Mental Health and Addiction Credential in Primary Care

Evaluation Report

April 2014

Te Ao Māramatanga
New Zealand College of Mental Health Nurses

Credentials are marks or "stamps" of quality and achievement communicating to employers, payers, and consumers what to expect from a 'credentialed' nurse, specialist, course or programme of study, institution of higher education, hospital or health service, or health care product, technology or device.

Credentials may be periodically renewed as a means of assuring continued quality and they may be withdrawn when standards of competence or behaviour are no longer met."

Styles and Affara 1997, p. 44

Te Ao Māramatanga

New Zealand College of Mental Health Nurses Inc.

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Cover image: Nurses at the Manaia Health PHO, Whangarei

From Left: Judith Hall, Suzie Costelloe, Suzanne Mackay, Donna Kuljish, Robynann Dyson, Chris Hutchinson, Jann Leaming, Veronique Norstrand

Executive Summary

In 2011 Te Ao Māramatanga New Zealand College of Mental Health Nurses (referred to as the College) was successful in obtaining innovation funding support from Health Workforce New Zealand (HWNZ) to develop and test the implementation of a Primary Care Nursing Mental Health and Addiction (MH&A) Credentialing Framework. This report describes the project activity undertaken by the College between September 2011 and December 2013, the development of the Credentialing Framework, its implementation with a registered nurse at East Tamaki Healthcare in Auckland and eight registered nurses at Manaia Health Primary Health Organisation (PHO) in Whangarei, the evaluation of the implementation of the framework and developments subsequent to the formal ending of the project.

Making better use of healthcare resources, improving integration between primary and secondary MH&A services, cementing and building on gains for people with high needs and delivering increased access for people with commonly experienced MH&A issues are the four key areas of focus specified in the Ministry of Health Service Development Plan titled Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017 (MOH, 2012). Within a stepped-care approach, the primary sector is expected to take a greater role in identification of MH&A issues and in the provision of early interventions. In addition, primary care practitioners are expected to contribute to the provision of continuing care for people with more serious and complex MH&A issues and long-term conditions. However, many primary care nurses completed their nursing education in programmes that did not include a MH&A curriculum. Furthermore, a number of nurses who completed a comprehensive undergraduate nursing education programme report the need for updating their MH&A knowledge and developing confidence and competence in responding to people with these issues.

Credentialing

Credentialing is defined as *a process used by health and disability service providers to assign specific clinical responsibilities to health practitioners on the basis of their education and training, qualifications, experience and fitness to practice within a defined context. This context includes the particular service provided, and the facilities and support available within the organisation* (MOH, 2010, p.2). Credentialing is therefore based on the recognition of specific competencies and provides one way to 'bridge the gap'. A credentialing framework provides a practical and flexible mechanism for enhancing specific MH&A competencies and confidence within the primary care nursing workforce and, most importantly, for the translation of enhanced skills into practice.

The College identified two significant challenges to the implementation of the MH&A Credentialing Framework in the primary care environment. These were the establishment of credentialing partnerships and uptake and a potential lack of relevant education and training opportunities to support credentialing. The establishment and building of relationships with potential credentialing partners and communication and consultation with a wide range of stakeholders, both within and external to the MH&A sector, were features of the project.

Credentialing model and framework

Following initial consultation with stakeholders in the primary care and MH&A sector, a credentialing model was developed. The model provides an overview of the infrastructure, inputs, outputs and processes required to enable primary healthcare nurses to enhance their MH&A knowledge, skills and confidence so they can apply for a MH&A Credential in Primary Care. It also identifies the expected impacts on care pathways, workforce and the enrolled populations of PHOs. The College engaged the services of Evaluation Consult to assist with the development of a monitoring and evaluation framework. In late 2012 a meeting of key stakeholders was convened in Wellington to provide input to the framework. As a result, the credentialing model and framework were incorporated into a handbook to provide guidance to PHOs and primary care nurses on obtaining a Mental Health and Addiction in Primary Care Credential.

With the support of their organisation, registered nurses are able to pursue credentialing individually or within a group or cohort. Individual nurses may apply for a Mental Health and Addiction Credential in Primary Care through the online application process on the College website. For groups or cohorts of nurses, a collaborative gap analysis is completed by the College and the employer (e.g. PHO) to establish the organisational support

systems required and the education and training requirements for the nurses. A programme of education and training is then established by the employer, tailored to meet the identified needs of the nurses in conjunction with practice development support. Practice development support, based on a model of reflective practice and clinical supervision, is an essential component of this credentialing framework and supports the translation of enhanced knowledge and skills into day-to-day practice. Once the nurses have completed their education and training programme and feel they are able to confidently apply their enhanced competencies in day-to day practice, they may apply online for a Mental Health and Addiction Credential in Primary Care.

A necessary part of the application is providing an evidence based record of learning which includes documentation of education and training completed and practice exemplars. Secondly, a written reference from a suitable person who has observed the applicant's enhanced competencies in practice is required. Once an application is received the College appoints approved assessors to assess the application. All applicants are notified of the outcome electronically. Should applications not meet the assessment standard, further evidence will be required or advice given to the applicant as to what is required to meet credentialing requirements.

Two approaches were used to implement the Credentialing Framework. These were: 1) an initial testing of the framework by a registered nurse employed by East Tamaki Healthcare PHO who was seeking a credential to recognise her MH&A skills in relation to her new role as a Clinical Co-ordinator, Chronic Care Management Depression Programme and, 2) the implementation of the framework in partnership with Manaia Health PHO with eight registered nurses working in a range of practice settings.

Outcomes/impacts, barriers and critical success factors

The main outcomes/impacts, barriers and critical success factors in implementing the Credentialing Framework are identified and the personal accounts of three of the nine credentialed nurses describing their experiences and perception of credentialing are provided to illustrate the impact of credentialing on their practice and practice contexts.

- Outcomes/impacts included clarity on the intent of credentialing, successful online applications and evidence of a greater understanding of the integration of physical and mental health issues as well as development of local collaborative working relationships between the primary care nurses and secondary care/specialist and community services.
- Implementation barriers included limited understanding of the MH&A health care needs of New Zealand populations, limited understanding of the potential value of credentialing to enhance the MH&A skills of primary care nurses, lack of accessible MH&A education and training resources relevant to primary care nurses and nurse release time for education and training and practice development support.
- Important critical success factors were a 'whole of system' approach and active nursing leadership support, the early establishment of a key stakeholder steering group, the initial gap analysis process, overcoming the barrier of nurse release time for education and training and practice development support, and tailored education and training that is cultural and setting context focussed, interactive and inclusive of consumer input.

Subsequent developments

Subsequent to the formal ending of the project in December 2013, a further nurse has been credentialed. In May 2014, Manaia Health PHO commenced another credentialing programme with 14 primary care nurses. The Department of Corrections is undertaking a credentialing pilot and other organisations continue to make contact with the College in respect to MH&A credentialing.

Recommendations

The project outcomes/impacts and the personal accounts from three of the nine credentialed nurses as well as an increasing interest in credentialing from primary care and other sector organisations support the potential benefits for wider implementation of the MH&A Credentialing Framework, for the practice enhancement of primary care nurses, for improved MH&A service provision and, most importantly, to contribute to high quality care for people affected by MH&A issues. The primary recommendation for wider implementation of the MH&A Primary Care Nursing Credentialing Framework is supported by two secondary recommendations. These are maximising the MH&A potential of the primary care nursing workforce and the development of a primary care MH&A workforce development plan.

1. Wider implementation of the MH&A Credentialing Framework

The College recommends wider implementation of the credentialing framework by the Ministry of Health in partnership with Health Workforce New Zealand (HWNZ) and the College.

Wider implementation of the MH&A Credentialing Framework is in accordance with the four areas of focus in the MH&A Service Development Plan (MOH, 2012). For wider implementation support will be required from key stakeholders that include the National Nursing Organisations Group, Directors of Mental Health Nursing, DHBs and primary care organisations, non-government organisations, Corrections, and consumers.

It is also recommended that in conjunction with wider implementation an external evaluation of the impact of Primary Care Nursing MH&A Credentialing is conducted. Such an evaluation would include examining the impact of credentialing on primary care nurses' practice, on service provision and integration of care and on patient outcomes and the experience of care. It is envisaged that this evaluation would require funding support and would be conducted by a university department.

2. Maximising the MH&A potential of primary care nurses

It is recommended that strengthening a MH&A stepped-care approach will provide opportunities to maximise the potential of the existing primary care nursing workforce and support the need for primary care nurses to access MH&A education and training and practice development support.

Maximising the potential of the role of primary care nurses would be demonstrated by primary care nurses undertaking screening and providing early intervention and referral as well as contributing to the provision of continuing care for people with complex issues and/or long-term conditions.

3. Primary care nursing mental health and addiction workforce development

It is recommended that HWNZ and the College partner to provide leadership for the development of a primary care nursing MH&A workforce development plan that includes the establishment of linkages between all key stakeholders.

This recommendation is in accordance with Priority 8 of the MH&A Service Development Plan (MOH, 2012): Supporting and strengthening our workforce.

