Mental Health in Primary Care

Dr Colin Tan
Family Physician, Consultant
Deputy Director, Clinical Services
NHGP
Overview

1. Introduction: National Survey
2. Disease profile of NHGP patients
3. New Model of care
   • Primary Care Model
   • Roles
   • Training
4. Study Trip/Overseas Experts
5. Primary care outcomes
6. Moving forward
National Mental Health Survey

- Conducted by IMH in 2010. (Ongoing similar study for 2016).
- Top 3 disorders:
  - Major Depressive Disorder (5.8% - MDD)
  - Anxiety Disorders (3.9% - OCD/GAD)
  - Alcohol Use (3.6% - Abuse/Dependence)
- Majority of the people with mental illness were not seeking help
  - Treatment gap (time taken seek help from the onset of illness): 4 years for MDD, 6 years for GAD
- In MDD group, about half (49.2%) had at least 1 chronic physical illness and about 40.2% in GAD group
- Among those with mental illness, only 22.1% consulted psychiatrist, majority sought help from the community – 21.6% counsellor, 18% went to GP and 12% went to religious/spiritual healer.
Introduction

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO)

- Shift from biomedical to biopsychosocial (Engel, 1980)

- “…includes the psychosocial dimensions (personal, emotional, family, community) in addition to the biological aspects (diseases) of all patients. By integrating these multiple, interacting components of the subject of our science—the patient—we also become more humanistic.

- This “patient-centred” approach puts the patient's needs foremost (e.g., interests, concerns, questions, ideas, requests)

Introduction
Why Mental Health in Primary Care?

- Primary care relevant because
  - 1st point of contact, potential for intervention
  - Frequently presents in primary care, sometimes as hidden agendas or secondary complaint
  - Gate keeper role
  - Reduced stigmatization

- Unique considerations
  - More ill-defined
  - Milder severity more frequent, therefore lesser need to seek help especially when viewed as low priority need
  - Time sensitive needs of providing mental health care
Diagnosis of Mental Health Patients
(Initial Assessment: Oct 2013 to Mar 2016)

- Depression (30%)
- Anxiety (24%)
- Insomnia (23%)
- Others (23%)
Severity of Mental Health Diagnosis
(Initial Assessment: Oct 2013 to Mar 2016)

Based on the 3 Mental Health Scales: PHQ9, GAD7, ISI

- Mild PHQ9, GAD7 & ISI (49%)
- Moderate PHQ9, GAD7, ISI (28%)
- Not Clinically Significant PHQ9, GAD7, ISI (16%)
- Severe PHQ9, GAD7, ISI (7%)
Elements of Care

1. Patient Centric/ Team Based
2. Screening for early detection
   - High risk
3. Risk stratification
4. Triaging
5. Intervention
   - Talking therapies
   - Pharmacotherapy
6. Step down care / Step up care
7. Monitoring for progress / relapse
8. Horizontal and vertical integration
9. Mental health promotion
10. Care processes integrated with physical health
**NHGP Model of Care**

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

**Specialist Clinic**
- Initial Assessment: PHQ9, GAD7, ISI, GAF, SDS, SADPERSONS, P4
- If actively suicidal

**Psychologist**
- Stabilized

**HMC +/- Psychiatrist**
- Complex
- Improved

**MSW Nurses**

**Step-Down to Comm Partners**

- Worsened
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. 2 days [PGAHI]
  - Cross sharing with IMH
  - ASIST: 2 days suicide risk mx. course with international recognition [PGAHI]

- HMC Drs
  - Sit-ins with team members clinics. For HMC Drs, additional sits-ins with hospital SOCs
## Roles – Interprofessional Collaboration

<table>
<thead>
<tr>
<th>Psychologists</th>
<th>MSWs</th>
<th>Nurses</th>
<th>Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus:</strong> mild-moderate mental health conditions psychological assessment &amp; interventions</td>
<td><strong>Focus:</strong> Environment-directed therapy</td>
<td><strong>Focus:</strong> Chronic Disease Management</td>
<td><strong>Focus:</strong> Moderate-Severe mental health conditions via pharmacotherapy</td>
</tr>
<tr>
<td>Triage- screen, early detection and referral to right site</td>
<td>Care Mgt = Rehab services / centrds = Caregiver Issues</td>
<td>Screen depression using PHQ9 + stratification</td>
<td>LOW</td>
</tr>
<tr>
<td>Individual therapy for anxiety, depression and insomnia</td>
<td>Family Issues = Parenting = Relationships = Marital Issues</td>
<td>Identification of mental health needs</td>
<td>Functional Impairment</td>
</tr>
<tr>
<td>Detect and address suicide risks</td>
<td>Community support</td>
<td>Supportive Counselling</td>
<td>High Suicide Risks</td>
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<tr>
<td></td>
<td>Supportive Counselling</td>
<td>Telephone Consults</td>
<td>No significant improvement / deterioration</td>
</tr>
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<td></td>
<td></td>
<td>Case Manager role</td>
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</table>
What Does a Psychologist Do?

