

Brief: Improving Access and Delivery of
Primary Health Care Services in New Brunswick

SUBMISSION TO THE MINISTER OF HEALTH
PRIMARY HEALTH CARE CONSULTATION

New Brunswick Association of Social Workers
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The New Brunswick Association of Social Workers (NBASW) would like to thank the Minister of Health for giving us the opportunity to participate in the primary health care consultation. The NBASW recognizes that a significant amount of progress has been made in the field of primary health care services on both a federal and provincial level over the past year. The Association is appreciative of being included in a discussion regarding this topic as we can see distinct ways in which the development of Primary Health Care Centres will improve the well-being of New Brunswickers and we feel social workers play an integral role in meeting the recommendations and goals found within the document. New Brunswick is facing challenges with respect to improving access to primary care services as a result of the health issues of our population and we applaud the Department of Health for recognizing this challenge and for facing it head on.

The NBASW has two distinct roles; first, the NBASW serves as the regulatory body for the profession of social work in New Brunswick. The protection of the public is the key mandate of the Association and as such, we ensure that all social workers practicing in New Brunswick meet the requirements for licensure. We are proud to say that we have over 1600 social workers registered with the Association. Secondly, the NBASW promotes the profession of social work to the population of New Brunswick by networking and building relationships with stakeholders across the province and educating the public about the role and functions of social workers. It is important to mention that the

NBASW has recently created a Scope of Practice document in order to provide an overview of the diverse roles held by social workers and to explain the fundamental values of social work. Our Scope of Practice is extremely important in meeting our goals of promoting our excellent profession throughout the province.

The Association is grateful that the Minister of Health has established a timely and important Primary Health Care Advisory Committee (PHCAC) in New Brunswick. We recognize that the PHCAC has developed important recommendations to improve the health care system in order to provide a sustainable, efficient, accountable primary health service in New Brunswick. As such, the New Brunswick Association of Social Workers submits the following brief which highlights our solutions and ideas to develop a strong Primary Health Care service in New Brunswick. We also are wishing to highlight for the Department how the recommendations set out in the Discussion Paper submitted by the PHCAC can be further met and exceeded by the inclusion of social workers from the early stages and certainly as a staple service provider in the team. It is our group of health professionals who can assist in building bridges between the community and government in order to help create a New Brunswick that we will be exceedingly proud to work and live in.

Take a moment and consider the following scenarios. These may be the stories of our neighbours, friends, and fellow community members. These

certainly are stories that general practitioner physicians face on an ongoing basis. Consider the following:

You are married, able bodied, and independent but your spouse is disabled and you need help caring for him/her. You are a young couple and you have two young children at home. You are struggling with limited finances and you know that things might be easier if you could put your youngest in daycare while the older child is at school but the expense of this is too taxing on your resources. Alternatively, you would be relieved to have a weekend where someone else might support you by caring for your spouse while you run errands, spend time with your children, or do other tasks that are falling behind. You're tired and it is starting to show at your job which you have previously taken a great deal of pride in but now feel is just another area of stress in your life.

This is not unlike the stories that physicians hear in their practice. Similarly complex, consider this:

What if you're a parent of a child who is struggling with learning difficulties in school and you are at the end of your rope – finding yourself upset, short-tempered, and coping by withdrawing from your responsibilities. You have been preparing ready-made meals for months and your child is now struggling with obesity. You are overwhelmed with responsibilities and avoid assisting with homework and test preparation. Your child's grades have slipped and notes are coming from the school asking you to take action.

This is just two examples of issues faced by many New Brunswickers and issues that family physicians may see in their patients. The patient turns up at their family physician's office, reports that they are stressed and begin to open up

about what is going on, tearfully speaking about poor sleep and many feelings of upset. Because of limited resources and time, a general practitioner cannot be expected to know the full breadth of services in government. It might be easier to agree that they are stressed, and refer them to mental health or start them on an antidepressant. Meanwhile, the patient's situational difficulties are not being dealt with or resolved. They are not able to discuss them, because of lack of time, and the doctor is not able to suggest options because he or she does not know of those services.

It is identified in the discussion paper that physician overload is part of the reason doctors are unable to spend the time with patients that they would need to in order to deal with each individual difficulty that patient's present with. A doctor's specialty is in physical health and as such, they do not have expertise in government programs, community service providers, and policies and procedures that exist to assist individuals in need. It is with this in mind, and from the vantage point of the client stories above that one can truly see the value of a social worker in a Primary Health Care team. Adding a permanent full-time social worker within the PHC team would allow an individual to be responsible for identifying what stressors are occurring, what help the patient needs, and provide some support in the form of assisting with referrals, connecting to available resources, and providing the basic information about services that are available. It is this person – who we feel strongly should be a social worker – who can

direct the individual to the proper department for further assessment/evaluation/screening.

Social workers are skilled at resource finding and connecting individuals to the services that are available and needed. Government is providing the service but it is often not accessible from the standpoint of transparency. For example, due to the demands of their workloads, screening workers at the Department of Social Development are not able to have a discussion with an individual about their stressors, their needs, and how to access the services they require. Individuals must know what service they are requesting prior to calling and often must name it in order to be funneled correctly to the program of their needs. This is neither a complaint nor a suggestion of poor service delivery - it simply is the reality of the work.

