Part 1: Navigation Guide

Care Development: Toolkit for Primary Mental Health
Introduction

Welcome to this Primary Mental Health Care (PMHC) Toolkit.

The overall aim of the Toolkit is to support your PMHC development work, whether you work in policy, service management, or are a clinician.

Time is probably the most precious resource in the health service, from policy to clinical levels. People who work in the health sector in New Zealand are generally time-poor. We find it difficult to juggle the competing demands of clinical work, mandatory reporting, contract management and service review and planning. Usually it is the most immediate deadlines that are prioritised, and time for thorough review and planning is limited or absent. This tension is perhaps even more pressing in the primary care environment, where many activities need to be paid for directly. Given this, we recognise that you may not be able to work through the Toolkit systematically. If you integrated it into your regular planning this would be beneficial, but you might only be able to use it on an acute ‘problem solving’ basis, and you can still gain from doing this.
A request and encouragement: Someone set aside two hours to examine this Toolkit fully

The basic idea of the Toolkit is to enable you to do more structured problem solving and planning independently of consultation and advisors.

If you are to gain maximum benefit, someone in your service will need to allocate two hours to explore all the Toolkit components and think about how it might best be used to start with. For an overview of the Toolkit it is best to start with this Navigation Guide.

This Toolkit is a collection of items intended to be combined in ways that you decide are suited to your planning needs. The Toolkit is neither a prescriptive map telling you how you should prioritise or plan in your service, nor a description of an ideal or perfect policy environment or service. It is organised into five parts, each of which provide links and direction to other material in the toolkit. Each part of the Toolkit has a variety of contents. This part, the Navigation guide, is intended to support your use of the rest of the Toolkit. You will notice that the Toolkit is different to others you may have seen, in that it is not simply a list of things you ‘should’ achieve with your service, such as equity of provision, using evidence-based treatments, or achieving better primary-secondary care integration. We were asked by our research partners not simply to re-state known goals, but to produce something that would acknowledge the challenges and help them achieve these goals.
This Navigation Guide:

- Outlines some planning principles that will help you get maximum benefit from the Toolkit;
- Lists the Toolkit components – the Toolkit includes a range of components that you can use in any way you wish;
- Includes a suggested process outline for using the Toolkit components to develop solutions for your planning or service issues. After the introductory phase of your first workshop, we suggest referring to the Navigation Guide to ‘ground’ your workshop discussions on the basic principles you have prioritised for this particular decision-making/planning process.
- Can be used to choose your entry point to the Toolkit if you want to bypass a workshop process for problem identification and prioritising. For example, if you are a service manager and you know you must find a way to provide Primary Mental Health Care (PMHC) for children and young people;
- Includes an appendix with some single page ‘jump start’ sheets to help you focus on key process issues in planning. Some of these reiterate material in the Navigation Guide but are easy to pull out or copy to have them on hand.

Pdf copies of the following can be found on the Toolkit website (go to the Navigation Guide webpage) for easy printing:

- The planning principles
- A process outline
- Examples of working through the pathway
- Choosing your entry point
- ‘Jump start’ sheets
Accompanying the Toolkit is the research report which can be found on the Toolkit website. The report is an account of the research process we used to generate the Toolkit. It contains some additional general background information so that it can also been seen as a stand-alone document. You do not have to read the Research Report to use the Toolkit. The elements of the Toolkit are summarised in the Research Report, as the Toolkit is the main research ‘output’.

**Principles of Toolkit development and for its use**

The Toolkit was developed using several basic principles. In a general way, these relate to a systems framework. If you incorporate these into your thinking as you work through your planning and decision-making you will have a better opportunity to work towards a more coherent policy, strategy or service.

In addition, the principles will be useful for the inevitable occasions when you feel your planning has got ‘stuck’ or a problem seems insurmountable. In these instances, you can use the principles as ‘anchors’ for your thinking. This can be most useful when you arrive at a sticking point of some kind. Remember also that the work is yours: you can introduce your own principles to your planning process, or you can choose to make one principle your priority. The principles are also included as a pull out page in Appendix 1 to this Navigation Guide or can be found on the Toolkit website.
Principles

- **Focus on the ‘service user’ journey.** Critique the service/plan/policy from the perspective of someone who is using the service to get help for their mental health problem. Ask what the result of your work would be like from that perspective.

