

Self Management Network Newsletter

Volume 3: Issue 2 April/May 2008

Welcome



Welcome to the 2nd newsletter of the Self Management Network for 2008. You have been sent this newsletter because of your interest in self-care support and optimising primary and secondary care for people with long-term conditions.

In this newsletter you will find the following sections:

- Update re Health Navigator website project
- Focus on mental health
- Featured Website
- Articles of Interest
- Training
- Conferences
- Feedback & unsubscribe details

Health Navigator Website Update



Overview

This collaborative project is being developed by a range of non-profit health organisations working together to identify the most useful resources available for New Zealanders with an emphasis on self-help/self-care resources and tools. The purpose is to develop a health information gateway/portal that will link through to reliable sources of health information, tools and resources that support and enable individuals and their families to manage their health and long term health conditions more effectively in partnership with their healthcare providers.

Audience: consumers and health providers

A reminder the key areas we focusing on for now are:

1. Arthritis and gout
2. Respiratory - especially asthma, COPD,
3. Mental health
4. Cardiovascular
5. Diabetes
6. Improving clinical practice

Help Needed:

We still need help with any of the following:

1. Copyright free photos, pictures and suitable artwork - eg photos of NZ scenery, holiday snapshots, beach scenes, recreational activities, physical activity,
2. Photos of healthy foods, meals, health equipment, consultations etc.
3. Photos of groups, families, individuals - especially Maori and Pacific families. Please ensure permission is given for these to be published on the internet.
4. **Finalising the content for the webpages – anyone willing to volunteer and help for an hour or so?**

We're keen to identify photos that promote health and wellbeing, and will help the website look appealing, interesting and attract a wide audience.

Please continue to look out for high quality resources for both consumers and health providers and send the [link](#) or [offer of help](#) through to Janine at janine@webmail.org.nz Thank you!

First pages
online end
of May 08

Features:

- Portal to key health information
- Keeping well resources
- Self-help tools
- Patient-friendly drug information
- Action plans
- Links to topic related CME
- E-health tools
- Links to online CBT & toolkits for mental health
- And much more!



Implementation Work Programme 2006 - 2010: New Zealand Primary Health Care e-Register

This e-Register has been created to foster the sharing of information and showcasing of ideas and initiatives within the primary health care sector, particularly those which help to progress the vision of the Primary Health Care Strategy.

This site provides short descriptions and brief details of such initiatives, as well as contact information of for individuals who may be approached for further information.

This e-Register is an informal mechanism for sharing information and is not a comprehensive list. It was initiated by PHONZ and participation is voluntary.

- [Browse the e-Register](#)
- [Who is eligible to submit an initiative for publication?](#)
- [How do I submit an initiative for publication?](#)

Some of the categories that may be of interest

- [Chronic Conditions \(Including CVD and Diabetes, etc.\)](#)
- [Continuous Quality Improvement](#)
- [Health of Older People](#)
- [Health Promotion / Healthy Lifestyle](#)
- [High Needs / High Risk Population](#)

For more information visit www.moh.govt.nz/moh.nsf/indexmh/phcs-iwp-eregister



Primary Mental Health Care in New Zealand

Ministry of Health Update (No. 3), March 2008

Stepped Care Approach to Primary Mental Health Care model.

Number of interesting findings and comments. One of the aims of the website we're developing is to encourage the idea of a stepped care model with increasing support at each stage. Same conclusion been made here for mental health.

“A stepped care model is one in which:

- (a) there are interventions of different levels of intensity available to the service user,
- (b) the service user's needs are matched with the level of intensity of the intervention
- (c) patients usually move through less intensive interventions before receiving more intensive interventions (if necessary),
- (d) there is careful monitoring of patient outcomes, allowing treatments to be 'stepped up' if required,
- (e) there are clear referral pathways between the different levels of intervention,
- (f) the importance of supporting self care is recognised as an important aspect of managing demand (Chapple & Rogers 1999).