A psychologist works closely with doctors, nurses and other allied health professionals to enable patients to manage and improve their mental and physical health.

A psychologist is qualified to provide assessment, counseling and management for patients with stress-related problems and common mental health problems. A psychologist helps patients understand factors that contribute to their problems and maintain them. Through working collaboratively with other healthcare professionals, a psychologist also facilitates the adjustment of unhelpful thinking, enhances emotional well-being and increases helpful behaviors to improve symptoms and lifestyle habits.

What Areas of Concern Can You Discuss with the Psychologist?

If you have any of the following concerns, you can see a psychologist at the National Healthcare Group Polyclinics (NHGP) for an assessment of your problem, a better understanding about the factors that contribute to your problem and acquire strategies to improve your situation:

- Stress in your personal, work or social life
- Anxiety (for example, having symptoms of obsessive compulsive disorder, panic, phobia, post-traumatic stress)
- Chronic pain
- Grief and loss
- Irritable bowel syndrome
- Memory loss (for example, having symptoms of dementia)
- Mood swings, emotional distress
- Sleep problems
- Difficulties managing chronic illnesses (for example, diabetes, hypertension, hyperlipidaemia)

- Difficulties adjusting to changes in lifestyle habits (for example, dietary, exercise, smoking cessation, weight management)
- Difficulties managing stressful life transitions (for example, birth of child, change of work, caregiver stress, retirement)
- Difficulties following doctor’s instructions to manage medication prescribed
- Risk of self-harm

Psychology Services Available

The Psychology Services at NHGP aims to address the concerns of children, adolescents, adults and the elderly by providing:

- Assessment, counselling and psychotherapy for people with stress-related problems:
  - Anxiety
  - Depression
  - Grief and loss
  - Self-harm or harm to others
  - Sleep difficulties
  - Difficulties adjusting to new lifestyle habits (such as dietary, exercise)
  - Difficulties carrying out doctor’s prescribed treatment
  - Workplace stress and interpersonal conflicts

- Our methods of intervention include:
  - Cognitive-behavioural therapy
  - Solution-focused brief therapy
  - Mindfulness based interventions
  - Problem-solving therapy
  - Motivational interviewing
  - Relaxation techniques
  - Social skills and assertiveness training
  - Communication skills training

Commonly Asked Questions

Does seeing a Psychologist mean that I have mental illness?

No. When people encounter life challenges and have difficulties coping, it is normal to have unpleasant reactions towards the situation. Seeing a psychologist can help you to manage the condition effectively.

How do I get access to Psychology services at NHGP?

Psychology services are available across all of our polyclinics. Patients may get a referral to psychology services from doctors.

How much does a Psychology consultation cost?

There is a charge for psychology services. You may approach clinic counter staff, or contact our hotline 6355 3000 for more information.

Where can I get more information on Psychology services in NHGP?

You can visit our website at www.nhgp.com.sg for more information.

Alternatively, you can call 6355 3000 to make an enquiry or appointment.

Dr Wong Mei Yin
Principal Psychologist
What is the Role of the Medical Social Worker (MSW)?

As a member of the multidisciplinary team, the medical social worker works closely with doctors, nurses and other allied health professionals to provide holistic care for patients.

The MSW provides casework and counselling services to patients and their families to enhance their coping with their medical conditions and any related social, emotional and practical issues.

The MSW also supports patients to better navigate the complex healthcare system and depending on their individual needs, refers them to the appropriate community resources for help.

How can the MSW Help Me?

Crisis Intervention

If someone in your family or you are experiencing the following crisis, seek the MSW’s assistance immediately to work out a safety plan for yourself and your family members involved. The MSW will activate the relevant community resources to assist you to overcome the crisis.

- Domestic violence
- Elder or child abuse/neglect
- Depression with suicidal thoughts
- Attempted suicide

Care Planning and Support for Caregivers

While the caregiving journey can be satisfying and meaningful, it can also be a physically and emotionally draining process. The MSW will discuss with you and your family members on how your own care or the care of your family member can be better managed in the community. Referrals to the community-based services may be made so that you or your family member can continue to be cared for at home, for as long as possible. If living at home is no longer a viable care option, the MSW can explore with you and your family members on the option of residential care.

Counselling Support

If you are facing difficulty in coping with the impact of medical conditions, caregiver stress, family relationship problems or other life’s stresses, the MSW is able to extend counselling support to you and your family members.

The MSWs play the role of the CARE officers during civil emergencies to provide psychological first aid for the affected persons as well as their family members.