- **Use a quality improvement frame.** Service development and improvement is an iterative process, or journey. As trite as it sounds, the process/journey is as important as the destination. Make sure you value opportunity to review and reflect.

- **If it’s possible it’s perfect (or at least ‘good enough’).** Be pragmatic. Do what you can this month and this year but don’t stop aspirational planning.

- **Form follows function.** View all your choices and decisions in the light of an ideal where the form of the system serves its function.

- **Population versus person: the creative tension.** We recognise a tension between management at a population health level and the care of an individual patient and encourage you to be creative in the management of this tension. Using this idea means you accept the apparent contradictions between the prioritisation of a population or individuals. Through discussion and trying out ideas (for example, as scenarios in the Systems Model software, testing ideas with stakeholders, and in real life practice) you will move to a position where one perspective overcomes the other, a synthesis or combination of the perspectives is accommodated, or there is a change in the focus of the discussion.\(^1\)\(^2\) The quality framework, where change moves in a spiral rather than a straight line, is consistent with the dialectical framework.

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**Toolkit components**

This section outlines the contents of the Toolkit. These are the Navigation Guide; Knowledge Bank; Guides to tackling issues with illustrative vignettes; workshop plans and population based system modelling. Each component has its own webpage on the Toolkit website with links to all of the corresponding resources.

**Part 1: Navigation Guide (this section)**

**Part 2: Knowledge Bank**

The Knowledge Bank contains four perspective papers. These are drawn from the research process, our knowledge of the literature and experience in the sector. Pdf copies of these are available on the Toolkit website.

The topics are:

- Where next for Primary Mental Health Care? - current issues and opportunities
- Diagnosis and management in Primary Mental Health Care: a paradox and a dilemma
- Quality in Primary Mental Health Care
- Towards the future Primary Mental Health Care: Optimal Model II

It also contains copies of the following guidelines which are available as pdfs on the Toolkit website:

- Evidence-based Best Practice Guideline: Identification of Common Mental Disorders and Management of Depression in Primary Care (July 2008)
- Assessment of depression in adults in primary care (from ‘Best Practice’ July 2009).
- Evaluation of the Primary Mental Health Initiatives
- Te Rau Hinengaro: The New Zealand Mental Health Survey

It also contains a list of other useful website links.
Part 3: Guides to tackling issues, with illustrative vignettes

This section contains guides to tackling specific issues in PMHC. Each of these is linked to a corresponding vignette which provides a fictional (but drawn from research partner experience) example of the problem to be worked through. The guides and vignettes are grouped together as: ways of working together; using your resources; making the system work; population groups.

The guides and vignettes are:

Ways of working together

- Leadership for primary mental health systems
  - ‘District led primary mental health’
  - ‘Valiant champions’
- Relationships and communication
  - ‘Involving primary care in primary mental health care’
  - ‘Ruth’s challenge’
- Teamwork
  - ‘Sometimes talking is so hard’

Using your resources

- Connecting with the ‘consumer’
  - ‘The service user’s voice’
- Financial sustainability of Primary Mental Health Care services
  - ‘Following the dollars’
- IT and systems
  - ‘Much more than a computer’
- Prioritisation and establishing the boundaries of primary mental health care
  - ‘Who’s in? Who’s out?’
- Time and time management
  - ‘We’ve been trying to get this meeting organised for the last 6 months’
- Why do we have eligibility criteria?
  - ‘The problem of numbers’
Making the system work

- Coordination of care
  - ‘Coordination of care for Joe’
- Future proofing! (guide only)
- Integration across the continuum of primary, community & specialist settings
  - ‘A story of primary and secondary mental health’
- Mental health and chronic conditions
  - ‘What about John’s physical and mental health?’
  - ‘Coordination of care for Joe’
- Mental health promotion
  - ‘Mental health promotion in the workplace’
- Models of care
  - ‘Can Zane work a 40 hour week?’

Population groups

- Asian Peoples’ mental health
  - ‘Jinjing’s story’
- Issues in alcohol and substance use
  - ‘Service provision for alcohol and drug problems in primary care’
- Primary mental health care for the elderly
  - ‘Mental health needs of the elderly’
- Primary mental health care for Māori
  - ‘Kaupapa Māori mental health services’
- Primary mental health care for Pacific peoples
  - ‘Meeting the needs of Pacific peoples’
- Specific issues for child and youth primary mental health care
  - ‘Children should be seen and heard’

Pdf copies of all the guides and vignettes can be found on the Toolkit website (go to the Knowledge bank webpage) for easy printing.
Part 4: Workshop plans

The workshop plans provide two options for supporting your use of the primary mental health Toolkit. Other parts of the toolkit provide examples of the way that primary mental health care is being developed and offer questions and suggestions about the decisions we think you should be considering for your own organisation. You can use these as material for your workshops. By the end of your workshop(s) you should have a clear set of plans for your own development work over one to two years and hopefully a strategic direction beyond that. This section also includes some suggestions for ‘jump-starting’ a stalled process.

