

Health Coach and HIP

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IN THIS TRANSCRIPT

1. What is a health improvement practitioner
2. Working with the General Practitioner
3. Working with families
4. Talking about wellbeing
5. What is a Health Coach
6. Help with navigating the system
7. Support after receiving a diagnosis
8. Key messages

1. What is a health improvement practitioner

Hello, my name is Charlene. I'm a mother of four neurodiverse children, and I'm here to ask some questions. Kia ora, I'm Deb Bradshaw, the clinical lead for Te Tumuai Ora. Kia ora, I'm Corloreta Tukuigua. I'm the health coach and support worker lead for Te Tumuai Ora Canterbury. Okay, so to start off, can you tell me what a health improvement practitioner is? Okay, so health improvement practitioners are mental health practitioners based in GP practices. So we ran a pilot programme back in 2018 as a result of the He Ara Oranga review from the Ministry of Health, as it was known then, and identified that we needed to have mental health and addiction practitioners based in GP practices.

So from that point on, we ran a pilot programme, and then we've been rolling. We've been rolling them out into GP practices ever since. So we employ people who have at least three years mental health experience. So we have social workers, OTs, psych nurses, addiction practitioners, counsellors, clinical psychologists. So they're based in the GP practice, and they've become a really integral part of the GP practice team. Wonderful. And are they in all GPs? No, at the moment. So when we finish our rollout, they'll be in about 70 practices across Ōtāhiti. How do you go about seeing one? Like, do I have to get a referral from my doctor, or can I self-refer, or how do I make that happen?

So what happens normally? When you go to see your GP and you're struggling with stress or problems that are impacting your health across sort of mental, physical, social, spiritual, family, any kind of impact on your well-being? The GP might suggest that you have a conversation with your HIP, so the Health Improvement Practitioner. So often in that first instance, you'll be referred by the GP or the nurse. But after that, you can actually ring into the practice and just make your own appointment on the day. So what happens is we have every second appointment available for what we call a same-day appointment, or we call it a warm handover.

So where the GP or the nurse will just walk you down the corridor, to see someone on the day that you're presenting the stress. And what about cost? Because obviously that's always got to come into it. So it's fully funded, so it's free. And there's no limits on how many times you can see the HIP. So sometimes people will just see us once. So you might be seeing the GP for chronic pain or problems with your gout or managing diabetes or something like that. The HIP is going to help you. It's going to help you with the psychological barriers that are getting in the way of you being your best self.

And one of the things that we didn't talk about is the practices that have got HIPs and health coaches, they'll have posters out in their reception area. So that's another way of being able. But you can always ask as well. You can ask reception, do you have a HIP and a health coach?

2. Working with the General Practitioner

Do you work with the doctors as well? So you go and say, look, this is the plan I've put forward for the person, and so the doctor's in the loop as to... Most definitely. I think that's a really large part of our process, and we learn in our training that we close the loop. So we always go back to the referral, whether that's the nurse or the GP, and let them know what the plan is for the patient. The patient always leaves with a plan, you know, something to help move them out of that sort of stuck place that they might be currently in. We also write in the patient management system, so we write in the GP notes, in the same system as GPs.

Oh good, so it's anybody, well, anybody that needs to see it can see it. Yeah. And how, in general, would you see a hip once a week, once a month? I suppose it's dependent on, but what would you start with? So, it might be, you might be... Struggling with a new diagnosis. For example, we use diabetes a lot, but just say you've been given a diagnosis of diabetes, and you're really struggling with acceptance around that. You might come and see the hip for a couple of sessions, then you might be referred to the health coach who'll help you understand diet and movement, and Loretta can talk some more about that, about the health coach role.

Yeah. And is there a service available out of hours? Related to hips? Like if you were, if I was seeing somebody, for instance, and you always get a good rapport with who you're working with, and sometimes it's a trust thing as well, is there any way of communicating out of hours, or would that be like a helpline or something like that? Yeah, we normally refer patients to the 1737 in those instances. Most hips only work normal GP hours. Of course. Yeah, there are some practices that have later hours, so you can be seen sort of in the evening, but that's not as common. And children, do you see children?