For link click on [Report](#)

The report includes a diagram which provides a visual representation of a stepped care model. Well worth a look at

NZ Herald: Beating demons of the psyche –29/3/08

Page 1 of 6 [View as a single page](#) 5:00AM Saturday March 29, 2008
By [Chris Barton](#)

“Hayley Sher, a survivor of sexual abuse, married with two children, represents the new face of mental health care. She's using her experience of mental illness to help others.Sher works for the rapidly growing Mind and Body Consultants, an Epsom-based organisation with 45 staff . The work isn't for everyone. Necessary qualifications



Support worker Ben Weaver (right) and client Dan Beck have their weekly meeting.

for the job are experience of mental illness and a willingness to declare that to the world.”

The introduction of peer support workers is part of the new face of mental health services. The old approach was prone to being paternalistic and assuming people need to be controlled and looked after. Now there is a shift towards recovery-oriented services based on the underlying assumption that people with empathic support and encouragement can live full and meaningful lives and many clients are doing just that.

Read the NZ Herald article at

www.nzherald.co.nz/topic/story.cfm?c_id=177&objectid=10500768 [Printer version](#)

Featured Website



Men Get Depression

Men Get Depression National Educational Outreach Campaign is an American collaborative campaign to increase knowledge, reduce stigma, and promote screening and treatment for depression and educate the public about depression and suicide risk. “The compelling motive for this initiative was our recognition that stigma towards depression and other mental illnesses was deeply entrenched in US society and that it operated as an especially tenacious deterrent to awareness and treatment among men; and that the struggle to lessen and eventually neutralize stigma remained a formidable one, especially among disadvantaged men from minority communities. Men Get Depression focuses on raising awareness that depression is a disease that is treatable with a high percentage of success.”

The website contains a number of video clips, resources materials and a toolkit to help communities plan local events and positive mental health messages. Visit the website at www.mengetdepression.com

Articles of Interest



Internet-based chronic disease self management

Lorig KR, Ritter PL, Laurent DD, Plant K. **Internet-Based Chronic Disease Self-Management: A Randomized Trial.** *Medical Care*, 44(11), 964-71, 2006

BACKGROUND: The small-group Chronic Disease Self-Management Program (CDSMP) has proven effective in changing health-related behaviors and improving health statuses. An Internet-based CDSMP was developed to reach additional chronic-disease patients. **OBJECTIVES:** We sought to determine the efficacy of the Internet-based CDSMP. **DESIGN:** We compared randomized intervention participants with usual-care controls at 1 year. We compared intervention participants with the small-group CDSMP at 1 year. **SUBJECTS:** Nine-hundred fifty-eight patients with chronic diseases (heart, lung, or type 2 diabetes) and Internet and e-mail access were randomized to intervention (457) or usual care control (501). **MEASURES:** Measures included 7 health status variables (pain, shortness of breath, fatigue, illness intrusiveness, health distress, disability, and self-reported global health), 4 health behaviors (aerobic exercise, stretching and strengthening exercise, practice of stress management, and communication with physicians), 3 utilization variables (physician visits, emergency room visits, and nights in hospital), and self-efficacy. **RESULTS:** At 1 year, the intervention group had significant improvements in health statuses compared with usual care control patients. The intervention group had similar results to the small-group CDSMP participants. Change in self-efficacy at 6 months was found to be associated with better health status outcomes at 1 year. **CONCLUSIONS:** The Internet-based CDSMP proved effective in improving health statuses by 1 year and is a viable alternative to the small-group Chronic Disease Self Management Program.