Financial Assistance

If you are facing financial difficulty and are unable to afford your basic daily living expenses, mobility aids, home care equipment or medical-related items, the MSW will attend to you by assessing your financial situation and making appropriate financial applications to assist you.

Please make an appointment to see the Financial Counsellor for financial assistance with your NHGP medical bills.

Information and Referral

You may make enquiry with the MSW to identify the available community resources that may be helpful to you. The MSW can link you to these organisations and assistance schemes if need be.

Commonly Asked Questions

How do I make an appointment to see the MSW?

- Request for your doctor, nurse or allied health professional to refer you to the MSW.
- Call the NHGP Appointment Line at 6355 3000 to make an appointment to see the MSW.

Where can I get more information on MSW services in NHGP?

You can visit our website at www.nhgp.com.sg for more information.

Alternatively, you can call 6355 3000 to make an enquiry or appointment.

Ming Si Leng
Medical Social Worker
Team Bonding – Study Trip

• 1st multi-disciplinary trip for our team
  – Together with specialist colleagues from IMH
• The team went to Hong Kong in Feb 2012 to visit Health Authority and Primary Care Centres.
• Apart from understanding their implementation of mental health in primary care, the trip also allowed informal sharing and building of rapport.
• It was inspiring and motivational for all of us.
Hong Kong Study Trip

Team from NHGP & IMH

Together with colleagues from Hong Kong
HMDP 2012- Professor Alexander Blount
Integrated Behavioural Health in Primary Care
Do you have a chronic illness and feel depressed?

For more information on the Health & Mind Care Team (HMCT), please approach our clinic staff.

Helplines:

Institute of Mental Health
- Crisis Helpline: 6389 2222
- Appointment Line: 6389 2200

Singapore Association for Mental Health
1800 283 7019

Silver Ribbon (Singapore)
6386 1928

An Initiative by:

National Healthcare Group POLYCLINICS

Supported by:

Health Promotion Board

Don’t worry, help is at hand. Find out how you can regain control!
Introducing our new Health & Mind Care Team service!

The Health & Mind Care Team (HMCT) consists of various healthcare professionals who work as a team to manage the physical and mental health needs of patients with chronic illnesses. These professionals include nurses, doctors, psychologists and medical social workers.

Your Care Journey

- Screens patients for depression using a questionnaire
- Advises on chronic illness management
- Provides a treatment plan for patients diagnosed with diabetes and depression
- Conducts therapeutic sessions
- Co-manages patients diagnosed with chronic illnesses (e.g. diabetes) and depression together with the doctor
- Offers support and counselling services to patients

Together, the HMCT professionals will guide you to a healthier body and help you maintain a positive outlook towards life. Take charge and regain control over your health!

Why do I need to take the Patient Health Questionnaire (PHQ-9)?

People most at risk for depression include those with chronic illnesses like diabetes. Screening allows early identification and treatment of depression. Research has shown that seeking early treatment leads to higher chances of recovery.

All responses in the PHQ-9 will be kept confidential.
## Outcomes

### New Patients Seen in NHGP

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<tr>
<th>FY</th>
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<th>Target</th>
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<tbody>
<tr>
<td>FY 12</td>
<td></td>
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</tr>
<tr>
<td>Q3</td>
<td>96</td>
<td>78</td>
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<td>Q4</td>
<td>154</td>
<td>156</td>
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<tr>
<td>FY 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1</td>
<td>252</td>
<td>221</td>
</tr>
<tr>
<td>Q2</td>
<td>354</td>
<td>286</td>
</tr>
<tr>
<td>Q3</td>
<td>452</td>
<td>351</td>
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<tr>
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<td>504</td>
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<tr>
<td>Q2</td>
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<td>Q3</td>
<td>838</td>
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<tr>
<td>Q4</td>
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<td>768</td>
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<td>Q3</td>
<td>1450</td>
<td>1169</td>
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<tr>
<td>Q4</td>
<td>1746</td>
<td>1394</td>
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![Graph showing new patients seen in NHGP](attachment:graph.png)
## Outcomes

### Percentage of patients satisfied with service

<table>
<thead>
<tr>
<th></th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
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</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>
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### Percentage of patients with improvement in clinical scales

<table>
<thead>
<tr>
<th></th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAF</strong> (AIC target: 20%)</td>
<td>66.7%</td>
<td>60.0%</td>
<td>68.9%</td>
</tr>
<tr>
<td><strong>SDS</strong> (AIC target 20%)</td>
<td>98.4%</td>
<td>89.8%</td>
<td>89.0%</td>
</tr>
</tbody>
</table>
Moving Forward

• Scale up the model of care to other clinics
• Explore the relationship of chronic diseases (like diabetes) vs mental health
  • Whether interventions for mental health can also be applied to improve self care and thereby have better control of the chronic disease.
THANK YOU.