Mental Health in Primary Care: Accessibility, Safety & Effectiveness

Dr Wong Mei Yin
Principal Clinical Psychologist
Clinical Services
Overview

1. **Accessibility**
   - Accessibility to Health & Mind Services
   - Leadtime of NHGP Psychology services

2. **Safety**
   - Roles of healthcare professionals
   - Exclusion and triage criteria
   - Safety for high risk patients
   - Training to build competencies

3. **Effectiveness**
   - Measures
   - Research
   - Future Direction
Objectives of Health and Mind Service (HMS)

To develop a community-based, specialist-led, multi-disciplinary shared care team to:

1. Provide clinical care, assessment, diagnosis, stabilisation and treatment for people who report having mental health issues

2. Develop documentation of clear workflows for the mental health integrated network.

3. Develop capabilities of providers including primary care physicians, for example National Healthcare Group Polyclinics, GPs; and community agencies to provide quality mental health care through training and professional support

4. Develop support for people in the community and connect with expertise in the community to develop integrated community mental health network
What are the Highlights of HMS?

1. For patients with **early signs of mental health problems** and **amenable to receiving services** in the primary care setting

2. Provides **early detection, assessment and treatment** of mental health problems

3. Provide **educational and preventive services** related to behavioral and medical services

4. Opportunity for all primary care patients to receive **targeted care to manage** mental health problems, with or without chronic disease

5. Clear workflows and procedures to increase **accessibility** to mental health services in primary care, maintain **safety and effectiveness**
National Healthcare Group Polyclinics (NHGP)

• Primary care institution under National Healthcare Group (NHG) since 2000

• 9 Polyclinics serving the Primary Care needs of the Singapore population in the Northern, Central and Western regions

• Serves as a primary care safety net providing government funded subsidised care
National Healthcare Group Polyclinics (NHGP)

We are part of the Regional Health System (RHS).

Primary Care is the foundation of Singapore’s healthcare system. NHGP plays an integral role in primary care transformation and supports the aim of RHS to provide continuity of care.
A Typical Day in NHGP

7,478 Doctors’ Consults  
(51.0% Chronic, 49.0% Acute)

5,778 Non-Morbid and Nursing Services

154 Allied Health Attendances

475 Dental Attendances  
(4.2% Private, 95.8% Subsidised)

28,191 Lab Tests  
714 Radiological Investigations

6,679 Prescriptions
Overview of Service

- AMK & Jurong started Health & Mind clinic (HMC)
- AIC funding for Health & Mind Service (HMS) + psychologist and new model
- Phase 1: IMH & AMK
  - Phase 2: More Regional Health Service
  - Nov 2015: Collaboration between Khoo Teck Puat Hospital & Woodlands Polyclinic
  - April 2016: Collaboration between Ng Teng Fong Hospital + Jurong Polyclinic

**SUBSEQUENT**

- Roll out at Yishun Polyclinic
- Roll out at Hougang + Pioneer Polyclinic
- Roll out at Bukit Batok Polyclinic

Footnote:  
HMC: Second tier clinic where doctors see Mental Health cases  
HMS: HMC + Psychologist
Accessibility to health care is defined by Institute of Medicine (IOM) as having "the timely use of personal health services to achieve the best health outcomes".

Overview
1. Accessibility of HMS to patients in polyclinic / community / from tertiary care
2. Leadtime
Accessibility

- Co-location of Healthcare Professionals
  Doctors, nurses and allied health professionals are all located in the same building, makes them easily accessible to patients

- More healthcare professionals working at same level (Flip chart), i.e., speak same language to patients
INITIAL ASSESSMENT: PHQ9, GAD7, ISI, GAF, SDS, SADPERSONS, P4

- Depression Screening by NHGP Nurses
- Internal Referrals from NHGP doctors
- Step-Down to Comm Partners
- Psychologist
- Specialist
- HMC + Psychiatrist
- MSW & Nursing

- If actively suicidal
- Complex
- Improved

Worsened → Stabilized
Accessibility

- Primary Care doctors that first see patients detect signs of stress and mental health symptoms

- Primary Care doctors
  - Get opportunities to detect, assess and intervene
  - May occasionally be the patient’s only point of contact with healthcare professionals.
  - Offer mental health services especially for patients who refuse tertiary / specialist care due to stigmatization
  - Better rapport with patients
Accessibility

**Leadtime: Psychology Service**

*AIC target: 6 weeks*
Safety
Patient safety is defined by the Institute of Medicine (IOM) as “the prevention of harm to patients”.