Abstract at <http://www.ncbi.nlm.nih.gov/pubmed/17063127>

Cochrane Review



Abstract: PubMed
www.ncbi.nlm.nih.gov/pubmed/17943778?dopt=Abstract

Self-management education for patients with chronic obstructive pulmonary disease

Effing T, et al. *Cochrane Database Syst Rev.* 2007 Oct 17;(4):CD002990

Plain language summary

Chronic obstructive pulmonary disease (COPD) is characterised by frequent day by day fluctuations and repeated severe exacerbations are common. The idea of self-management is to teach patients the skills needed to carry out medical regimens specific to COPD, guide health behaviour change, and provide emotional support for patients to control their disease. It is not clear, however, what the influence of self-management education is in patients with COPD. The medical literature was systematically searched for studies assessing the effects of self-management education in COPD. **Self-management reduces hospital admissions.** However, because of heterogeneity in interventions, study populations, follow-up time, and outcome measures, data are still insufficient to formulate clear recommendations regarding the form and contents of self-management education programmes in COPD. There is an evident need for more large RCTs with a long-term follow-up, before more conclusions can be drawn.

Full Article – Cochrane Library -

<http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD002990/frame.html>



Cost benefit of a biopsychosocial approach

Margalit AP, et al. *Costly patients with unexplained medical symptoms: a high-risk population.* Patient Educ Couns. 2008 Feb;70(2):173-8. Epub 2007 Nov 5.

OBJECTIVES: To identify a group of costly patients with unexplained medical symptoms (UMS), and address their needs. **METHODS:** Prospective controlled trial; 42 patients with annual costs of care of \$6500 or more were randomized into an intervention and a usual care group. A primary care team with expertise in the biopsychosocial (BPS) approach implemented the intervention. **RESULTS:** In the intervention group, the annual number of visits to consultants declined from 31.8 to 12.6 (p<.0001) and 14.6 (p=.72) after 1 and 2 years, respectively; visits to hospital emergency wards declined from 33.5 to 4.1 (p<.0001) and 3.5 (p=.18); and in-hospital days declined from 112.7 to 19 (p<.0001) and 6.5 (p=.25). Those parameters remained unchanged in the control group. Five years follow-up demonstrated a reduction in mortality rates between the two groups: 6/21 versus 17/21 (p<0.001). **CONCLUSIONS:** When compared to usual care, a BPS intervention was followed by a decline in patients` visits to medical settings and health-care expenditures, along with significant decline in mortality rate. **PRACTICE IMPLICATION:** Costly UMS patients should be identified every year and treated using a BPS approach.

See abstract at: <http://www.ncbi.nlm.nih.gov/pubmed/17983723?dopt=Abstract>

Training opportunities



Ever wondered about doing some post-graduate study?

A number of NZ Unitecs and Universities offer a range of post graduate certificates and Diplomas in Primary Health Care with specific papers focused on Long-term conditions management. This month we are featuring the Wellington School of Medicine.

Wellington Department of Primary Health Care and General Practice inter-professional qualification: *Postgraduate Certificate in Primary Health Care (endorsed Long-term conditions management)*

The course is useful for anyone working in the area of Chronic Conditions Management, particularly for those planning and implementing such programmes.

Students from any primary health care discipline learn what, how and why evidence-

based chronic condition management is essential in contemporary NZ primary health care. This course models the team approach to health care - it is facilitated by a nurse, Eileen McKinlay and Dr Jocelyn Tracey, along with contributions from a large number of experts working in this field.

The qualification consists of two papers GENX709 *Long-term conditions management* (running since 2004) and a new paper, GENX711 *Long term condition management (advanced)*. **GENX708 commences July 2008 and GENX711 Feb 2009.**