Acknowledgements

Te Ao Māramatanga New Zealand College of Mental Health Nurses acknowledges all health and related sector organisations, consumer groups, nursing organisations, nursing leaders and individual nurses who have provided input to the development, piloting and evaluation of the Primary Care Nursing Mental Health and Addiction Credentialing Project.

The College also acknowledges:

- Health Workforce New Zealand (HWNZ) for support with funding and representation on the Project Board.
- Early advocates and supporters of this initiative; in particular Dr Frances Hughes, Dr David Codyre and Anne Maclean (first credentialed nurse).
- Manaia Health PHO; Mary Carthew (Associate Nursing Director), John Hartigan (Primary Mental Health Coordinator), the eight nurses who received a credential in 2013 and Northland DHB and other services and personnel who provided their expertise and support in the implementation of the credentialing framework.

Health Workforce New Zealand Project Board

(To provide integrated high level strategic direction; representatives of Health Workforce New Zealand, College, Ministry of Health)

Emma Murray (previously Cathy Robinson and Marilyn Stephens)	Health Workforce New Zealand project managers
Heather Casey	College Credentialing Director
Julia Hennessy	Executive Dean, Wellington Institute of Technology and College member
Daryle Deering	College President
Jo Harry	College Credentialing Manager
Frances Hughes	Acting Deputy Director of Mental Health, Ministry of Health
Gillian Bohm	Principal Advisor Quality Improvement, Health Quality & Safety Commission
Liz Parker	Project Manager, Primary Mental Health, Mental Health Programmes, Ministry of Health

College Credentialing Project Steering Group

(To provide oversight to the Credentialing Project Manager)

Heather Casey	Director
Daryle Deering	College President
Jo Harry	Project Manager, previously Catherine Coates
Louise Leonard	Drug and Alcohol Nurses of Australasia (DANA) representative
Mark Baldwin	Research subcommittee representative, previously Brian McKenna and David Carlyle
Moira O'Shea	Education subcommittee representative, previously Carmel Haggarty
Elaine Wogan	Practice subcommittee representative
Colette Rafter	Education subcommittee
Maria Baker	Māori Caucus

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Te Ao Māramatanga New Zealand College of Mental Health Nurses

Te Ao Māramatanga New Zealand College of Mental Health Nurses (referred to as the College) is the professional body representing mental health nurses practising in New Zealand. The College is a not-for-profit organisation (incorporated society) and was established in 2004. The objectives of the College are concerned with promoting, supporting and advancing the role of mental health nurses, and in working towards the best possible care for people with mental health and addiction (MH&A) issues. The College has established relationships with a range of professional nursing and MH&A organisations, mental health nurses, primary care nurses, universities and research institutions within New Zealand and overseas.

Membership to the College is open to all categories of registered nurses working in mental health and associated practice areas. These include enrolled nurses and students enrolled in courses leading to registration and nurses interested in mental health nursing. Membership options also exist for organisations with an interest in supporting mental health nursing. In June 2013 the College constitution was amended to include credentialed nurses as members.

Introduction

In 2010 Te Ao Māramatanga New Zealand College of Mental Health Nurses (the College) successfully submitted a business case for innovation funding to Health Workforce New Zealand (HWNZ) to develop and test the implementation of a Primary Care Nursing MH&A Credentialing Framework. This report describes the activity of the Credentialing Project undertaken by the College between September 2011 and December 2013. It describes the process which culminated in the development of the Credentialing Framework; its implementation with a registered nurse at East Tamaki Healthcare (Auckland) and eight registered nurses at Manaia Health PHO (Whangarei). It reports on the outcomes/impacts, identified barriers and critical success factors, and provides an update on developments subsequent to the formal ending of the project. The personal accounts of three nurses who achieved a MH&A credential are provided to illustrate the impact of credentialing on their practice and practice contexts. Based on the evaluation of the initial implementation of the Credentialing Framework, recommendations are made in support of wider implementation of the framework as a vehicle to contribute to enhancing the MH&A skills of primary care nurses across a range of settings.

Background

The College had been considering credentialing as a potential mechanism to enhance the MH&A capability of registered nurses for a number of years. The impetus to pursue this work was strengthened by the publication *A Framework for the Credentialling of Health Professionals in New Zealand*[1] (MOH, 2010) as well as by the findings from New Zealand research studies and the vision and strategic directions outlined in government service development policy and workforce strategy documents.

The findings from the research studies, and the directions outlined in government MH&A service development policy and workforce strategy documents are summarised in Appendix A. Collectively, they emphasise the need for increased identification and early intervention for people with MH&A issues coupled with increasing the MH&A intervention capacity and capability of primary care practitioners as well as increasing consultation and support from secondary care/specialist service practitioners to their primary care colleagues. This supports a stepped-care approach in which primary care practitioners provide MH&A screening, early interventions and referrals of those people with more complex issues to secondary care and specialist service providers (MOH, 2012). Along a step down pathway, secondary care and specialist service providers refer people who have completed more intensive intervention programmes or who have achieved stabilisation of their long-term condition back to primary care and non-specialist community service providers for continuing care.

An important nursing strategy is to enhance the capability of primary care nurses to enable them to integrate MH&A screening, brief assessments, brief interventions and referrals into their routine day-to-day practice. Additionally, for people who have more complex problems and/or long-term conditions, primary care nurses can contribute to the provision of continuing care with the overall aim of supporting individuals, families and whānau in their recovery journeys and to improve their wellbeing.

1 *The terms credentialing or credentialling (spelt with either one 'l' or two) is used interchangeably internationally. The College has chosen to use the term credentialing (spelling with one 'l') as this spelling is consistent internationally within nursing. The publication A Framework for the Credentialling of Health Professionals in New Zealand (MOH, 2010) uses alternative spelling. Any reference to this document in this report ensures that spelling is consistent with the MOH (2010) publication.*

Credentialing

Definition:

Credentialing is based on the recognition of specific competencies. As defined by the publication The Credentialling Framework for New Zealand Health Professionals *Credentialling is a process used by health and disability service providers to assign specific clinical responsibilities to health practitioners on the basis of their education and training, qualifications, experience and fitness to practice within a defined context. This context includes the particular service provided, and the facilities and support available within the organisation* (MOH, 2010, p.2). Of relevance to the Credentialing project is credentialing addresses competence in a specific practice situation i.e. within a primary care nursing context. The parameters of credentialing are time limited with periodic formal review. The focus is on registered nurses and it does not replace registration.

Principles

The process of credentialing may vary between health professionals and practice situations therefore The Credentialling Framework for New Zealand Health Professionals (MOH, 2010) publication emphasises the importance of the principles of credentialing. The purpose of the principles includes the necessity to promote *professional practice development amongst health practitioners* and *support clinical improvement activity* (MOH, 2010, p.6). The College Primary Care Nursing MH&A Credentialing Project was designed to be congruent with the following seven principles specified in the credentialing publication (Section 2, pp.6-12).

- Credentialling is a process used by all health and disability providers to promote the provision of quality care.
- The focus of credentialling is on the competence of health professionals to perform specific clinical responsibilities within a designated service environment.
- Professional bodies, employers and individual practitioners have essential roles in credentialling that are distinct and complementary.
- Consumer input is a requirement of the credentialling process.
- Credentialling is a regular, ongoing, responsive process that commences on appointment and continues for the period of employment.
- Credentialling processes must be fair, transparent and robust.
- Credentialling processes accommodate a variety of practice settings and practitioner working arrangements.

Why credentialing?

Within their registered nurse scope of practice, primary care nurses clearly have a role in the provision of MH&A interventions. Physical and mental health are intrinsically linked and early intervention at the primary care level achieves good outcomes and may prevent or delay the onset of more severe problems (MOH, 2004). As previously noted, nurses also have a role in contributing to the continuing care of people with MH&A issues or long-term conditions following episodes of more intensive and/or specialist interventions. Primary care nurses therefore require the necessary competencies in order to respond to the MH& A related health care needs of people in their communities.

"Since I gained a credential, doors continue to open"

Anne

Many registered nurses providing a primary care response including practice nurses, aged care sector nurses and Corrections sector nurses completed their nursing education in programmes that did not include a MH&A curriculum. Credentialing provides one way to 'bridge the gap' as more demands are placed on the primary care sector and primary care nurses are required to work to the full potential of their scope of practice. Furthermore, a number of nurses who completed a comprehensive undergraduate nursing education programme report the need for updating their MH&A knowledge and developing confidence and competence in responding to people with these issues in their day-to-day practice.

Project Overview

This section of the report provides an overview of the The Primary Care Nursing MH&A Credentialing Project including its purpose, objectives, governance structure and challenges.

Purpose

The overall purpose and intent of the Primary Care MH&A Credentialing Project is to contribute to improving the population's health in the area of MH&A. Within this overall purpose and intent, the goal of the project is to enhance the MH&A intervention capacity and capability of primary care nurses within their registered nurse scope of practice.