Department of Health workers doing front line mental health service might agree that many people are screened out at initial assessment because they do not meet the criteria for mental health service. Perhaps they were referred by their family physician for stress but once the client arrived and was able to say what they were stressed about, the worker needed only to connect the client to the appropriate government agency or community service provider, educating the client/patient on what information is available, what services are out there, and how to access them. This could very clearly be the role of a social worker in a Primary Health Care team.

The NBASW strongly supports the goal of the New Brunswick government in implementing each recommendation made by the Primary Health Care Advisory Committee. The NBASW believes the four pillars identified in the paper are part of the building blocks to create a strong, viable, and efficient framework of a delivery model of Primary Health Care to the public. This will require leadership and cooperation among professionals, the community, government departments, and other stakeholders. The Association wants to emphasize the importance of a long-term financial commitment that is adequate and sustainable for the Department of Health to move towards a Primary Health Care service delivery that is meeting the needs of New Brunswickers.

From this perspective, we have reviewed the recommendations being made in the discussion paper and want to highlight how we feel social workers will assist in creating the building blocks to the concept of Primary Health Care and will make the creation of such teams more possible and successful long term.

We feel that should social workers be identified as core members in every PHC team, you will see the following skills and abilities and enhance the team in the following way:

- Support family physicians in order to allow them to stay within their field of expertise and assist the patient with their physical health difficulties.

- Assist patients to deal with issues related to psycho-social difficulties as well as emotional health.
- Considering the social determinants of health, the social worker will be acutely aware of government run programs and community based initiatives and be able to identify what services will benefit the individual with their needs.
- Review clients from a holistic approach, taking into account their situational difficulties which are contributing to their physical health problems.
- Consult with the physician regarding individuals who require medical and/or pharmaceutical intervention.
- Network in the community to build bridges with resources which may benefit patient health.
- Create relationships with agencies that would benefit the social and emotional wellbeing of young New Brunswickers by creating pathways with community initiatives such as Big Brothers, Big Sisters and/or Boys and Girls Clubs.
- Promote a positive attitude and uphold human rights in counteracting stereotypes, stigmatization, and discrimination.
- Provide counselling, therapy and support to individuals and families coping with illness and creating supportive environment for patients.
- Educate individuals and families on the impact of social and environments factors.
- Initiate and conduct public awareness regarding general health status in New Brunswick and develop resources from a community needs perspective.
- Support and develop innovative and preventative programs in collaboration with other professionals to promote healthy living.
- Inquire and provide education to patients regarding the PHC and well as assisting them in navigating services.

-Advocate for adequate services and improve access to services and resources. Provide a place for patients and community members to find resources regarding health.

-Encourage individuals struggling with chronic health difficulties to participate in "My Choices, My Health".

-Network with local civic centers, pools, and community run gyms in order to negotiate reduced rate memberships for individuals struggling financially with their goals of implementing a healthy lifestyle including physical activity.

Conclusion

As stated in the discussion paper, "the wellness of New Brunswickers is affected by interactions between social and economic factors, the physical environment and individuals' behaviour"¹. The brief demonstrated that social workers are the health profession of choice to provide patient and family centre care, working in collaborative and interdisciplinary teams, identifying and linking available community resources, providing psycho-social assessment and care to people in need. Research also indicated physicians do not always have time to address psychosocial issues with patients.² Furthermore, scientific research indicates that social workers are more likely to identify psychosocial issues than physicians³ The NBASW Social Work Scope of Practice document further supports that social workers excel in providing assessment of psychosocial needs and our health profession is also able to provide the appropriate referrals and care based on patient or family-centered care model.

One shortfall in the document was it did not speak in a focused way about the social determinants of health and the natural role that social workers play in assisting individuals with difficulties in those areas of their lives. “Studies have validated the effectiveness of social work practice with primary care patients showing decreased depression, anxiety adjustment reactions, fewer physician visits, less somatisation and improved compliance with medical and diet/nutrition regimes”⁴. Therefore, it is the wish of the Association that the Department of Health will accept our suggestions and guarantee that social work professionals will be a vital aspect in the framework and service delivery of the Primary Health Care.

One of the recommendations coming from Judge McKee's report on Mental Health Services was the suggestion that every door be the right door and that no individual be turned away simply because they did not know the right words to say or the right program to ask for. Recognizing the diverse skills that social workers have, it seems like a natural position for a social worker to be placed in the Primary Health Care team. The social worker will ensure that a client will be educated, so when they go knocking on a door, it will not only be the right one theoretically - but it will also literally be the correct door.

The New Brunswick Association of Social Workers would like to thank the Minister of Health, Primary Health Care Advisory Committee, and senior government representatives for the opportunity to present our brief. Social

workers recognize and applaud the government's determination to improve primary health care for the population of New Brunswick. The NBASW believes that part of the solution to the challenges are found within this document and we are more than interested and willing to work with the Department of Health to develop a Primary Health Care framework that is innovative, efficient, accountable, and most importantly, centered on the individual or family needs.

References:

- Kasperski, J., Power, K., & VanderBent, S. (2005). Social Work, Primary care and Family Health teams in Ontario: Delivering comprehensive, family-centered care. 1-12.
- Keefem B., & Enguidanos, S. (2009). Intergrating Social Workers into Primary Care: Physician and Nurse perceptions of roles, Benefits, and Challenges. *Social work in Health care*, 48, 579-596.
- Primary Health care Advisory Committee, Improving Access and Delivery of Primary Health care services in New Brunsvick, Discussion paper, March 2011, 1-65.
- Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of Primary Care to Health Systems and Health, *The Milbank Quarterly*, Vol.83, No 3., 457-502.