We're generalists, so we see all ages, all ethnicities, we see everybody. Yeah, for everything. Everything. Yeah. Yeah, so we're generalists. So, I guess one of the key aspects to this, because it's primary care behavioural health model, and we use a modality. It's a modality called Focused Acceptance and Commitment Therapy, and what that's doing is really connecting the patient with their values and what's important to them moving forward, and sort of pulling that all together for the best outcome health-wise for them.

3. Working with families

And would you see, say for instance, I came to see you, I was struggling with just life in general, would you ever think about bringing the family in and have family sessions or anything like that? Or is that something that would be done elsewhere? No, it is really common that we might see couples, we see families, absolutely. We really want to support the patients and the practice to provide the best care for their patients. We also run groups, so sometimes we have some groups going around, we've got menopause, anxiety and depression groups, we've got talking cafes going for people who are socially disconnected.

There's a number of initiatives that the HIPPS and health coaches have started in Canterbury here. Wonderful. I think it's very similar in terms of, you know, if you're in college, including the GPs, nurses, in terms of the general practice and the care of that person, then you would, you know, widen it out to whether it's their whānau, whether it's their support worker if they're connecting with another service. So you practically want to be able to engage a lot of people so that that person feels like they're being supported or at least find out if they have that community around them. So you were asking before about, or we were talking earlier on about some practices not having a HIP.

In those instances, the GP can refer you to the brief intervention talking therapies. So there's still a service available, although it's not available on the day like you have in the practices that have HIPPS. I think because of the training and the structure that we have to the model, we're looking at context. So we're looking at the person in the context of their lives currently. Okay. So we manage to get, and we talk about what's the thing that's causing you the most distress in the here and now. And that might be something that might be insignificant to, say, the GP, but for the person it's really important.

So that's our focus. We focus on helping them move through that.

4. Talking about wellbeing

I know I personally struggle opening up about how I'm doing and my well-being. When I go to the doctor, generally I'll go because I've got a sore back or a sore head or something like that. How do you encourage people to open up about what's going on within themselves, their well-being, about how life is tracking rather than physically? So one of the things that's really, for those practices that have a hip, you can simply say to your GP, can I see your hip? You don't need to talk about what you want to see the hip for. You don't need to go into any details. And then they basically will just walk you down the corridor to see the hip.

You can put things on a piece of paper and pass it to the GP if you're not able to talk about things. I think the structure of our model is we're looking at the context of their lives and how that works. How that problem fits into the context of their world. So it's very values-based and very strengths-focused. So we're looking at ways to move people forward rather than being in that state of place. And both, I guess the whole service follows the Te Whare Te Whā model where each section of someone's life, whether it's their physical or mental, spiritual, social, is impacted by how they're feeling.

So we're looking at how they're feeling on that day. So pretty much what Deb is saying is that you look at the person as a whole and figure out what it is that they need at that moment. And I think we often use diabetes as a really good example because you might go to see the GP and the GP's focus is on getting that diabetes under control. Then you might go and see the hip and they'll have a look at what's the psychological barriers? What's getting in the way? What's your mind telling you about this illness? They might be saying, oh, do you have diabetes? They might be saying, oh, do you have diabetes?

Don't worry about it, you'll be fine. And then, of course, the health coach is able to offer supports around movement and looking at diet and even being able to read labels on foods and things like that. And then looking at the context of it, you're looking at what's actually going on for this family. It might be that the adult isn't eating properly because they're focusing on making sure their children get fed. Or there might be financial constraints. There's a whole lot of things that come into the context of somebody's life. So how is this any different from counselling? It's a brief intervention primary care model, which means we're focusing on behavioural interventions.