Project Objectives

As defined in the negotiated contract with HWNZ the four project objectives were to:

(a) Develop a credentialing framework to ensure that registered nurses practising in primary care/non-specialist mental health practice settings can develop the required MH&A knowledge and skills to enable them to be recognised as having the necessary knowledge and skills required for practitioner competence within their practice context;

(b) Ensure that this framework supports the principles of credentialing as outlined in the Ministry of Health's 2010 publication The Credentialling Framework for New Zealand Health Professionals;

(c) Test the framework through demonstration sites in primary care with a provider(s) to be agreed upon with HWNZ and potentially through other demonstration sites in residential aged care and in Corrections;

(d) Report to HWNZ on the effectiveness of the implementation of the framework.

Project Governance

Two governance groups were established to provide integrated strategic oversight and direction and College oversight for the project. These were the HWNZ Project Board comprising HWNZ, College and MOH representatives and the College Credentialing Project Steering Group (see Acknowledgements for a list of members).

Project Challenges

The College identified two potential and significant challenges in introducing the Credentialing Framework to the primary care sector.

Establishing credentialing partnerships and uptake: Taking into account the primary care 'business environment' and the lack of prior involvement of the College in credentialing, it was considered that establishing credentialing partnerships with primary care organisations would require a significant resource allocation (time and personnel). Furthermore, the uptake of MH&A credentialing was likely to be slow to commence and to build over time, influenced by the perceived value to the primary care and MH&A secondary/specialist service sectors and to nurses. Strategies used throughout the project duration included: i) multiple methods of stakeholder consultation and communication, ii) utilising College members and local and national networks to raise awareness about the Credentialing Framework and assist in developing key strategic relationships; iii) utilising the Project Board for strategic problem solving, iv) taking a flexible and long-term approach when unexpected changes in organisational structures and personnel and unforseen competing demands delayed the establishment of partnerships and, v) supporting organisations to address the barrier of nurse release time for education, training and practice support.

Potential lack of relevant education and training opportunities to support primary care nursing MH&A credentialing: Credentialing is based on the recognition of specific competencies. In order for primary care nurses to be credentialed, education and training opportunities need to be at low or no cost, relevant to the primary care nursing context, easily accessible and responsive to the varying needs of primary care nurses across a range of practice settings. The College undertook to review and compile a list of resources, including e-learning resources that appear relevant to the primary care nursing credentialing context and to assist with establishing an education and training programme if needed i.e. in accordance with the enhanced practice objectives.

A practice development support system including clinical supervision and reflective practice was a key component of the Credentialing Framework, designed to assist nurses with translation of enhanced MH&A knowledge and skills into their day-to-day practice.

In addition, at the commencement of the Project a number of concerns related to the above challenges were raised by some nurses and nursing groups, primarily external to the MH&A sector. These included:

- The use of credentialing within primary care nursing as a mechanism to enhance MH&A competencies;
- That primary care nurses were confident and competent in responding to people with MH&A issues and did not require a specific focus on enhancing capability in this area of practice;
- That the credentialing project was College led.

In listening to these concerns, it became evident that there was limited understanding and/or acknowledgement of: i) New Zealand research findings pertaining to service gaps in early intervention and responsiveness to the needs of people with MH&A issues, ii) Government MH&A service development policy and workforce strategy trends emphasising an increased intervention role for primary care and the need for all primary care practitioners to be supported to enhance their MH&A capability, iii) the lack of MH&A education preparation of nurses who registered as general nurses prior to the establishment of the comprehensive degree level programme and national variability in MH&A preparation within comprehensive nursing education programmes and, iv) applicability of the principles of the MOH credentialing document for nursing (MOH, 2010).

"I view patients in a more holistic way, I am more understanding and empathetic, less judgemental and more able to care for them in ways that are uplifting."

Suzanne

Phase One: Developing and Implementing the Credentialing Framework

Communications and stakeholder consultation

Initial spokespersons for the Credentialing Project were identified and expanded on as the Project commenced. As identified in the previous section, stakeholder communications and consultation were a high priority and continued throughout the project (see Appendix B).

The College forged links with other national health initiatives involved in building capacity and capability in the primary care sector. Discussions were held with personnel including Felicity Goodyear-Smith/Angela Chong (regarding e-CHAT, a lifestyle and mental health screening assessment tool for use in primary care), Kate O'Brien (Smoking Cessation trainer workshops), Raewyn Harrison (Mental Health Services for Older People MHSOP e-learning tools) and the Vicki Currie (Care Management Project).

Stakeholder communications included but were not limited to the following groups and organisations.

- Ministry of Health personnel
- College members, Māori Caucus, Subcommittee and Branch Chairs
- Australian College of Mental Health Nurses
- Drug and Alcohol Nurses of Australasia (DANA)
- Royal Australian and NZ College of Psychiatrists (RANZCP)
- Mental Health and Addiction Workforce Centres
- Primary Health Care Organisations and District Health Board (DHB) CEOs
- Primary Health Care nursing leaders
- NZ College of Primary Health Care Nurses, NZNO
- Mental Health Nurses Section, NZNO
- Public Service Association
- Nursing Council of NZ
- Executive Directors of Nursing and Midwifery
- DHB Directors of Mental Health Nursing
- National Nursing Organisations Group
- National Association Mental Health Services Consumer Advisors (NAMHSCA)
- Platform Trust
- Kites Trust
- Department of Corrections nursing management
- Aged Care (Nursing manager, BUPA)

Credentialing model

Following initial consultation with stakeholders in the primary care and MH&A sector, a credentialing model was developed (see Figure 1). The model diagrammatically provides an overview of the infrastructure, inputs, outputs and processes required to enable primary healthcare nurses to enhance their MH&A knowledge skills and confidence so they can apply for a MH&A in Primary Care Credential. It also identifies the expected impacts on care pathways, workforce and the enrolled populations of PHOs. Essential to this credentialing model is the supported translation of enhanced knowledge and skills into day-to-day practice which is defined as Practice Development Support (based on a model of reflective practice and clinical supervision.). A glossary of definitions is provided in Appendix C and may also be found in the Monitoring and Evaluation Handbook at http://www.nzcmhn.org.nz/Credentialing/Evaluation-and-Monitoring. The model is able to be adapted to specific practice settings.

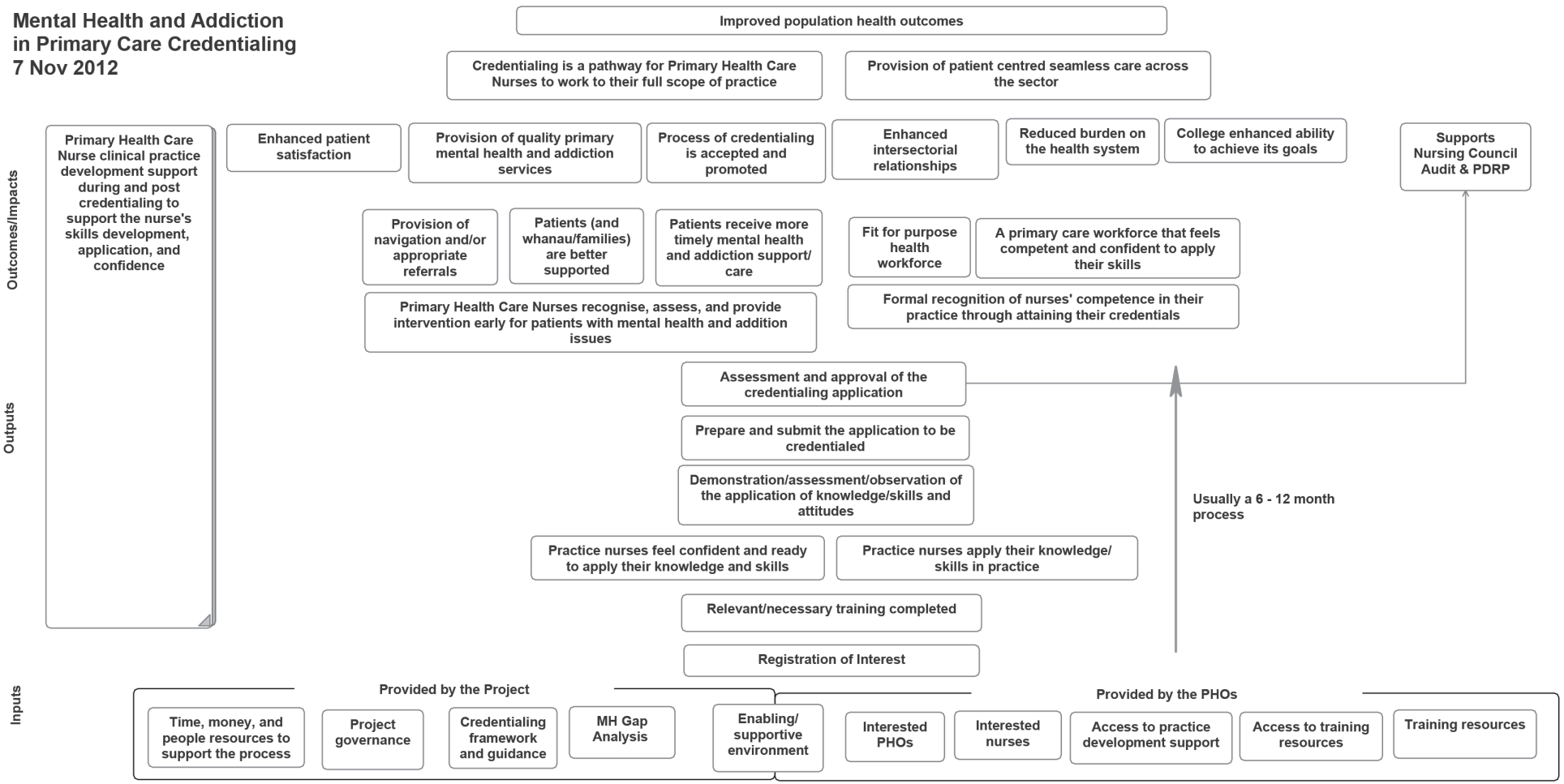

Figure 1. Credentialing model:

Depicts 1) the infrastructure, inputs, outputs and processes required in order for primary healthcare nurses to enhance their knowledge and skills in the area of mental health and addiction and apply for a Mental Health and Addiction in Primary Care Credential and,
2) the expected impacts on care pathways, workforce, and the enrolled populations of primary health care organisations.

