

INTERGRATED PRIMARY MENTAL HEALTH & ADDICTIONS HCES: UPDATED PRACTICE PROFILE

February 2024

This document

This practice profile has been developed collaboratively by Te Whatu Ora National, Te Pou, Health Coach Trainers and key stakeholders responsible for the delivery of integrated primary mental health and addiction (IPMHA) services. The profile is an essential guide for those implementing these services and to inform core and ongoing training delivery. This includes trainers, employers, integrated general practice teams and Health Coaches. This document defines the scope and requirements of the Health Coach role and supported by the 'Overview of IPMHA Workers (Feb 2024)' document.

Overview

Health Coaches (HCs) are available to the enrolled population of general practice/s as one member of the integrated primary mental health and addiction team. They work in conjunction with the Health Improvement Practitioner (HIP), Support Workers (SW) as members of the general practice team to support the enrolled population to meet their health and wellbeing needs. In many parts of Aotearoa, the HC and SW functions have been combined to create a 'flex' role. HC's have completed the approved IPMHA HC training, are part of a non-registered workforce although some may have additional certification or a qualification. They may have lived experience although this is not essential.

The HC works with people experiencing issues that impact on their health and wellbeing. The objective of Health Coaching is to build people's motivation and capability to better understand and actively manage their physical and emotional wellbeing needs. These can be related to long term physical or mental health conditions or addictions and every-day wellbeing challenges across the dimensions of Te Whare Tapa Wha. The HC may also ensure people and whānau can access needed resources and supports online and in their local community to support wellbeing.

The role is derived from the HC role originally developed in the United States but has been adapted for the Aotearoa context. This includes working across the dimensions of Te Whare Tapa Wha and aligning approaches with equity needs within communities.

The table below reflects essential elements within the scope of the HC role which are expected to be covered in the 'initial' or 'core' HC training. The document also describes acceptable variation to the HC role which may require additional training and certification but is the responsibility of the employer, integrated general practice team and district collaborative. Complementary training including [Skills for integration](#) is encouraged to support the specific needs/ expectations of individual employers/ integrated general practice teams.

Critical Components

A Health Coach must be integrated with the primary care team:

This includes:

- Is based in the general practice/ hauora
- Access to patient management systems and time in the practice.
- Records notes within the patient management system and complies with establish standards
- Completes all necessary templates to record activities
- Close links with the general practice team and frequently engages in discussions with the general practitioner and other team members about people with whom they are supporting.
- No criteria, paperwork or referral process is required for people aged 18+ enrolled with a practice to see the HC.
- Works in partnership with the HIP to develop seamless health and wellbeing support plans

A Health Coach is a non-clinical role:

- All clinical responsibility and risk sit with the general practice clinical team members at the practice where people are enrolled.
- The HC is expected to share plans with the integrated practice team and seek and receive clinical input as appropriate.
- Meets requirements for working with vulnerable children and adults including requirements in relation to police vetting
- May only work with adults over 18 years.
- Has access to peer support/ supervision to support model fidelity.
- Health & Safety protocols relevant to the HC and HC/SW flex role, including when visits are in the community, are in place and understood by the workforce and wider general practice team.

A Health Coach is expected to:

- Have 6 -8 contacts per 8-hour day if they are always based in a practice – the number of contacts may reduce if travel is required as part of a flex role.
- Manage their calendars to enable coordination with the practice, warm handovers and balance this with providing sufficient time to meet the needs and support equity outcomes for the people with whom they work
- Receive and provide warm handovers and communicate well with external services to ensure seamless care. Receiving a warm handover does not mean that the HC is expected to meet with a person immediately, but only that they have been introduced in-person and will set up a meeting as soon as possible.
- Have access to private meeting space to meet with individuals and whānau – ideally this is in the practice/ hauora where the person is enrolled and the patient management system can be accessed.
- Uses Hua Oranga to work on all aspects of wellbeing as described by Te Whare Tapa Wha.

A Health Coach is accessible and responsive:

- There is no cost to see a HC
- There are no entry criteria required to see a HC
- Delivers face to face, phone or video contacts
- HCs actively seek work, receives and provides warm handovers within the general practice team – patient choice is always taken into consideration and the HC will aim to find a time to meet with the person/ whānau as soon as this is available.
- Works closely with the HIP to deliver integrated/seamless care and ensures warm handovers to the HIP when appropriate.
- Identifies how to best complement other general practice team member expertise (e.g. practice nurses, social workers, community workers, kaiawhina, whānau ora workers) to meet enrolled population needs
- A HC can work with a person/ whānau as long as changes are being planned or implemented. There is no limit to the number of visits a person can have with a HC.
- Can facilitate or support group work with individuals/whānau
- Can create enhanced pathways to support individuals/ whānau health and wellbeing
- Develops close working relationship with providers of social and cultural resources, services and supports so that people can readily address their needs

A Health Coach works in a culturally safe way:

- Culturally safe engagement is guided by the person/ whānau, respecting and incorporating the persons values and beliefs.
- The expectation of the role is to work on all aspects of wellbeing as described by Te Whare Tapa Wha Wellbeing Model.
- HCs working only or primarily in one dimension of Te Whare Tapa Wha are not fulfilling the scope of the role.