Emphasis is placed on the system of care delivery that
(i) prevents errors
(ii) learns from the errors that could occur and
(iii) is built on a culture of safety that involves healthcare professionals, organizations, and patients.

Overview
1. Roles of healthcare professionals
2. HMS exclusion criteria
3. Clear criteria for triage
4. Capability Building through Training
## Clear Roles of Healthcare Professionals

<table>
<thead>
<tr>
<th>Staff/ Roles</th>
<th>Screen</th>
<th>Assess &amp; Refer</th>
<th>Administer Tools **</th>
<th>Follow up</th>
<th>Data tracking &amp; collation</th>
<th>Appointment/ Referral Booking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors</strong></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Clinical Psychologist</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Nurses/ Care Managers</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Medical Social Worker (MSW)</strong></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Patient Service Associates (PSAs)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

** Tools refer to PHQ-9, ISI, GAD7, SDS, GAF, CSQ-8
Role of Doctor/Psychiatrist

- I will need to refer you to the doctor because:
  - You need medication
  - Your symptoms have not improved
  - Your condition is getting worse
  - You have high suicide risk
  - You have side effects from taking the medications
  - I need the doctor to assess your condition further

- Note: If need to, refer to psychiatrist.
  - You have another psychiatric condition present such as Schizophrenia, personality disorder
  - Your psychiatric condition is complex such as pregnancy, substance abuse
  - You are involved in a medico-legal proceeding
  - You are dependent on Benzodiazepam (especially for patients with anxiety disorders)
Role of Nurse

I would like to refer you to a nurse who will:

- Go into greater detail of how to eat healthily, exercise regularly and manage weight loss/gain
- Teach you how to overcome barriers to taking medication regularly
- Explore ways to help you reduce smoking and alcohol intake
Role of Psychologist

I need to refer you to the psychologist, who can help you:

- Understand what causes and keeps your problem going
- Reduce negative thoughts and emotions and increase helpful behaviours for instance, through using cognitive behaviour therapy (CBT)
- Learn ways to function better in your personal, work and social life
- Make decisions to improve your life (to overcome ambivalence)
- See if you need psychological testing
Role of Medical Social Worker

Stress and changes in health can affect a person’s finances, employment, relationships and emotions.

Our medical social workers are trained professionals who can provide the emotional and practical support to you and your family. They also have a good knowledge of the different types of community resources that may be helpful to your situation.

I would like to refer you to the medical social worker as he/she could work with you and your family to (Note: Pick the appropriate reason for referral):

- Resolve or cope better with your concerns
- Help you adjust to your health changes
- Discuss your preference for care (such as day care, home help)
- Inform and link you to appropriate resources
- Manage crises such as family violence, child abuse and suicide

Note: If the patient/caregiver is assessed with social issues but refuses to see the MSW, please provide the appropriate helpline in the Annex to assist the patient/caregiver.
## HMS Exclusion Criteria