Practice objectives

The practice objectives identified for primary care nurses seeking a MH & Addiction credential were:

- To routinely screen for and recognise signs of depression, anxiety, substance use and addiction issues.
- To feel confident talking to and supporting people who report experiencing signs or symptoms of depression, anxiety, harmful substance use and addictions (including feeling confident to inquire about and address concerns of risk) and within the context of daily practice to feel confident and competent in undertaking screening, brief assessments and interventions, ongoing monitoring and promoting self-management strategies.
- To be familiar with culturally responsive referral pathways within communities and between primary and secondary care/specialist services for people affected by MH&A issues (individuals, families and whānau).
- To understand the concepts of recovery and wellbeing.
- To utilise the principles of a motivational approach within therapeutic relationships.
- To understand societal influences that impact on people's mental health and wellbeing and journeys of recovery including stigma and discrimination.

> *" We see students with complex mental health needs that come to the surface as they try to juggle the stressors associated with studying while often supporting a family on tight and financial constraints"*
>
> Jann

Credentialing process

With the support of their organisation, registered nurses are able to pursue credentialing individually or within a group or cohort. Individual nurses may apply for a Mental Health and Addiction Credential in Primary Care through an online application process at the College website. For groups or cohorts of nurses, a collaborative gap analysis completed by the College and the employer (e.g. PHO) establishes the organisational support systems required and the education and training requirements for the nurses. A programme of education and training is then established by the employer, tailored to meet the identified needs of the nurses in conjunction with practice development support. Once the nurses have completed their education and training programme and feel they are able to confidently apply their enhanced competencies in their day-to day practice, they may apply online for a Mental Health and Addiction Credential in Primary Care.

A necessary part of the application is providing an evidence based record of learning which includes documentation of the education and training completed and practice exemplars. Secondly, a written reference from a suitable person who has observed the applicant's enhanced competencies in practice is required. Once an application is received the College appoints approved assessors with the skills required to assess the application. All applicants are notified of the outcome electronically. Should applications not meet the assessment standard, further evidence will be required or advice given to the applicant as to what is required to meet credentialing requirements.

Framework infrastructure

The development of processes and online components of the Credentialing Framework included

- Frequently Asked Questions: To assist with communications.
- College website development.
- Reviewing e-learning and other resources that may assist nurses undertaking credentialing.
- A gap analysis framework: A collaborative tool used to assist the College and service providers/ organisations to identify gaps in capacity and capability in the workplace and broader systems to support credentialing as well as specific areas of nurses practice requiring enhancement.
- Guidelines for applicants and application form.
- The evidence-based record: A record of learning, education and training undertaken and reflective practice activities that contribute to a nurse's application for a credential.
- Referee template and guidelines.
- Assessment template for assessors.
- Appeals policy: Any applicant for credentialing who considers he or she has been adversely affected by a decision in relation to the application has the right to apply for a review of that decision.

Monitoring and evaluation

The College engaged the services of Evaluation Consult to assist in developing a monitoring and evaluation framework. In late 2012 a meeting of key stakeholders was convened in Wellington to provide input to this framework. As a result, the credentialing model (Figure1) and framework were incorporated into a handbook that was developed to provide guidance to PHOs and primary care nurses on obtaining a MH&A Credential in Primary Care.

The overall purpose of the handbook is to provide a stand-alone document outlining the background and purpose of the Credentialing Project, a model that provides an overview of the credentialing framework and guidance for nurses seeking this credential. It also summarises the responsibilities of the College as the credentialing body, of organisations and of nurses seeking to apply for a MH&A credential. The handbook is considered a living document and continues to be updated. There are two versions available on the College website (http://www.nzcmhn.org.nz/Credentialing/Evaluation-and-Monitoring). These are 1) The *Handbook* containing in-depth information about the monitoring and evaluation approach, methodology and data analysis and evaluation templates and, 2) The *Abridged Handbook* which is a shorter version aimed at assisting primary care nurses in practice on 'how' to become credentialed.

> *"It (credentialing) has created a vehicle for staff to address what is happening and instead of staff getting frustrated with people, they know they can ask for help and who may be able to do this"*
>
> Anne

Implementation

The College used two approaches to implementing the Credentialing Framework.

1. Testing the framework

The first applicant, Anne Maclean, a registered general and obstetrics nurse employed by East Tamaki Healthcare PHO in Auckland, offered to test the framework and website. Anne was seeking a credential to establish her MH&A credibility in order to strengthen her primary care role as Clinical Co-ordinator for the Chronic Care Management Depression Programme. Whilst she had considerable MH&A work experience and had engaged in some training in this area, she had not undertaken any formal MH&A education. With the support of the PHO, the 'coaching' approach of her nurse manager and clinical supervisor, Anne worked with the College Credentialing Manager to complete and test the application and assessment processes. Telephone and email communications, accessing and using the online tools and forms and a PHO site visit were included in this process.

As a result of testing the framework, amendments were made to the framework processes and tools. The need for coaching in exemplar development was also identified. The section below (Experiences and perceptions of primary care credentialed nurses) includes Anne's experience and perceptions of credentialing. In addition, she presented her experience of Credentialing at the 2013 joint College and DANA conference *Close to Home* in Auckland.

2. Implementing the Framework

Manaia Health PHO in Whangarei had been investigating ways to advance primary care nurses MH&A skills and identified this interest with the College. This provided the opportunity to implement the entire framework with a PHO and an identified group of eight nurses. A gap analysis was conducted at the initial site visit in partnership with the Manaia Health Associate Director of Nursing in Primary Health Care and the Primary Mental Health Co-ordinator. The gap analysis identified limitations in the workplace to support a credentialing programme, gaps in nurses knowledge and skills, and support for the translation of enhanced skills into day-to-day practice. A local steering group was formed by the PHO which included members from local stakeholders. The steering group provided the collaborative platform on which to develop an education and training programme based on the gap analysis. This programme involved input from primary care, secondary care/specialist services and was largely delivered by nurses with input from other practitioners and consumers. The programme

was congruent with a stepped-care approach and was designed to assist the group of eight nurses to meet the local MH&A needs of their registered population within their primary care settings and local cultural context. It was delivered over six study days, one day per month for six months. The content was structured into four streams:

- Theory /knowledge.
- Practice /skills.
- Services/resources.
- Reflection/portfolio development.

> *"Depression and anxiety along with substance use disorder are most common"*
>
> Jann

Between each study day, the eight Manaia Health PHO nurses were required to work on developing a portfolio reflecting the application of knowledge and skills gained in the programme to their day-to-day practice. Portfolio development was designed to assist the nurses with the application phase as exemplars are a requirement of the credentialing application process. The provision of the practice development support component required negotiation between the PHO and the local DHB. Two experienced mental health nurses with supervision expertise utilised a structured framework to facilitate the practice development and support sessions which took place fortnightly outside of work hours. The Manaia Health PHO nurses also had access to mentors for clinical advice throughout the programme. The eight nurses who were awarded their credential on the last day of training were the first group in New Zealand to achieve this. College representatives, other nursing group representatives and local stakeholders attended a ceremony in October 2013 during which the credentialed nurses received formal recognition and a certificate that recognised their achievement.

Phase Two: Evaluating the Effectiveness of Implementing the Credentialing Framework

The evaluation of the effectiveness of implementing the Credentialing Framework was considered by the College to be an essential component of a professional nursing development initiative and was a contractual agreement with HWNZ. The overall monitoring and evaluation approach follows a continuous evaluative cycle through clearly linked 'plan', 'monitor', and 'change' phases described in The Handbook http://www.nzcmhn.org.nz/Credentialing/Evaluation-and-Monitoring. This approach was designed to promote a clear, systematic and logical approach to identifying, gathering and analysing information and then reporting key information on the progress and achievements of the Credentialing Project. This process supports both decision-making activities and continuous learning. The key components of the monitoring and evaluation approach were: a) evaluation objectives and associated evaluation questions, b) a project model, c) a mixed methods approach to data collection and, d) a clear and focused approach to reporting on progress.

