Primary Mental Health and Addiction Credential Programme Guidelines

This document is intended to provide guidance that supports and informs local credential programme development, delivery and review. It outlines the expectations of Te Ao Maramatanga New Zealand College of Mental Health Nurses Inc. in relation to programme content and delivery arrangements.

Increasingly we are being asked to consider a range of digital options for programme delivery and in response to requests for more detail about our expectations, we have reviewed and updated this guidance.

> We welcome proposals and discussion from local programmes in relation to the current guidance. The programme reference group are prepared to be flexible to differing local contexts and developments as we continue to develop the programme together. We encourage you to make contact early, with the Director of Credentialing, if your proposed programme development differs from what we describe in this guidance.

Programme Hours

We expect nurses submitting a portfolio for credential to have accessed a total of 45 hours of professional development relating to the content outlined in the learning objectives.

We require that local programmes provide:

- 6 sessions of professional supervision (individual or group) and a requirement that nurses participate in at least 4 of these. (4 hours minimum).
- The remaining 39--41 hours consist of a programme tailored to deliver 75% of the learning objectives content. As an example, current programmes are arranged into 5x8hour days or 6x6.5hour days delivered over 6 months
- Online learning that has been endorsed by the college, can currently be utilised for up to 8 programme hours.

Programme Delivery

We consider a key asset of the programme to be the in person sessions which provide participants with opportunities for:

- Extended discussions with speakers, to gain confidence and enhance a range of therapeutic skills through practice and feedback
- Making collegial connections and learning from the experience of peers
- Exposure to locally relevant speakers to develop and enhance consultation and local referral networks

While the college prioritises in person delivery to meet the practice goals of the programme, online learning may be utilised for pre and post programme use and some knowledge based topics that

provide the basis for experiential skills-based learning and development of collegial cross-sector relationships.

Proposals seeking the endorsement of new online learning options and/or proposing delivery arrangements that differ from this guidance, can be discussed with the Director of Credentialing and added to the programme reference group agenda. The reference group meets fortnightly and will prioritise discussion regarding proposals and endorsements, as they are tabled.

Local programme outlines submitted for feedback should clearly indicate any online learning packages being recommended to participants.

Local programme co-ordinators are responsible for assessing the accessibility of online learning for your participants and any barriers to their use such as computer confidence, internet and device access.

Programme participation timeframes

- There is an expectation that from programme start to successful completion should take no longer than 12 months, as per below table
- Challenges to the below include participants who have extenuating circumstances and on occasion the availability of assessors
- Course submission timeframes are determined by the local Programme Co-ordinator and communicated to the Director of Credentialing
- Extenuating circumstances are discussed between the participant and local programme co-ordinator and a request for timeframe extension conveyed to the Director of Credentialing
- Participants who move regions can possibly join their new regions programme, facilitated by contacting the Director of Credentialing
- Participants will occasionally, due to extenuating circumstances, complete the programme requirements, over two consecutive programmes
- Participants who do not complete the programme for example because of maternity leave or long recovery from illness, can apply to resume and complete at a later date. These applications will be assessed on a case by case basis, between the local programme co-ordinator and Director of Credentialing

Months	1	2	3	4	5	6	7	8	9	10	11	12
Prog Attendance	■	■	■	■	■	■						
PIO Login	■	■	■	■	■	■	■	■	■	■	■	■
Submit work							■	■				
Results										■	■	■

Learning Objectives and Programme Delivery

Local programmes require content that meets 75% of the below Learning Objectives.
*Indicate topics that the reference group consider are optimally provided in person.

1. **Mental Health & Addiction in a New Zealand Context**
   1.1 Commonly presenting concerns:
      a) problematic substance use b) anxiety c) depression
   1.2 Co-existing problems
   1.3 Mental health and the law
   1.4 Suicide prevention and assessment *
   1.5 Stigma & Discrimination and underpinning attitudes, myths and misperceptions. Impact of stigma & discrimination on wellbeing and help seeking*
   1.6 Te Ao Māori perspectives on wellbeing- models, concepts, approaches that best support Maōri peoples' health and wellbeing, *local iwi and awareness of local kaupapa Maori Services
   1.7 Best practice models and perspectives including self- help, collaborative partnerships, recovery models, strengths based approaches, Te Whare tapa Whā, trauma informed approaches.
   1.8 Community - Primary care approaches to supporting a person with mental health or addiction issues and their family and whānau

2. **Prevention and Early Intervention Best Practice***
   2.1 Screening and brief assessment tools and frameworks
       a) mini mental state, b) PHQ 2 AND PHQ9, c) Kessler, d)HEEADSS, e) Edinburgh Post Natal Depression Scale, Alcohol Use Disorders Identification Test (AUDIT) and the AUDITC. Substances and Choices Scale SACS.
   2.2 Brief interventions tools
   2.3 Local community and health services. Consultation and referral pathways- including iwi based services
   2.4 Self- help resources and support services including local groups, websites, Apps, leaflets, books etc.

3. **Engagement and Therapeutic Alliance in a Primary Care Setting***
   3.1 Engagement and Rapport building skills
   3.2 Reviewing Core Communication Skills
   3.3 Motivational principles/ dialogue- promoting lifestyle and behaviour change

4. **Working with people experiencing longer term and or multiple issues with their health and wellbeing**

   4.1 Co-existing problems- mental health, addiction, physical health
   4.2 *Working with family and whanau
   4.3 Case management/ key worker approaches/ strategies/ working across services
   4.4 Commonly used medications and side effects
   4.5 *Commonly experienced issues: a)medication adherence, b)missed appointments, c) challenging behaviours, d) distress, e) safety assessment, f) assessing in a crisis g) challenging social and/or family circumstances, h) grief reactions