<table>
<thead>
<tr>
<th>No</th>
<th>Criteria</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td><strong>Psychosis</strong>: Audio/visual hallucinations</td>
<td>Refer IMH EPIP: 15-40 yr old General Psychology for all others</td>
</tr>
<tr>
<td>2)</td>
<td>Patient age &lt; 18 yr old</td>
<td>Refer Child Guidance Clinic (IOH) in primary/secondary school: School counsellor</td>
</tr>
<tr>
<td>3)</td>
<td><strong>Addiction</strong>: Alcohol, Gambling, Illicit Drug Use</td>
<td>Refer to National Addictions Management Service (NAMS)</td>
</tr>
<tr>
<td>4)</td>
<td>Medico-legal issue</td>
<td>Refer to any hospital</td>
</tr>
<tr>
<td>5)</td>
<td><strong>Eating Disorder</strong></td>
<td>Refer to Singapore General Hospital Psychiatry</td>
</tr>
<tr>
<td>6)</td>
<td>Army</td>
<td>Refer to Army Psychiatrist (SAF)</td>
</tr>
<tr>
<td>7)</td>
<td>Pregnant</td>
<td>-</td>
</tr>
<tr>
<td>8)</td>
<td><strong>Follow-up at other hospital</strong>: discharge summary</td>
<td>-</td>
</tr>
</tbody>
</table>

Patients who fit any of these criteria from 1 to 8 are given a referral to the RH stated.
**Triage Criteria**

Patients are triaged using mental health scales.

<table>
<thead>
<tr>
<th></th>
<th>No Clinical Significance</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (PHQ-9)</td>
<td>0</td>
<td>1-9</td>
<td>10-19</td>
<td>20-27</td>
</tr>
<tr>
<td>Anxiety (GAD-7)</td>
<td>0-4</td>
<td>5-9</td>
<td>10-14</td>
<td>15-21</td>
</tr>
<tr>
<td>Insomnia (ISI)</td>
<td>0-7</td>
<td>8-14</td>
<td>15-21</td>
<td>22-28</td>
</tr>
</tbody>
</table>
Safety for High Risk Patients

**Patient see Doctor/ CM/ Psychologist/ MSW**

**Patient verbalize thoughts of hopelessness or worthlessness**

**Any suicidal thoughts?**

- **Medical treatment & follow-up as necessary**
- **Refer to PSY / MSW**

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**Mild Risk**
- Patient has passive suicidal thoughts, no plans
- PHQ 9 Scale falls between 0-4
- SOS number given

1) Refer to PSY or MSW (if family issues predominate) OR
2) Refer to HMC clinic/ Senior Doctor*

Within 2-3 weeks

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**Moderate Risk**
- Patient has active suicidal thoughts with no intent OR
- Patient has mild suicide risk with strong risk factors **
- PHQ 9 Scale falls between 5-6
- SOS number given

1) Refer to PSY or MSW (if family issues predominate) OR
2) Refer to HMC clinic/ Senior Doctor* OR
3) KIV Fast Track to SOC

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**Severe Risk**
- Patient has active suicidal thoughts with intention and plan to harm self OR
- Patient has moderate suicide risk with strong risk factors **
- PHQ 9 Scale falls ≥ 7

1) Refer to IMH A&E via private ambulance (with patient’s consent) OR
2) Refer for fast track SOC OR
3) Inform senior clinic mgt team/ PSY/ MSW OR
4) Activate police

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*NOTE: MSW stands for Master of Social Work.*
Training To Build Competencies

- Training is essential to the success of the Mental Health Professionals in the Health & Mind Team

- **Outcome**: To provide patients with preventive and curative care, over period of time and to coordinate all the care the patient receives for improving mental health symptoms

- **Core competencies:**
  1. Knowledge competencies
  2. Clinical competencies
  3. Program-level competencies
Training To Build Competencies

Knowledge Competency
1. Delivers care from biopsychosocial perspective of illness and wellness
2. Understands the workflows and criteria of the mental health in primary care model
3. Knows how, who (types of patients) and when to refer

Clinical Competency
1. Delivers evidence-based treatment for mental health condition
2. Clear communication for reason for referral
3. Responsive to recommendations and feedback of the team
4. Initiates medication after initial assessment and intervention by psychologist
5. Effective verbal and written communication

Program Level Competency
1. Functions effectively as a team member
2. Conducts shared/co-consults as needed or requested
3. Uses screening/assessment at initial assessment to enhance recognition of needs and quality of care
Training To Build Competencies

Building Core Competency Skills for ALL HMCT Members

- Basic Counseling
- Suicide Ax - Main risk/mortality for MH Management
- PHQ-9 administration
- Basic knowledge of Chronic Disease Care