Main outcomes/impacts, barriers and critical success factors

Utilising the monitoring and evaluation framework, the main outcomes/impacts, barriers and critical success factors related to the implementation of the Credentialing Framework were identified. A summary of these factors are provided below as well as the experiences and perceptions of three primary care nurses who participated in the MH&A Credentialing Project. It is noted that the identified outcomes/impacts and critical success factors are congruent with the principles outlined in the Credentialling Framework for New Zealand Health Professionals (MOH, 2010).

Main Outcomes/Impacts

In general, the main outcomes/impacts listed below relate to clarity of the intent of credentialing within this project and the successful online credentialing applications that demonstrated evidence of enhanced MH&A knowledge, practice skills and confidence. A related important outcome was the development of closer collaborative relationships between the primary care nurses and secondary/specialist and community practitioners.

- Stakeholders engaged in credentialing were clear about the intent of credentialing i.e. improving MH&A capacity and capability in the primary care sector through enhancing knowledge, skills and confidence in these practice areas in the primary care nursing workforce.
- Increased confidence in identification, brief assessments, interventions and referral of people presenting with MH&A issues
- Increased confidence in talking with people who may not necessarily present with obvious symptoms in order to identify if MH&A issues were present.
- An understanding of shared language assisted primary care nurses to successfully refer clients to secondary/specialist services.
- Successful online applications were received utilising exemplars as primary evidence of change in practice. Secondary to this was the development of nursing portfolios.
- An increased awareness of MH&A being "all nurses' business". Nurses commented "there is no mind/body split" and "I now understand a true holistic approach".
- Building and strengthening relationships between primary and secondary/specialist services at both organisational and practice level was explicit.
- A shared understanding of nursing roles in both primary and secondary/specialist services resulted from the education and training inclusive of a multidisciplinary approach, consumer input and a willingness from nurses both receiving and delivering education and training to understand the local cultural and practice settings relating to clinical practice.

Barriers

While significant gains were made within the scope of this project, a number of barriers to implementation were identified as listed below. These related to a limited awareness of the MH&A health care needs of New Zealand populations and how credentialing could be of value as a vehicle to enhance the MH&A competencies of primary care nurses. Barriers also related to the potential challenges of implementing credentialing that were earlier identified. These included the primary care 'business environment' and easy access to brief and relevant (to primary care nurses) education and training resource packages to supplement local education and training input and practice development support.

- Limited awareness and in-depth understanding/ acknowledgement amongst some primary care sector personnel about the MH&A needs of New Zealand populations were identified. Furthermore, many nurses describe a feeling of being overwhelmed with the demands of the job. In many instances a barrier to credentialing uptake can be attributed to, as one nurse commented " you don't know what you don't know".

- As nurses and the primary care sector embark on this new initiative, there remains some confusion amongst nursing leaders and nurses in general about the intention of credentialing. This limits the ability of nurses to engage in the credentialing process as organisational support is required for nurses to embark on the credentialing pathway.

- Some individual nurses requesting information from the College and wishing to pursue a credential have struggled to get to the application phase. This is related to the level of support from their workplace and, access to relevant education and training that has limited cost associated to the nurse.

- Issues with nurse release time (and 'backfill' for nurses' positions) for education, training and practice development support prove to be a significant barrier. Nurses identify the importance of having general practitioners and business units "on board" with this credentialing initiative.

- Unsurprisingly, in this early phase there is limited understanding from nursing colleagues working alongside credentialed nurses of the credentialing process and the potential positive impact on population health. Nursing leaders commented that a critical mass of credentialed nurses is required in order to assist with overcoming this barrier.

- Informing and engaging primary care nurses interested in enhancing their MH&A knowledge and skills at a primary care level to seek a credentialing pathway is labour intensive. In this early developmental phase it was important that all involved understand the purpose and need for credentialing prior to commencing on a credentialing pathway.

Critical Success Factors

In general the identified critical success factors listed below highlight the importance of a 'whole of system' support as a criterion for organisations embarking on credentialing together with a clear understanding of the roles of the employer organisation, the professional body and the individual nurses seeking a MH&A credential. For the primary care nurses, a critical success factor was the development of portfolios that could be utilised for their Professional Development Recognition Programme (PDRP).

- 'Whole of system' support from the management team, nursing leaders and other key personnel is critical and as one nursing leader described "a group of nurses willing to give it a go". These factors are particularly important as credentialing has no identified funding stream within the primary care sector. 'Whole of system' support allows for strategic planning and incorporation of credentialing into existing ways of operating.
- The establishment of a local steering group with key stakeholders to identify shared goals, roles, responsibilities and expectations assists with programme development that is primary care focused, culturally responsive and contemporary.
- Supportive nursing leadership was critical to the success of this project. It provides active support to primary care nurses undertaking credentialing, enhances communication within the PHO and within wider systems about credentialing and engages in collaborative relationships across the health sector regarding input to education, training and practice development support.
- An existing level of trust between the primary care nurses and nursing leadership within PHOs provides a level of confidence in the ability to obtain a credential, particularly as credentialing is a new and emerging process.
- Backfilling nursing positions in order for nurses to obtain nurse release time to attend education, training and practice development support is essential.
- A gap analysis undertaken collaboratively between the College and the demonstration site PHO provided information to assist the PHO to meet education and training requirements. Taking an individualised approach to each practice is essential as all practice environments are different. The gap analysis ensures that the Credentialing Framework meets the needs of the enrolled populations, the practice and the nurses. The College recognises that 'one size does not fit all' across practice settings.
- Practice development support and peer support were perceived by nurses as a critical success factor. Nurses commented "I experienced personal growth and emotional intelligence", "articulating a change in practice was challenging, supervision assisted with this process", "sometimes putting things aside [nursing tasks] and listening and being mindful touches on what is important in a person's life".
- Presenters and facilitators of education and training were well received when sessions were interactive, adaptive in nature and responded to the specific needs of the individuals present.
- Consumer input was a powerful means of assisting nurses to understand more fully the lived experience of MH&A issues and the impact of stigma and discrimination.
- Portfolio development could also meet other requirements e.g. for PDRP
- There is value in having College members involved in training and providing practice development support. Expertise in MH&A sits within mental health nursing, and the College is able to assist with linking key personnel with the primary care sector and with primary care nurses if required.

Experiences and perceptions of three primary care credentialed nurses

The following personal accounts from three of the nine credentialed nurses are provided to illustrate the impact of credentialing on their practice and within their practice settings.

Anne Maclean

In 2012, Anne Maclean from East Tamaki Healthcare was the first Registered Nurse to complete the credentialing process. Anne states that since receiving a *Mental Health and Addiction Credential in Primary Care* "doors continue to open". She describes the willingness of her colleagues to utilise her expertise, and this in turn breaks down stigma and discrimination in the workplace towards people experiencing MH&A issues; a win-win situation for nurses and for people receiving healthcare.

Anne was supported by both her organisation and her clinical supervisor Dr David Codyre, Consultant Psychiatrist/ Clinical Lead Mental Health to obtain her credential.

Why did you undertake credentialing? I was looking for some kind of recognition of the skills I had developed over my career, as I hadn't come up in the 'rank and file' of mental health and didn't have past experience as a mental health nurse. But I had past training relevant to mental health work and had also worked in the addiction field. I thought it would strengthen the role I have in primary care (Clinical Co-ordinator Chronic Care Management Depression Programme), as it was a new role and the credentialing process seemed a good way of establishing my competencies to take on this work.

What does it means to have your credential? Is it particularly important to your work? Yes it is very important. Other practice nurses hadn't recognised how important it is to add mental health into their assessment process, but this has helped them look at the issue differently. We have had a nurse from nearly every surgery that is willing to participate in a clinic-level role; as a nurse mental health champion for the clinic team as part of the continuing development of the Chronic Care Management Depression programme. This is very gratifying as it means I have made way for other nurses to progress.

Now that you are one year on from receiving your credential, how has this impacted on the work you do? It has changed the way the doctors I work with view my practice. They have a higher level of regard for me shown by their allowing me to be part of their interventions plus trust my recommendations for referral. Nurses in our organisation have also completely changed their mind (including management) about what they think nurses can do. The comprehensive trained nurses who had 'boxed MH' as not being part of their primary care role now see it in a completely different and favourable light. The team has expanded from one nurse to a nurse and a doctor (psychiatrist) to now including six psychologists. We have gone from 1:1 therapy to including groups as well. Many families have become well again and are able to look after themselves and their children in a more satisfying way.

In your opinion, is credentialing something that other primary care nurses are interested in? Yes very much so and in our area it makes economic sense. The sooner people are recognised and treated the less likely they are to have multiple presentations and 'clog up' waiting rooms. Nurses will be much more open to credentialing when they see that it is going to save them time not cost them time. Our young nurses are very interested. Older ones are slower to respond but if it (credentialing) is made easy to access they will be interested.