So it may be that you're struggling with your stress levels. So we're going to look at things that you've used in the past. To manage your stress. And we're going to try and build more of those things into your life moving forward. Our sessions are 30 minutes long. So we really focus in on those values and looking at moving you forward. We're not looking at all the historical stuff. We're looking at what's causing you the most distress in the here and now. And how can we move you forward? That's great. So as I think I said before, very strengths-based. And very solution-focused. And how many HIPS are usually in a practice?

Is it usually just one? One full-time HIP per about 10,000 population of a practice. So some HIPS work part-time, three days a week, four days a week. Just depending on the needs of the practice. And would you always see your HIP at the practice? Not something that, you know, they would do home visits. Or that you'd meet at the park. Or would it always be in clinic? Yes. The HIPS are based in practice. Primarily so that we can have the warm hand over when the patient wants to be seen. Sometimes they do run groups where they might meet in the park. Walking groups and things like that.

5. What is a Health Coach

So what is a health coach? So a health coach supports with a person making positive lifestyle changes around any type of long-term condition. I think Deb has mentioned a couple of examples around like diabetes, pre-diabetes specifically because it's getting in there before and a lot of the time when people have had a diagnosis of diabetes or have diabetes is that they've already been through a process so they might be in part of specialist care so that's mainly supported by the GP and other external services, but the health coach can help alongside the GP as well as the health improvement practitioner to be able to put in practical goals and then pretty much coach them for their own health.

Yeah, I think it's important to put in practical goals and then pretty much through um those goals and working towards improving their health and well-being yeah and do is that something that the doctor refers you to or the hip refers to you or how does that work anyone can refer through to um the health coach uh specifically the obviously because it is based in general practice uh a gp or a nurse or the health improvement practitioner if there's any um thing that comes up in the community maybe there's like a community service that that that health coach or has connected with that um can refer back into the general practice um so it's yeah i guess a collaboration between uh primary care and then other certain and what sort of cost is involved with health coach i'm saying as the health improvement practitioner it's fully funded yeah and what's the length um so seeing i hope you've got a 30 minute appointment is it 30 minutes also yes uh initially there are some flexibility around um in that primary or that initial session when you see a health coach but the follow-ups are usually at least 30 minutes and or maybe more of a check-in and probably the difference between which is that you have a lot you can actually see a health coach multiple times um to be able to coach them through whatever goal it is that they're working through so there's a lot more follow-up um for a health coach than there would be a health improvement practitioner but

there's also that passing between each other as well so they work quite closely together to be able to support this person and whatever goal they're wanting to reach so it may be that we might look at the psychological barriers initially refer them to a health coach they might see them from five or six sessions then they might need some more input from the hip so they can bounce between the two and there is also flexibility in the hip space as well and extending that um first appointment particularly for uh maori for youth perhaps

6. Help with navigating the system

When somebody comes to see a health coach or a health improvement practitioner and they need more than what you can give, do you have the facilities to refer them or point them in the right direction, help them navigate the system, the referrals, all the things that come along with being maybe not quite at their full 100% person? Yeah, no definitely. I think that for the health coach and even for the health improvement practitioner their role is to pretty much take that kind of burden off a patient or consumer or client and being able to have to navigate the health system because it's huge and there's so many different services that people could go into, it's actually finding the right one for that person.

So the HIPP and the health coach will go away from the session with that person and then find out what it is that might match for them and then give them the options about these different services, what one would you feel that you'd like to go into. Some people feel a little bit more stuck and overwhelmed by that process, so it's connecting them in and potentially even calling up those services to find out what exactly the criteria is for them to get into that service, how we can make that happen and then the other role that we haven't touched on is around the support worker role, so being actually able to go into that community service and whether it's supporting them and meeting them at the service if they feel a bit anxious about going there or meeting them out in the community and connecting them that way where they feel a little bit more comfortable.

Finding out where the best place would be for that person to go to and then. So often that's things like attending NSD appointments, helping them attend lawyers appointments, those kinds of things and actually really walking alongside the kaimahi. I think the navigation aspect is a huge part of our role and we have out of the, what will be 70 practices across Otatahi, all of the HIPPs have a facility where they can talk to each other in a chat facility, so if they kind of get stuck and don't know where they can refer somebody, they can go to the HIPP and they can talk to each other in a chat facility.