On going training for ALL HMCT Members

- MDT Case Discussions
  - Held fortnightly
- Case Discussions on Pts with MH Needs
  - With chronic disease
  - Without chronic disease
- Strategic Team Alignment
  - Awareness and clarity of roles
  - Focus; mental and physical health of pt

Profession Specific Training

Psychologist
- Chronic Disease Ed Prog: Conducted by Nursing

MSW
- PHQ-9: Conducted by Psychologist

Nursing
- Basic counseling. 2days [PGAHI]
- Cross sharing with IMH

HMC Drs
- ASIST: 2 days suicide risk mx. course with international recognition [PGAHI]

Sit-ins with team members clinics. For HMC Drs, additional sits-ins with hospital SOCs

National Healthcare Group POLyclINICS
Mental Health Flip Chart Training

- Flip chart is used by doctors, nurses and allied health professionals (psychologist, MSWs etc.) during counselling and therapy of patients with mental health needs.

- It covers **both mental and physical health** of the patient.

- Information delivered to patients is synchronized across all health care professionals.

- Health care professionals are trained by psychologists on the mental health aspects of the flip chart while nurses trained them on the physical health aspect.
Training To Build Competencies

Psychologists
• Clinical supervision with Principal Psychologist
• Training by IMH

MSWs
• Co-consult with Institute of Mental Health (IMH) senior MSW
• Clinical supervision with IMH senior MSW

Doctors
• Co-consult with psychiatrist
• Training by IMH

Care Managers (CMs)
• Co-consult with psychiatrist
Training To Build Competencies

Applied Suicide Intervention Skills (ASIST) Training

Case Discussion with IMH psychiatrist and NHGP team
## Training To Build Competencies

### Topics for Doctors

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Training</th>
<th>Topic</th>
<th>Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>26th Feb</td>
<td>Teaching</td>
<td>Mental State &amp; Psychosis</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>26th Mar</td>
<td>Case Discussion</td>
<td>BZD case sharing</td>
<td>All</td>
</tr>
<tr>
<td>30th Apr</td>
<td>Teaching</td>
<td>Anxiety Disorders (OCD and Panic Attacks)</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>28th May</td>
<td>Case Discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25th June</td>
<td>Teaching</td>
<td>Community Support</td>
<td>MSW</td>
</tr>
<tr>
<td>30th July</td>
<td>Case Discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27th Aug</td>
<td>Case Discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24th Sept</td>
<td>Case Discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29th Oct</td>
<td>Teaching</td>
<td>Screening for Post Natal Depression</td>
<td>Dr Helen Koh</td>
</tr>
<tr>
<td>26th Nov</td>
<td>Case Discussion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Standby teaching topics
- Social anxiety and agoraphobia, Grief (psychologist), Personality disorders, Psychiatric medications
Training To Build Competencies

Co-Consult with IMH Psychiatrist
Effectiveness
Effectiveness

<table>
<thead>
<tr>
<th>Percentage of patients satisfied with service</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIC target: 75%</td>
<td>97.9%</td>
<td>93.0%</td>
<td>98.4%</td>
<td>97.1%</td>
</tr>
</tbody>
</table>

Patient satisfaction is measured using the [Client Satisfaction Questionnaire (CSQ-8)](#).

**Features:**
- 8-item, easily scored and administered measurement that is designed to measure client satisfaction with services.
- Pilot study showed reliable and valid for sample of 350 in primary care.
- Validated against symptomatic change of PHQ9
- Will do content validity then validate Mandarin translation for sample in primary care
Patient’s functioning are measured using the **Global Assessment of Functioning (GAF)** as well as **Sheehan Disability Scale (SDS)**.

**GAF** assigns a clinical judgment in numerical fashion to the patient’s overall functioning level.

**SDS** assess the patient’s functional impairment in 3 domains: work/school, social and family life. Patient will rate the extent to which their responsibilities in each domain are impaired.