One of the objectives for credentialing is to understand societal influences that impact on peoples mental health and journey of recovery. How would you describe this in your practice? Being able to recognise that patients have an illness and are not just purely acting in a socially unacceptable way is such a relief for nurses. When nurses talk this through with reception staff then they change their mind and approach, also the doctors will feel something can be done for their patients. Doctors need nurses to come on board with this so they can know the patient will get good follow-up.

Nurses who 'stick with' patients and make phone calls to check that they have connected with alcohol and drug services or NGOs for support or have the 'food parcel' person close at hand achieve a lot in supporting patients to keep on track. Another nurse has been released to do follow-up several days a week and she has recalled patients who were not engaging. They are now coming in with the expectation they can receive treatment and not be isolated.

Manaia Health PHO, Whangarei (Demonstration site)

Eight nurses from a range of practice settings successfully completed credentialing at Manaia Health PHO following six one-day workshops that were delivered over six months. Support, education and training resources, facilitation of clinical supervision (referred to as practice development support by primary care nurses) were provided by both primary care and Northland DHB MH&A service staff. Education and training were delivered in a workshop style. Portfolio development for a PDRP was completed in conjunction with MH&A education and training, and the synergy of these two key activities provided the nurses with a pathway for their credentialing application.

From Left: Judith Hall, Suzie Costelloe, Suzanne Mackay, Donna Kuljish, Robynann Dyson, Chris Hutchinson, Jann Leaming, Veronique Norstrand

Jann Leaming

Jann Leaming is Registered Nurse working at Northtec in Whangarei, was awarded a Mental Health and Addiction in Primary Care Credential in October 2013.

How would you describe mental health and addictions needs in the community you work in? I am one of two nurses working at a nurse led clinic at a tertiary institute, providing primary health care to students and staff. MH&A needs in this community mirror the mental health conditions seen in primary care settings in general; depression and anxiety along with substance use disorder being the most common. We see students with complex mental health needs that come to the surface as they try to juggle the stressors associated with studying while often supporting a family on tight time and financial constraints. More frequently we are supporting clients who are at increased risk of self-harm and suicide.

What does it means to have your credential? The credentialing process has provided me with the opportunity to add knowledge and skills to my professional and personal kete. These include screening tools, brief assessment and interventions, motivational interviewing aimed at assisting the person to lead their own recovery and familiarisation with culturally appropriate referral pathways. It is an acknowledgement that I have been able to take this evidence based learning and put it effectively into practice. The credentialing process also provided me with an opportunity to build links with community providers and the community mental health team.

What benefits can this bring for your clients?

We learnt during our educational days that the strength of the therapeutic relationship was a key determinant to a positive outcome for clients. Through the use of listening skills, showing respect for clients and their whānau along with the increased knowledge and skills mentioned above I feel more confident in my ability to build a therapeutic relationship with clients, make appropriate referrals and thereby assisting them to reach a positive outcome for their health and wellbeing. The building of links with community agencies such as the community mental health team has proved valuable. Our clinic does not have a doctor on site and the transient nature of some students means they do not have a GP to refer to. Being able to discuss the case with one of the team has led to direct referral in cases where I have concerns for a patient's wellbeing and safety and where crisis team intervention is not indicated.

Suzanne Mackay

Suzanne Mackay, Registered Nurse working at Te Aroha Noa Medical Centre in Whangarei was awarded a Mental Health and Addiction in Primary Care Credential in October 2013.

Would you recommend other nurses seek a mental health and addiction credential in primary care? If so, why? Yes I would definitely encourage other primary care nurses to do this credentialing. We have an increasing number of patients in the community who are struggling in the area of MH&A and many are in desperate need of help. If a primary care nurse has not been up-skilled in these areas she may miss the patient's cues, not know how to ask pertinent questions and then not know how to deal with what the patient brings into the open. Key opportunities will be missed to help patients, to flag concerns to the GP and problems can potentially escalate.

What has been a key benefit for you and the people you see? A key benefit of this course for me has been the opportunity to increase my knowledge and skill base. The course was packed full of information and practical skills. Because of what I have learnt I view patients in a more holistic way, I am more understanding and empathetic, less judgemental and more able to care for them in ways that are uplifting. The patients I see are hopefully sensing that I am a nurse who wants to connect and care.

One of the objectives of credentialing is to improve confidence in dealing with people with mental health and addiction issues. How has this impacted on your practice? Before I did this course I was embarrassed about triaging a patient in the area of alcohol intake and drug use. I was concerned that the patient might think I was overstepping the mark and I am sure he/she picked this vibe up from me. If a patient had a problem in these areas my embarrassment would have been a barrier to him/her asking for help. Because of the knowledge and skills I have learnt in this credentialing course I now deal with the triaging in a natural, confident manner and this has meant that people have opened up about the struggles they have and we have been able to talk about avenues of help for them.

2014
Update on Credentialing/Work In Progress

Subsequent to the formal end of the Credentialing Project in December 2013, one further nurse has been credentialed. This credentialed nurse works as a primary youth health Nurse Practitioner in Hawera and is instrumental in delivering a nurse-led community youth practice.

In 2013 the College began discussions with the Otago Corrections Facility about piloting a MH&A credentialing pathway for nurses working in this practice environment. The Department of Corrections has alerted the College to the potential to roll out this initiative nationally. Currently Corrections nurses have access to a primary mental health education programme. In order for these nurses to meet credentialing criteria, practice development support (clinical supervision) has been established. The College continues to work alongside the Otago Corrections Facility and looks forward to receiving applications from this group of nurses.

In May 2014, Manaia Health PHO commenced another MH&A training programme for 14 primary care nurses, with a timeframe of six months before these nurses will be ready for application of a credential. The College continues to receive new approaches from PHOs with regard to establishing a MH&A credentialing programme or pathway within their organisations. Other organisations are further along the credentialing process.

Summary and Concluding Comments

This report has described the development and testing the implementation of a Primary Care Nursing MH&A Credentialing Framework as a vehicle for enhancing the MH&A capability of primary care nurses in Aotearoa New Zealand. The framework was designed and implemented in accordance with the principles outlined in the Credentialling Framework for New Zealand Health Professionals (MOH, 2010).

The College recognises that many primary care nurses have an existing MH&A skill set. However many nurses do not and some nurses report a lack of confidence in using these skills in their daily practice. The project outcomes/impacts and the personal accounts from three of the nine credentialed nurses support the potential benefits of wider implementation of the framework; for the practice enhancement of primary care nurses, improved MH&A service provision that is in accord with the priority areas for service development outlined in the MH&A Service Development Plan (MOH, 2012) and, most importantly, to contribute to high quality care for people affected by MH&A issues including individuals, families and whānau.

The reported outcomes/impacts illustrated by the credentialed nurses' personal accounts demonstrate an increased level of confidence and enhanced skills within the registered nurses' scope of practice. The development of a shared understanding of clinical terminology and nursing roles as well as the strengthening of local relationships across primary, secondary/specialist care settings and community services was also an important outcome. This is critical for promoting greater integration of MH&A care (MOH, 2012). It is also important to acknowledge that an important success factor for this project was the willingness of the PHOs involved to prioritise the MH&A needs of their patient populations at all levels of their organisations.

As noted earlier, the outcomes/impacts to date from this innovation project are congruent with the priority actions specified in the MH&A Service Development Plan (MOH, 2012). Based on the information that was gathered during the course of this project and the conversations the College has had with primary care nurses and organisations across a range of settings and regions, the College will continue to support nurses and organisations that identify credentialing as an important mechanism to enhance MH&A competencies. More specifically, the College will continue to take a partnership approach (College, employer, nurses) to credentialing and will assist with

- Briefing about credentialing as outlined in Figure 1.
- The roles and responsibilities of each of the involved parties including the role and composition of a steering group.
- Establishing expected timelines and planning including the delivery of education, training and application phases.
- Gap analysis.
- Providing the level of evidence required for nursing credentialing applicants, direction on practice development support systems and reflective practice.
- Development of guidelines on portfolio development and exemplar preparation.
- Online application.
- Assessment of applications.

The College will also actively follow-up the recommendations provided below.

Recommendations

The primary recommendation is for wider implementation of the MH&A Primary Care Nursing Credentialing Framework. The two secondary recommendations in support of wider implementation are maximising the MH&A potential of the primary care nursing workforce and the development of a primary care MH&A workforce development plan.

Wider implementation

The College recommends wider implementation of the credentialing framework supported by the Ministry of Health in partnership with Health Workforce New Zealand (HWNZ).

The value of support for the Credentialing Project innovation, received from HWNZ, the Office of the Director of Mental Health, the Health Quality and Safety Commission and the Primary Mental Health Programmes of the Ministry of Health is acknowledged. Such support will be important for wider implementation of the framework (as recommended above) as will support from the Office of the Chief Nurse (MOH), the National Nursing Organisations Group, Directors of Mental Health Nursing and DHBs and primary care organisations, Corrections, and consumers.