Pdf copies of the workshop plans can be found on the Toolkit website (go to the Workshop Plans webpage) for easy printing.
Part 5a and 5b: Population based system modelling

The Systems Planning Guide (Part 5a) and Dynamic Systems Model (Part 5b) are designed to help facilitate planning conversations about PMHC in your region, so that you can design solutions that best fit your particular circumstances. To facilitate the conversations we have designed a system model of the key elements within PMHC and how those elements link together. The model focuses on common knowledge derived from our extensive conversations with planners and providers within the partner DHBs, and our combined knowledge of the literature, health system design and planning, and clinical practice.

Pdf copies of the Systems Planning Guide and installation instructions for the dynamic systems model can be found on the Toolkit website for easy printing. A copy of the CD containing the model can be requested via the website.
Process outline: pathway to Primary Mental Health Care development

Figure 1 on the next page is a visual representation of the kind of process you will probably use to apply the Toolkit. It will be useful to refer to Primary Mental Health Care (PMHC) Optimal Model II, and the Planning Principles outlined earlier in this section, during the whole planning and development process. However, be aware that you can use the Toolkit in any way you think it will support your PMHC development work.

Pdf copies of the planning principles and the process outline can be found on the Toolkit website (go to the Navigation Guide webpage) for easy printing.
What issues do you want to work on?

- Don’t know/not sure
  - Use Workshop plans to decide which issue to tackle first

- Already defined
  - Need to know more
    - See Knowledge Bank or Systems Planning Guide; or workshop to get key information

Knowledge of key issues is sufficient to make plan

- Check Issues guides: ways of working together
  - Planning or decision making process; workshop, meeting, leader’s decision
  - Plan/policy ready to test
    - Test: Peer/stakeholder review | Using System Model | Real world pilot
      - Plan and implement

Go back to the top; What issues do you want to work on?

- Problem solved. Is there another?
  - yes
  - no

Whole process supported by reference to Optimal Model II; articulated core values; Toolkit Planning Principles

Figure 1: Pathway to Primary Mental Health Care development
The first step is to identify the issue you want to explore or the problem you want to solve. If you have several things on your agenda or you are not sure where to begin you will need to do some work, perhaps structured as a workshop, to determine your priority and/or decide on a key task.

Having done this, or even before this, you may decide that you have insufficient knowledge to proceed in an evidence-led goal directed way. In this case, check the contents of the Knowledge Bank, or the Systems Planning Guide, as there is likely to be something there that will help. You can also ask local experts and stakeholders to help you get the right information. Depending on what you need you might try direct enquiry from an individual inside or outside your organisation, the web or your DHB library, or else use a workshop to identify the key information.

By now you have sufficient knowledge and you are deciding what sort of process you want to use to plan or make your decisions. Some decisions need to be made quickly, or there is no need for stakeholder engagement, in which case you might use a manager or lead clinician’s decision, or you might possibly use a brief meeting of a few key people. Other decisions need to take longer because it is recognised that the process is important if the decision is to have credibility, stakeholder buy-in, or because you simply need many different perspectives to contribute. In this case you might choose a workshop.

Once you have your decision, plan or policy you will need to test it in some way. Depending on its nature, you can do this by asking peers or stakeholders to comment, using the System Model to examine the possible system consequences, or trying a pilot in the real world. Often in health services, especially when there is pressure to deliver on outcomes or there is financial constraint, it is not possible to use real-world pilots, and this is where the System Model can be a great support. You will review your decision or plan in the light of the outcomes of testing and preferably within a quality review process that will continue to be used as you plan and fully implement the change. At this stage you may want to move on to another issue.
Working through the pathway

If you are not clear about using the pathway see examples in Appendix 2 to Navigation guide. These two examples are based on our work with the four research partners and should assist with your understanding of the ideas in the pathway.