<table>
<thead>
<tr>
<th>Percentage of patients with improvement in clinical scales</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAF (AIC target: 20%)</td>
<td>66.7%</td>
<td>60.0%</td>
<td>68.9%</td>
</tr>
<tr>
<td>SDS (AIC target 20%)</td>
<td>98.4%</td>
<td>89.8%</td>
<td>89.0%</td>
</tr>
</tbody>
</table>
NHGP Model of Care

**INITIAL ASSESSMENT:** PHQ9, GAD7, ISI, GAF, SDS, SADPERSONS, P4

- **Psychologist**
- **HMC + Psychiatrist**
- **MSW & Nursing**
- **Step-Down to Comm Partners**

**Specialist**

- If actively suicidal
- Complex
- Improved

- Depression Screening by NHGP Nurses
- Internal Referrals from NHGP doctors

**Note:**
- Depression screening by NHGP nurses includes PHQ9, GAD7, ISI, GAF, SDS, SADPERSONS, P4.
- If actively suicidal, patients are down to Comm Partners.
- Complex referrals lead to improved outcomes.
- Internal referrals from NHGP doctors include psychiatric consultations.

**NHGP Model of Care**

- Step-down to community partners for patients who are stabilized or worsened.
- Psychologists assess initial symptoms and recommend referrals.
- Psychiatrists manage complex cases.
- Social workers and nurses provide ongoing support.

**NHGP model**

- An integrated approach to mental health care, incorporating multiple disciplines for comprehensive support.
- Collaborative care model to ensure holistic treatment.

**NHGP**

- National Healthcare Group PolyClinics

- Emphasizes comprehensive, integrated care with multidisciplinary teams.
Release Stress Now

Gratitude Booth

Track 1
Introduction

Track 2
Take a break while you wait

Track 3
Blissful bites

Track 4
Shaping your safe spot

Track 5
Toes to top body scan

Gratitude Booth
World Mental Health Day 2016
Release Stress Now: Take Charge of Chronic Disease

Come and benefit from 4 Mandarin talks that highlight the relationship between stress, chronic disease and mental health and how this affects the quality of your life. You will learn:

- simple step-by-step techniques to reduce stress
- practical strategies to improve quality of sleep
- ways to manage stress of caregivers of people with chronic disease
- how to tap on elderly’s personal strengths and resources to improve their chronic disease management

2 October 2016
9am (Registration)
Yio Chu Kang Community Club, Multi-Purpose Hall

Opening Address: Grassroots Adviser Dr Koh Poh Koon
Minister of State for Trade and Industry and National Development, MP for Ang Mo Kio GRC

Keynote Address: Dr Christopher Chong Wern Siew
Head of Ang Mo Kio Polyclinic, NHGP

Talks Brought to You by NHGP and Our Community Partners
Managing Stress and Building a Resilient Mind
Kiss Insomnia Goodnight
The Art of Caregiving for Better Chronic Disease Management
Managing Stress: The Secret to the Fountain of Youth

Exercise to Release Stress Now with Our NHGP Physiotherapist

**Get your Goodie Bag, Feed Box and NHGP’s CD Release Stress Now: Take Charge of Chronic Disease**

Free Admission!

SMS to Register: 97546991 or 84290868
WMHD <space> number of pax <space> name <space> mobile number

Organised by NHGP Clinical Services and Psychology Services in Partnership with SMH Clouds

Community Outreach
https://www.nhgp.com.sg/Our_Care_Team/

To access NHGP Psychologists Relaxation Tracks
Mental health was the predominant focus.

Moving forward, NHGP would like to explore:
1. Importance of chronic disease management and implications of mental health on chronic disease
2. Role of primary care within the healthcare sector in early detection, prevention, public education, interventions
3. Explore telecare
4. Build community mental health network
5. Research
**Implications of Mental Health on Chronic Disease**

- Frequent disease states that have a strong association with mental health though not necessarily implying causation
  - DM/IHD/CVA
  - White coat hypertension
  - COPD/asthma
  - Obesity
  - Chronic pain syndromes
  - Somatisation in primary care
Thank you