The recommendation for wider implementation of the MH&A Credentialing Framework is in accordance with the four areas of focus in the MH&A Service Development Plan (MOH, 2012): 1) making better use of resources; 2) improving integration between primary and secondary services; 3) cementing and building on gains for people with high needs and; 4) delivering increased access for all age groups with a focus on infants, children and youth, older people and adults with common MH&A disorders such as anxiety, depression and alcohol use disorders and the related priority actions.

Priority 2 of the MH&A Service Development Plan: Building infrastructure for integration between primary and specialist services(MOH, 2012), refers to overcoming practical barriers, including variable workforce capability and developing key performance indicators. In respect to enhancing confidence and capability of the primary care workforce, the plan specifies that *workforce development effort will focus on building: a multidisciplinary primary care workforce that includes mental health expertise and that workforce's ability to identify and address mental health and addiction needs and to deliver brief interventions* (p.20).

The Service Development plan also specifies *monitoring access and contacts for mental health and addiction issues within primary care (Ministry of Health–funded primary mental health initiatives and general primary care) and monitoring primary care consultation liaison contacts by specialist mental health and addiction services* (MOH,2012,p.18). A requirement for such performance indicators would support the value of MH&A primary care nurse credentialing.

In association with wider implementation, it is recommended that an external evaluation of the impact of Primary Care Nursing MH&A Credentialing is conducted. Such an evaluation would include examining the impact of credentialing on primary care nurses' practice, service provision and integration of care, patient outcomes and the experience of care. It is envisaged that this evaluation would require funding support and would be conducted by a relevant university department.

Maximising the MH&A potential of the primary care nursing workforce

It is recommended that strengthening a stepped-care approach will provide opportunities to maximise the potential of the existing primary care nursing workforce and support the need for primary care nurses to access MH&A education and training and practice development support. Primary care nurses are a valuable resource in a stepped-care approach for MH&A service delivery. This would be demonstrated by primary care nurses undertaking screening and providing early intervention and referral as well as contributing to the provision of continuing care for people with complex issues and/or long-term conditions. The MH&A Service Development Plan states a stepped-care approach *enables people to rapidly receive the level of care that is appropriate to their need* (MOH, 2012, p.49).

This recommendation is in accordance with Priority 5 of the MH&A Service Development Plan (MOH, 2012): Delivering increased access for infants, children and youth while building resilience and averting future adverse outcomes; Priority 6: Increasing service integration and effectiveness for adults with high-prevalence conditions *through building capacity to respond to emerging MH&A issues* (p.48) and Priority 7: Delivering increased access for our growing older population while respecting and protecting their positive contribution through contributing to *enhancing the responsiveness of primary*

care and general health services for older people with mental health and addiction issues (p.55). The primary care nursing workforce has an important role to play in contributing to improvements in physical health and wellbeing of people with low-prevalence conditions and/or high needs (Priority 3) and, cementing and building on gains in resilience and recovery for Māori and Pacific peoples, refugees, people with disabilities and other groups (Priority 4).

Primary care nursing mental health and addiction workforce development

It is recommended that HWNZ and the College partner to provide leadership for the development of a primary care nursing MH&A workforce development plan that incorporates the establishment of linkages between all key stakeholders.

In the Primary Care Nursing MH&A Credentialing Framework, education and training together with practice development support (clinical supervision and reflection on practice) were essential components contributing to the enhancement of the primary care nurses MH&A practice skills and confidence and, most importantly, the translation of their enhanced skills into day-to-day practice. However, at the present time, there is no national MH&A workforce development plan for primary care nurses.

This recommendation is in accordance with Priority 8 of the MH&A Service Development Plan (MOH, 2012): Supporting and strengthening our workforce. The rationale for this priority emphasises, that in order to successfully achieve the goals of the Service Development Plan, staff require *the appropriate education, training and supervision to deliver the future services outlined in the plan and are valued and supported* (p.59). The related specified priority action is for Health Workforce New Zealand to develop a national workforce plan inclusive of primary care.

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Glossary and Abbreviations

Glossary

Terms and definitions not included in Appendix C: Credentialing Model definitions

Credentialing	A process used by health and disability service providers to assign specific clinical responsibilities to health practitioners on the basis of their education and training, qualifications, experience and fitness to practice within a defined context. This context includes the particular service provided, and the facilities and support available within the organisation
Gap Analysis	A comparison between actual performance and potential performance, whilst understanding capacity and capability of Primary Healthcare Organisations and nurses with regard to credentialing and training provision
Mental Health	Refers to mental health and addiction.
Mental Health Care	A generic term that includes interventions, support and care.
Mental Health and addiction issues	Many terms are used in the scientific literature and in policy and workforce documents to refer to the range of substance use and addiction issues that may impact on the lives of individuals, families and whānau. These are frequently used interchangeably. The health sector in New Zealand pertaining to these issues is the Mental Health and Addiction Sector. Terms used in this document will reflect those used in the literature and policy documents. Otherwise the term mental health and addiction (MH&A) issues will be used to refer to the range of issues that people may experience; from mild to severe and complex.
Primary Care	The prevention and treatment of sickness, focusing on individuals and families. Traditionally in the form of a visit to the family doctor.
Primary Healthcare	Quality primary health care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods that is: • Universally accessible to people in their communities • Involves community participation. • Integral to, and a central function of, New Zealand's health system. • The first level of contact with our health system. (MOH, 2001)
Recovery	Living well in the presence or absence of mental illness and the losses that can be associated with it. Each person with mental illness needs to define for themselves what living well means to them

Abbreviations

HWNZ	Health Workforce New Zealand
MH&A	Mental Health and Addiction
MOH	Ministry of Health
PDRP	Professional Development Recognition Programme
PHC	Primary Healthcare
PHO	Primary Health Organisation

Appendix A

Summary of New Zealand mental health and addiction research findings and the vision and strategic directions for mental health and addiction service development and workforce strategy

Research Findings

MaGPIe Research Group (2003)

The Mental Health in General Practice (MaGPIe) study investigated the prevalence of common disorders presenting to general practices in New Zealand. Results identified that 36% of general practice attenders had one or more of the three most commonly presenting disorders; anxiety, depression or substance use disorder.

Te Rau Hinengaro: The New Zealand Mental Health* Survey (Oakley Browne, Wells, Scott, 2006)

Te Rau Hinengaro was a landmark population survey and provided important information on mental disorders in New Zealand. This information was crucial for understanding service need and for implementing Te Tahuhu – *Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan* (MOH, 2005) and Rising to the Challenge: The Mental Health and Addiction (MH&A) Service Development Plan 2012-2017 (MOH, 2012).

Of particular note are the following findings

- 46% of people in NZ will meet criteria for a mental disorder some time in their life.
- During one year, 20% of people suffer a mental disorder.
- Females have higher prevalence for anxiety disorder, major depression and eating disorder than males whereas males have a substantially higher prevalence for substance use disorders than females.
- Prevalence is higher for people who are disadvantaged.
- Prevalence is higher for Mā `````ori and Pacific populations.
- People with a mental disorder frequently have more than one disorder and greater disability is experienced by people with both a mental and physical disorder compared to those who experience either alone.
- People presenting to a health clinic do not necessarily present with a mental health concern.
- The proportion making a mental health visit to the health care sector is low (only 58% of those with serious disorder, 36.5% of those with moderate disorder and 18.5% of those with mild disorder) i.e. people were seen by a health provider but did not disclose they had a mental health concern.

**Includes substance use disorders*

mhGAP Intervention Guide (World Health Organisation 2010)

The Mental Health Gap Action Programme released by the World Health Organisation provides a tool for non-specialist services in the delivery of mental health care in communities. Although originally developed for use in low and middle income countries, the mhGAP Intervention Guide provides primary care nurses with useful guidelines to know 'what to do' when people present with MH&A issues.

Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016 (Ministry of Health 2013)

This study analysed health losses sustained by New Zealanders of all ages. Health loss (or burden of disease) measures loss of healthy life due to premature death, illness and disability. Whilst determining health loss from specific causes, anxiety and depression are second only to coronary heart disease. Furthermore, mental health and alcohol related issues were identified as major contributors to the burden of disease in New Zealand.

- Youth (15–24 years): alcohol use disorders (14.3%), anxiety and depressive disorders (13.6%) and traumatic brain injury (10.8%)
- Young adults (25–44 years): anxiety and depressive disorders (12.4%), alcohol use disorders (4.7%) and back disorders (4.6%)
- Middle age (45–64 years): coronary heart disease (6.8%), anxiety and depressive disorders (3.8%), lung cancer (3.3%) and diabetes (2.8%)

Government service development policy and workforce strategy

The Primary Health Organisations: Service development toolkit for mental health services in primary health care (Ministry of Health 2004)

The service development toolkit identifies the need for PHOs to provide skilled practitioners. With respect to MH&A, primary health care practitioners are expected to assess and manage people with mental health issues and to develop a therapeutic alliance in order to achieve best outcomes.