For information go to

http://www.wnmeds.ac.nz/postgrad_primarycare.html

Conferences – Local and International



PHARMAC Seminars

For a list of seminars throughout 2008, visit the website

at <http://seminarseries.pharmac.govt.nz/seminars.php>

- First Trimester Issues, Screening and Scanning During Pregnancy - May 2008
- Common Paediatric Conditions in General Practice - May 2008
- Diagnosis and Treatment of Asthma - Update - May 2008
- Sleep Problems and Mental Health Issues - June 2008
- Primary Care Research - June 2008
- Cardiovascular Disease - Risk Factors - July 2008
- Key Nutrition Messages in Newly Diagnosed Type 2 Diabetics - July 2008
- First Trimester Issues, Screening and Scanning During Pregnancy - August 2008
- Open That Mouth! - August 2008
- Sleep Problems and Mental Health Issues - September 2008
- Current Themes in Cardiology - September 2008
- Pre-eclampsia, Diabetes and Other Pregnancy Complications - September 2008
- Medicines Management Update - October 2008
- Medicines for Diabetes - November 2008
- Cardiovascular Disease - Risk Factors - November 2008



For more information contact:

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Invitation to Attend 'Pacific Smokefree Promotion Modules'

2 Modules over 2 Days: FREE for Pacific Health Workers and Community Groups

Module topics include:

- *Profile of Pacific people in New Zealand*
- *Health effects of smoking on Pacific people*
- *Health Promotion in Pacific communities*
- *Finding and sharing solutions using Pacific models*

2008 Course Dates: May to June

- **Tuesday-Wednesday, 13-14 May 2008: 9.30am-4.00pm**
- **Tuesday-Wednesday, 17-18 June 2008: 9.30am-4.00pm**

Population Health Congress

Population Health Congress – July 6-9th 2008

A Global World - Practical Action for Health and Well Being
Brisbane Convention & Exhibition Centre



Major Themes

- Environment and Health
- Social Cohesion, Social Capital and Health
- Food and Health

Organised by Australasia's four population health professional organisations working together to strengthen the focus on Population Health in the region



Australia - Chronic Disease Self Management Conference



International Congress on Chronic Disease Self-management – 26-28th Nov, 2008

“Chronic Disease Self-management: Innovation and evidence of effectiveness”

Keynote speakers include internationally renowned leaders in the field such as:

- Professor Stan Newman, London University, UK
- Dr Teresa Brady, Centres for Disease Control and Prevention, USA,
- Professor Bob Lewin, University of York, UK.

Conference themes include:

- The workplace – an untapped opportunity for Chronic Disease Self-management
- Innovations in Chronic Disease Self-management program content and delivery
- Optimising the role and impact of primary care
- The needs of indigenous people and those from culturally and linguistically diverse backgrounds
- Chronic Disease Self-management for young people
- Health Literacy: the foundation of self-care and self-management support
- Introduction of innovation - making Chronic Disease Self-management sustainable

You can visit the website of the Centre for Rheumatic Diseases for downloads of the 2007 conference: [The Way Forward - Chronic Disease Self-Management in Australia.](#)

What is the Self Management Network?

Self-management support is defined by Adams and colleagues as “the systematic provision of education and supportive interventions by health care staff to increase patients’ skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support.”

The self management network is an informal and voluntary group of people interested in self management principles to prevent disease development and improve the health of people with long-term health conditions. The group includes doctors, nurses, nurse specialists, consumers, managers, psychologists and allied health professionals. We now have healthcare providers from throughout NZ on the email list and researchers from Australia, Canada and the USA.

PURPOSE:

- To raise awareness of self-management & encourage increased self management support
- Forum for meeting like-minded people
- Identify opportunities to work together collaboratively
- Learn from each other
- Promote system changes that recognise & support the central role of individuals & their families
- Promote healthy public policies for prevention and reduction of long term conditions

- Promote training and research in this area

Feedback & Subscribe



Suggestions & regional news

We are always interested in receiving suggestions, regional news and articles for future newsletters. Let us know if anything interesting is happening in your area or organisation or you come across a great website or article.

Subscribe/unsubscribe

If you have received this newsletter via a colleague or friend and would like to be added to the distribution list (which is not shared with anyone else) then let us know.

- Likewise, if you would like to be removed, simply reply and add remove or unsubscribe in the subject box. Thank you.

Contact details: janine@webmail.org.nz