly supports the efficacy of CBT for all categories of anxiety disorder, it is our understanding that psychodynamic psychotherapy and family therapy are not supported in the literature for effective treatment of anxiety disorders. In particular psychodynamic psychotherapy, when practiced in its traditional form, is not suited where brief interventions at a primary health care level are required.

Guidelines for anxiety and depression produced in New Zealand over the last decade are clear in their support for CBT and IPT as treatments for anxiety and depression. We strongly support the PHOs in making these therapies more widely available to those suffering from mild to moderate anxiety and depression.

Summary

In summary we applaud the PHOs in their aim to make mental health care at the primary level more accessible to the community.

In particular we support the following actions:

- improved access to psychological therapies such as CBT and IPT for mild to moderate conditions as recommended in the plan.
- that psychological therapies are carried out by only by those clinicians who have relevant training and experience to deliver these therapies to the particular populations requiring them.
- That information about packages of care become more widely disseminated to GPs wishing to access psychological therapies for clients.

We would like to arrange a consultation meeting to discuss

- access to clinical psychologists for psychological therapies
- how we could assist with further pathway education for GPs.

To arrange this meeting please contact me at the address below.

Yours sincerely,

Kris Garstang
Nelson Marlborough Branch Representative
New Zealand College of Clinical Psychologist