The Mental Health and Addiction Service Workforce Service Review Report: Towards the next wave of mental health and addiction services and capability (Mental Health and Addiction Service Workforce Review Working Group, 2011)

The MH&A workforce strategy report is congruent with the vision outlined in Blueprint II and argues that innovative and different configurations of the workforce are required to meet future health care demands in an era of constrained resources. Important areas include i) a shift in focus towards primary care and the need to develop the MH&A capability, particularly of primary care teams but also within the wider general health sector and, ii) *Design models of care that enable a scarce specialist workforce to 'reach down' and support / supervise groups of workers to maintain and support people in primary / community care (*p.42).

Blueprint II Improving mental health and wellbeing for all New Zealanders: How things need to be (Mental Health Commission, 2012)

Blueprint II champions future mental health and wellbeing as "everyone's business" i.e. the business of multiple workforces inclusive of nursing. It identifies the key resource in the MH&A sector as its workforce and argues for a shift in care emphasis (while still retaining a focus on treating those people with more complex MH&A problems) towards assisting people who have a lower level of need but whose MH&A issues significantly impact on their lives.

The Ministry of Health Service Development Plan (Rising to the challenge. The Mental Health and Addiction Service Development Plan 2012-2017) (Ministry of Health, 2012)

This service development action plan reflects the mental health and wellbeing vision and workforce directions outlined in the above two documents. It provides a vision to guide the MH&A sector and a clear direction to planners, funders and providers of MH&A services in Government priority areas for service development over the next five years. The four key areas of focus are: 1) making better use of resources, 2) improving integration between primary and secondary services, 3) cementing and building on gains for people with high needs, 4) delivering increased access for all age groups with a focus on infants, children and youth, older people and adults with common MH&A disorders such as anxiety, depression and alcohol use disorders. The plan identifies the important role of primary care providers by stating that *It is essential that primary care providers recognise mental health and addiction responses as a core component of their work and that they respond to these issues as equally important to physical health needs. Primary care providers will also need to work closely with DHB and NGO mental health and addiction services to implement a stepped-care approach that is seamless and well-integrated, enabling people to easily access the services they need* (p.7).

Appendix B

Timeline of communication and consultation activity (key activities to provide a process overview)

Date	Communication/consultation activity
2011 September	Primary care nurses Executive Directors of Nursing College and early potential PHO partner (multiple contacts)
2012 February	Royal Australian and NZ College of Psychiatrists (RANZCP) and briefing paper for a RANZCP liaison meeting National Nurses Organisation (NNO) meeting (briefing paper) Director of Mental Health College Branch Chairs of Te Ao Māramatanga NZCMHN MOH, Nursing Organisations, Nursing Council representatives meeting regarding Credentialing Project Directors of Mental Health Nursing
2012 March	Communication with CEO, Corrections Communication with CEO, Aged Care Organisation Presentation at Te Pou professional supervision forum
2012 April	National communication with PHOs National Addiction leadership day
2012 May	Co-Chair of National Association of Mental Health Services Consumer Advisors
2012 July	Corrections representatives
2012 September	Goodfellow Unit, University of Auckland regarding e-chat online tool Site visit to Manaia Health PHO - potential demonstration site and education/discussion forum with practice nurses.
2012 October	Media release regarding Anne McLean (first credentialed nurse) National communication with PHOs
2012 November	Monitoring and evaluation workshop in Wellington, hosted by Evaluation Consult (contracted independent evaluation company) and 15 key stakeholders North Island organisations (two) regarding credentialing
2013 March	NZNO professional advisor Primary Mental Health team, West Coast DHB North Island PHO Australian College of Mental Health Nurses CEO

Date	Communication/consultation activity
2013 April	Meeting with Manaia Health (demonstration site)who commenced credentialing pathway for 8 nurses (6 x 1day workshops planned for 6 months beginning May 2013) South Island PHO (change of CEO) North Island PHO (Auckland) and education session for primary care nurses Presentations at STEPS smoking cessation workshops Trade stand booked for PHC nurses conference 2-4 August, in Wellington Ongoing contact with several PHOs Australian College of Mental Health Nurses CEO
2013 May/June	Southern PHO manager and workforce co-ordinator Education sessions for Southern PHO Corrections personnel Conference paper presented by Anne Maclean (first credentialed nurse) on her credentialing experience at the 1st Australasian Mental Health and Addiction Nursing Conference, Auckland, June 2013
2013 August	Credentialing workshop, Care Management Short Course, Christchurch. Further discussions with Midlands Health Network and a PHO Site visit to Otago Corrections Facility regarding demonstration site Trade stand at PHC nurses conference 2-4 August in Wellington.
2013 September	Credentialing workshop, Care Management Short Course, Auckland
2013 October	Site visit Manaia Health – evaluation data collection and credentialed nurse award ceremony
2013 November	Presentation to nurses Midland Health Network Presentation at Primary Healthcare Leadership Forum, Rotorua Meeting with Directors of Mental Health Nursing

Appendix C

Figure 1: Credentialing Model Definitions

Inputs	**Provided by the Project** a) Time, money and people resources to support credentialing – including Health Workforce New Zealand funding, the College Credentialing Manager and other resources, website development resources b) Project Governance – College Credentialing Steering Group provided Project oversight for the Credentialing Manager. The Project Board (HWNZ, MOH, College representatives) provides high level project oversight and strategic direction c) Credentialing Framework – The Te Ao Māramatanga NZCMHN (the College) credentialing framework is aligned with the 2010 MOH publication, the Framework for Credentialling Health Professionals in New Zealand. The College Credentialing Framework supports primary care nurses to enhance their knowledge, skills and confidence in providing care for people with MH&A issues and be supported in translating enhanced skills into practice, prior to applying for a *Mental Health and Addiction Credential in Primary Care.* d) Gap Analysis – A collaborative process initiated by the College in conjunction with a PHO or other organisation to establish the organisation 'readiness', credentialing education, training and practice support needs of primary health care nurses in the PHO or other organisation setting. **Project and PHO** e) Enabling/supportive environment – Primary care nurses engaging in credentialing activities must be supported in their practice environment. A mandate to attain a *Mental Health and Addiction Credential in Primary Care* must be provided by the governance structure of the PHO/ other organisation. Nursing leadership within the PHO environment is required to support nurses to seek education and training, as required based on the gap analysis process, within and external to the PHO environment. **Provided by the Primary Care Organisations** f) Interested Nurses – Registered nurses working in a primary care environment who are interested in attaining a Mental Health and Addiction Credential in Primary Care g) Practice Development Support – The purpose is to assist the primary care nurse with translation of knowledge and skills into day-to-day practice. Reflective practice is the foundation of the relationship between nurse and supervisor providing support, with the overarching goal of enhancing confidence and practice in the primary care setting. The supervisor will have specialist MH&A expertise and may already be working in (or aligned with) the PHO or the local DHB secondary MH&A service. The supervisor will be accountable for his/her own practice, own clinical supervision (MH & A context) and recommending (as applicable) the nurse for credentialing during the application phase. h) Education and training Resources – Nurses require easy access to relevant and contemporary education and training , release time from the practice environment whilst being mindful that the need to minimise the impact on business units.

Outputs	a) Relevant/necessary training completed – This may take 6-12 months to complete b) Practice nurses feel confident to apply knowledge and skills into day-to-day practice c) Demonstration/assessment/observation of the application of knowledge and skills –Practice Development Support process is required d) Prepare and submit the application for credentialing – An online process requiring evidence-based record of learning, a reference and confirmation of annual practicing certificate. See application and evidence based record guidelines at www.nzcmhn.org.nz e) Assessment and approval of the application – To be completed by a selected panel of assessors by Te Ao Māramatanga NZCMHN. Also see appeals process at www.nzcmhn.org.nz
Outcomes/ Impacts	a) Better recognition and intervention of MH&A issues b) Formal recognition of nurses' skills in their practice – The award of a certificate *Mental Health and Addiction Credential in Primary Care.* One year complimentary membership to Te Ao Māramatanga NZCMHN c) Appropriate referrals – Knowledge of community resources d) Patients feel better supported – Subjective feedback can be captured on PHO or other organisations' patient perception and satisfaction surveys e) Patients receive more timely MH&A care f) Fit for purpose health workforce – In keeping with MOH and workforce direction, primary care professionals must meet the population demand with regards to MH&A g) A primary care workforce that feels confident to apply their MH &A knowledge and skills h) Provision of quality primary MH&A services –Blueprint II (MOH, 2012), The Mental Health and Addiction Service Development Plan (MOH, 2012), Better, Sooner and More Convenient Healthcare in the Community (MOH, 2011). Seamless integrated care between primary, secondary and NGO services relies on collaborative relationships between practitioners i) Enhanced relationships – Refers to relationships sector wide, at the nurse/patient level, and linkages between PHO, Te Ao Māramatanga NZCMHN and New Zealand Nursing Council j) Reduce burden on the system – In an environment where demand for health care is increasing within an environment of constrained resources and competing priorities there is a redirected focus on primary MH&A care k) College enhanced ability to achieve its goals – to support nurses in all practice settings with enhanced knowledge and skills in MH&A screening, brief assessment, intervention, liaison and referral.

Te Ao Māramatanga
New Zealand College of Mental Health Nurses