Choose your own entry point to the Toolkit

We are acutely aware that you are likely to have limited time. Because of this it may be most efficient for you to choose your own entry point to the Toolkit. There are several ways to do this. For example, the person leading primary mental health care service development, planning or policy in your service could simply choose a problem to work on or the choice could be made using a workshop process for identifying and prioritising key issues.

Figure 2 below is a visual representation of the Toolkit components that shows another way they relate to each other, and possible entry points. Always start by reading the Navigation Guide.
‘Jump start’ your planning

If you are struggling and need a jump start to help your planning get off the ground, see the short cut sheets in Appendix 3 to this Navigation guide or they are available on the website. These examples are based on our work with the four research partners and should assist you.

The ‘jump start’ short cuts are:

- Shortcut 1: There is too much to do and it is overwhelming: where do we start?
- Shortcut 2: We have lost our way and can’t seem to agree again on the overall goal
- Shortcut 3: A powerful person is blocking or sabotaging the plan
- Shortcut 4: Bullet-proofing

Pdf copies of the ‘jump start’ shortcut sheets can be found on the Toolkit website (go to the Navigation Guide webpage) for easy printing.
Appendix 1: Planning principles

- **Focus on the ‘service user’ journey.** Critique the service/plan/policy from the perspective of someone who is using the service to get help for their mental health problem. Ask what the result of your work would be like from that perspective.

- **Use a quality improvement frame.** Service development and improvement is an iterative process, or journey. As trite as it sounds, the process/journey is as important as the destination. Make sure you value to opportunity to review and reflect.

- **If it’s possible it’s perfect.** Be pragmatic. Do what you can this month and this year but don’t stop aspirational planning.

- **Form follows function.** View all your choices and decisions in the light of an ideal where the form of the system serves its function.

- **Population versus person: the creative tension.** We have used the idea of the dialectic to support acceptance and creative management of this tension. Using this idea means you accept the apparent contradictions between the prioritisation of a population or individuals. Through discussion and trying out ideas (for example, as scenarios in the Systems Model software, testing ideas with stakeholders, and in real life practice) you will move to a position where one perspective overcomes the other, a synthesis or combination of the perspectives is accommodated, or there is a change in the focus of the discussion. The quality framework, where change moves in a spiral rather than a straight line, is consistent with the dialectical framework.
Appendix 2: Examples of working through the pathway in Figure 1

Example 1

Karys is a social worker appointed as the Mental Health Coordinator for a PHO that includes 10 practices. She quickly identifies the longstanding split between primary and secondary mental health services as a key problem. If it is not solves, she cannot see how other aspects of PMHC can be improved.

Karys main task is to bring people together and try to foster a sense of a common goal to work towards. She reads the materials on ways of working together in the issues guides. As part of her orientation she also makes a point of identifying and talking individually to the key players and people of influence in mental health and primary care. She takes a non-critical approach to this information gathering, assuming that people have their own good reasons for behaving the ways they do. Next Karys searches the web for some ideas on how to bring people with differing agendas together. She enlists a local influential GP and psychiatrists to work with her on a plan to facilitate better communication, with a medium term aim of more shared care arrangements. She has to use some of her budget to pay for the GPs time bit considers it well spent as his involvement enhances the credibility of her role with the GPs. When she reflects on what she gained from the Toolkit, it was very simple- it gave her permission to take time to plan and reflect, build relationships, and confidence to take a risk by engaging senior people.