Acceptable Variation

- When undertaking acceptable variation of the HC profile, the safety of the HC and those they work with, including clinical safety, is the responsibility of the relevant employer and general practice team
- The HC may only work with young people under 18 years within the context of whole of whānau support.
- If the worker is employed in a HC/ Support Worker flex role they are also expected to fulfil both the HC and Support Worker functions – see IPMHA Workforce Overview (Feb 2024) document
- If the HC works in a HC/SW flex role and required to travel to meet with people/ whānau outside of the general practice/ hauora, the number of contacts per day is expected to be more like 4-6 per day depending on rurality and travel requirements.
- HCs may work with people/ whānau / groups in community settings.

Section 2. Supporting wellbeing – functions of a IPMHA Health Coach

Within the Primary Care Team the Health Coach:

- Works in partnership with people / whānau to enable them to improve their health and wellbeing across the dimensions of Te Whare Tapa Wha.
- Uses evidence-based approach
- Uses agreed outcome measurement tools (Duke Health Profile and/or Hua Oranga) at initial appointments as appropriate and reuses tools as required to support treatment plans.
- Supports people/ whanau to identify wellbeing issues: emotional, social, spiritual, physical and uses Te Whare Tapa Wha framework to support health and wellbeing plans and track changes
- Supports people to develop self-management /whānau wellbeing skills
- Explores ideas, develops plans and identifies barriers for people/whānau for behaviour change
- Monitors progress and wellbeing while working with people/whānau
- Acts as a bridge between the person/ whānau and clinicians
- Provides continuity within a busy general practice team
- Helps navigate the health system and increase skills and knowledge
- Helps navigate social services system, including linking to appropriate community resources and supports

Responsive Practice

- Identifies and responds appropriately to needs to achieve equitable outcomes
- Prioritise meeting the needs of whānau Māori and Pacific Peoples and others experiencing inequity
- Seeks feedback from people and whānau they work with (includes using helpfulness rating scales)
- Identifies and uses processes and models appropriate to the survival needs a person or whānau is experiencing (e.g. housing, job security or safety concerns) when discussing support and wellbeing priorities.

Acceptable Variation

- The HC/ SW flex role enables the HC to visit people/whānau in community settings including persons home/ community support organisation etc. They may also attend meetings to advocate for resources to support a person's or whānau wellbeing.
- A HC may support components of clinical interventions including group intervention (mental health, physical health or addiction) as part of the health and wellbeing plan with additional training and clinical oversight from a registered health practitioner.

Section 3. Training, Skills Knowledge and Qualifications (Includes [Learning Outcomes](#) as identified by Te Pou)

Training

- Must have completed training within a recognised HC Training programme in New Zealand and been assessed as having met standards for practice by the trainer.
- In addition, a HC may be supported by their employer to complete other recognised evidence-based training e.g. ABC, A recognised Positive Parenting Programme, Motivational Interviewing, Stanford Self-Management Programme, Group facilitation skills etc.
- Is supported to develop learning goals to support on-going professional development and includes access to supervision.
- If a HC is working in the HC/ SW flex role, appropriate training must be provided by the employer for the community support work being undertaken. E.g. 'Let's Get Real', NZQA [National Certificate in Mental Health Support Work- Level 4](#), ['Skills for Integration'](#), [Competencies for Peer and Lived experience workforce](#)

Skills – demonstrates the following skills

- Must have effective communication and engagement skills
- Working in ways that, at a minimum, reflect the essential level of 'Let's Get Real' and 'Skills for Integration'
- Supporting people/ whānau to identify their own priorities and to set realistic, achievable, evidence-based self-management actions
- Engaging comfortably and meaningfully with people at an individual, whānau or group level
- Able to manage own bias and works in ways that maintain cultural safety, emotional wellbeing, agency, self-confidence, self-esteem

Knowledge

- Must have participated in an orientation and induction to the integrated general practice team which includes an overview of the patient management system, practice templates, outcome measurement tools, population health needs or health targets of the practice etc.
- Can identify potential safety issues and know how practice and provider procedures can manage these e.g. home visits, transporting people, community activity groups, access to clinical support and supervision, boundaries etc
- HC self-care
- Culturally safe practice
- Trauma informed care including being able to identify indicators of violence and knowledge of organisational policies and processes related to disclosure of abuse or trauma
- Strengths based approaches
- Good understanding of long-term conditions including physical health conditions and mental health and addictions
- An understanding of and ability to find resources available to support wellbeing – includes websites, apps, community resources, pathways for support and events

- Can seek, receive, reflect on, deal with, and give appropriate feedback.

Qualifications

- There are no pre-requisite qualifications to be a HC.
- People with a wide range of qualifications can move into a HC role and many HCs have previously worked in roles that require certification or a qualification e.g. community support worker etc.
- Some HCs have lived experience of self-managing health issues/ long term conditions

Acceptable Variation

- If working in a HC/ SW (or HC/ Peer/ Lived experience flex role) then the appropriate certification/ qualification for this additional role is required as outlines in the required training to be undertaken for the role.

Unacceptable variation

The following are unacceptable variations to the Health Coach role:

- Working solely in the community with no "in-practice" presence
- Working solely with people who have long-term physical health conditions
- Working solely with people who have emotional difficulties
- Working with children and young people under 18 years except as a part of whole of whānau support (Section 36 of the 'Care of Children' Act)