So if they kind of get stuck and don't know where they can talk to each other they can talk to each other and get feedback. And I guess that some of the feedback we get from practice is that it's really nice having the staff there that know what's out there. So you know, it's a bit of keeping up to date with what's going on out there in the community but the HIPPs and health coaches do that particularly well.

7. Support after receiving a diagnosis

As I was talking about before, after a diagnosis, with my children in particular, as soon as they say, you know, autism, spectrum disorder, that's all I hear. I hear nothing else afterwards. And I go with my list of questions, and I go with all this, you know, hoping to learn a lot in that session. But in that moment, everything goes out the window, and you can feel yourself sort of drop. After the meeting, is coming to a hip to discuss, you know, all the bits that I didn't hear, being able to cry and not feel like I have to be the strong one, you know, and just keep going on, would that be? That's exactly what we're there for.

We're there to help support you with that, you know, the shock, the grief, all those feelings. That you're sitting with, all of the questions that you have. We've got half an hour. We can support you to access any resources. You know, I think Loretta talked earlier on about the connection we have with lots of other agencies. You know, they make lots of support through those agencies as well. So absolutely, that's very much something that we would do. And for myself, I find that with every diagnosis, we've had a few now. We've had a few that I dig myself into a bit of a hole for some time, and I suppose that's the grieving process.

And would you, coming to see you and going through and just living in that moment and going through all those emotions, being able to, you were talking about you do the here and now. What about the ongoing, being able to cope? Is that something that you would refer to a counsellor? Probably what we'd do is we'd see you for three or four sessions and see how you're progressing. If we felt that you needed to be seen by a counsellor, we would make some recommendations or be able to point you in the right direction on where to get that support that you need. That might be a particular agency that would be better suited to what you were experiencing in that moment.

So, you know, we're lucky that we have the knowledge about, you know, who's taking on patients or clients and which would be the best way to get to the best agency to refer you to. Yeah, definitely. But like I said earlier on, there's no limits to the amount of times you can see the hip. So, you might see them three times in a row, a very short space of time, then it might be a month or two, just like you would be when you visit your GP, before you go and see them again. So, we're always available, and every second slot throughout the

template of our day is kept for exactly that. Yeah. So, if you go in and say, I really need to talk to the hip today, then we've got space to see you.

That's wonderful. Yeah.

8. Key messages

The key messages from the Test for My Older service, we feel that it's accessible, you're able to get in and see a person on the day, it breaks down the barriers and being able to ensure that anything that a person gets sent through to a health improvement practitioner or health coach is covered or supported or at least referred on if needed and you can see a hip or health coach or anything. Unlimited access, you can see us as many times as you want or as little as you want. The service is free, it's about breaking down the barriers for access, so being based in GP practices, you're used to going to your GP practice, so you know nice and accessible.

Look I think the key thing for hips and health coaches is being part of the team and being seen as part of the GP practice team and being there to help patients which is what we're there to do. We also have other resources that you can connect into, we have a integrated primary mental health and addictions national video that you'll find the link in the website and then also if you're interested... If you don't have a health improvement practitioner or a health coach or support worker that are connected to your practice, there are also services like the Te Waharoa service through Pura Pura Whetu, which is our Māori, kaupapa Māori service, we also have the Pasifika service that sits with the E2 Pasifika, and then the Manu Karere service which is connected to a few of our youth non-government organisations that collaborate.

We also have a local Te Tumu Waiora Canterbury website, and on that website, as I've mentioned earlier, it lists all the practices with HIPS and health coaches and support workers, and alongside that there will be some additional videos that you can look at that show you what a warm handover looks like, or what it looks like when you're introduced to the health improvement practitioner or the health coach. And it talks more in depth about the roles, the differences in the roles and the kind of issues that we deal with as a HIP and a health coach.