Example 2

Eru is the manager of mental health services at Central Heights DHB. He manages the clinical service. Over the past few years it has been difficult to sustain the secondary care community-based Maori Mental Health Service as there has been major staffing issues. The problem has been getting skilled staff and the service has been at the mercy of a few staff with political agendas that are not consistent with that of the DHB. He has been increasingly worried about the quality of that service. The main local PHO is iwi-based and runs an excellent service for PMHC. Eru is thinking that if he put the community care resources from the Maori mental health service into the
PHO perhaps they could run the service as part of the primary care service. He also knows his knowledge of PMHC is limited. To increase his confidence he gets some reminders on identifying key stakeholders from the issues guide on relationships and communication. Eru then decides to discuss the problem with others and meets with a few key DHB staff to explore and define the issues. They decide to use the Dynamic System Model to look at different possibilities for increasing the numbers of people going through the PMHC service. He is primarily looking at what services he might be able to get for the available funds, acknowledging that the consumers he is focussing on have secondary care kinds of problems. Eru hypothesises that it would be possible to have people seen in primary care by using the extended GP consultations, if he puts a psychiatrist in for one day per week and locates a fulltime secondary mental health nurse at the PHO. He then invites the relevant PHO staff to a workshop where they bring their knowledge of their local population and use the Dynamic System Model again to gain a more precise idea of how this could work. He is quite anxious that the workshop could be highjacked by the political issues so he prepares very carefully and ensures it is well contained and managed. He uses a skilled facilitator from another part of the DHB to manage it so he can participate and so there is a sense of neutral guidance of the process. The PHO staff are concerned that the quality of what they do will be undermined but as they share the concern about Maori having access to an effective service they are willing to try the new approach. In the workshop they use Optimal Model II as an aspirational benchmark. They identify that they may be able to link with aspects of a new social services programmes under Whānau Ora. A six-month pilot is planned after which, if it is successful, the Maori Mental Health Service will be wound down and all resources transferred to the PHO. A joint quality review process is agreed.
Appendix 3: Jump start your planning: shortcuts

Shortcut 1

There is too much to do and it is overwhelming: where do we start?

You don’t have to do everything. Many small things together can make a difference. Agree on 1-3 things you can start this month, and agree to review them. This can be as simple as a counsellor phoning the GP of a patient to let them know of progress. It could be asking a patient for feedback on the mental health care you offered, or starting regular contact with the person in the DHB who arranges your contracting, to build the relationship.

Shortcut 2

We have lost our way and can’t seem to agree again on the overall goal

Go back to the original basic principles of the Toolkit, or the one you valued most highly. These are useful anchors. Alternatively, you might have developed some of your own, so go back to them.

Principles

- **Focus on the ‘service user’ journey.** Critique the service/plan/policy from the perspective of someone who is using the service to get help for their mental health problem. Ask what the result of your work would be like from that perspective.

- **Use a quality improvement frame.** Service development and improvement is an iterative process, or journey. As trite as it sounds, the process/journey is as important as the destination. Make sure you value to opportunity to review and reflect.

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Population versus person: the creative tension. We have used the idea of the dialectic to support acceptance and creative management of this tension. Using this idea means you accept the apparent contradictions between the prioritisation of a population or individuals. Through discussion and trying out ideas (for example, as scenarios in the Systems Model software, testing ideas with stakeholders, and in real life practice) you will move to a position where one perspective overcomes the other, a synthesis or combination of the perspectives is accommodated, or there is a change in the focus of the discussion.

Shortcut 3

A powerful person is blocking or sabotaging the plan

This can be challenging and frustrating. Sometimes people are not doing this deliberately, but are fixed on their own agenda and this gets in the way of yours. However, sometimes it is deliberate (it may still be well intentioned). It may not be personal and often isn’t. In nay social system there are power differentials, so the first step is to recognised and accept that. The situation does not necessarily reflect on you as an individual. In order to be able to examine the scenario from the “outside”, seek some supervision, advice, or collegial conversation with a trusted colleague. Someone outside the service may be best if it is a sensitive issue.

Shortcut 4

Bullet-proofing

Although bullet proofing is best built into a planning or change process from the beginning, it can be used at any time, such as deciding on the next step especially if a block has occurred. The process of working through this should be done by the person leading the planning or change, supported by appropriate team members and stakeholders. Brainstorm what could possibly go wrong in your project, areas

http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/creativity_tools_-_bullet_proofing.html
that could cause problems, or possible consequences of whatever has caused it to be stalled. For each item in the list, consider how likely it is to occur and how serious it would be. Then prioritise according to the consequences for your continued progress, and move to problem solving mode. Perhaps you need to build time for solving some of these potential problems into your timeline. Who do you need to work with to get commitment or compliance?

One exercise that can be really useful is the ‘simple rules’ exercise. Often we are stopped from doing things differently by simple unspoken rules that we all adhere to because ‘that’s the way it’s done around here’, and we just don’t give it further thought. Once you have identified your problem, consider some ordinary occurrences in relation to the problem, in your system. Ask the questions: what is the underlying mental model for this instance of the problem, what unwritten rules support it? Once you have identified the rule(s), you can re-write it (them). Try an experiment by purposefully breaking the rule(s).

"Like lots of breakthroughs, the Fosbury Flop looked strange the first time you saw it. Really strange."

Tom Kelly IDEO Design