

HA Convention Masterclass 2

Integrated Mental Health Programme for Common Mental Disorder patients in GOPCs

On behalf of COC (Family Medicine)

Dr. Daniel Chu

COS, Dept. of Family Medicine & Primary Healthcare
Deputy Service Director (Primary and Community Health Care)
Hong Kong East Cluster

Why do we need a program like IMHP (Integrated Mental Health Program)?

- Increasing no. of patient suffering from Mood and Anxiety Disorder
 - Rapid Urbanization
 - Isolation between people
 - Breaking down of social support
 - Achievement orientated society
 - Under-valued of "nonproductive" leisure time
 - WHO: 21 Century is the Century of Depression

Year		All types of mental disorder	Mood disorder	Anxiety disorder
	Male	305,625	57,166	50,045
2010-11	Female	433,561	147,905	99,888
	Total	739,186	205,071	149,933
	Male	312,151	58,574	51,517
2011-12	Female	443,594	152,845	105,817
	Total	755,745	211,419	157,334
	Male	318,811	60,252	52,773
2012-13	Female	456,298	158,217	111,931
	Total	775,109	218,469	164,704

Hospital Psychiatric SOPC Attendance -Breakdown by year and gender

What is the benefit of a primary care-based program?

Patient benefit

- Cared in own living environment
- Cared in less stigmatizing environment
- Early diagnosis and management
- Early detection to prevent suicide

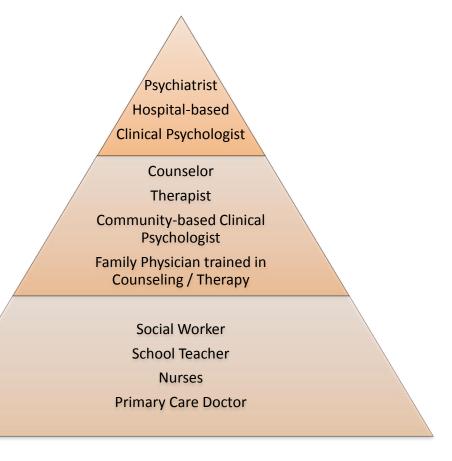
Secondary care benefit

- − ↓Referrals
- → Waiting time for needed clients
- Capacity to manage severe cases

Concern of a primary care-based program

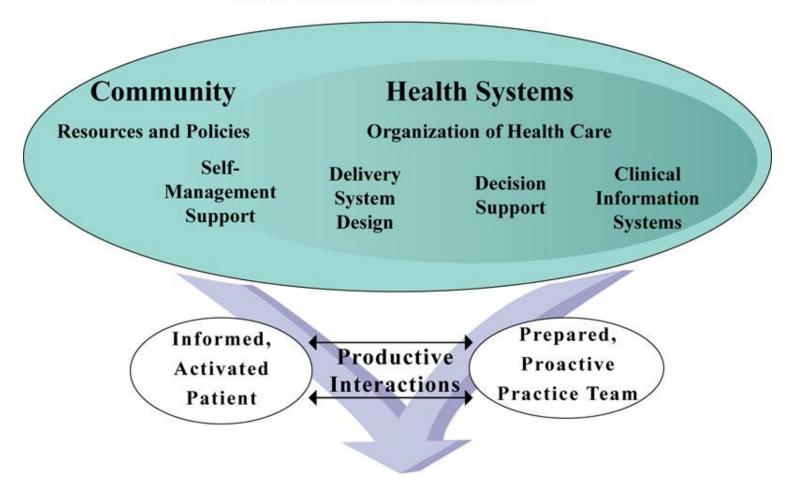
Ability to handle mental disorders

- Only focus on common mental disorders
- Stratification of severity and risk
 - Assessment for need and who will be in best position to deliver care
- Protocol based
- Regular review of progress
- Time
 - Multi-disciplinary team
- Overseas trend and experience



Wagner Model

The Chronic Care Model



Improved Outcomes

The IMHP model

- Time-specific, encounter specific
- Key workers (nurse / social worker / OT)
- Risk stratification & monitoring by standardized tool :
 PHQ-9 & GAD-7
- Step-wise care:
 - Low risk → key worker
 - Medium risk → key worker + primary care doctors
 - High risk → FM +/- Psychiatrist
- Objective measurement of outcomes using PHQ-9 & GAD-7

Patient Health Questionnaire-9 (PHQ-9)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "\sum " to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

病人健康狀況問卷 ― 9 ____(PHQ-9)

完全沒有	幾天	一半 以上的 天數	近乎 每天
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
	0 0 0 0 0	0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	完全沒有 幾天 以上的 天數 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2

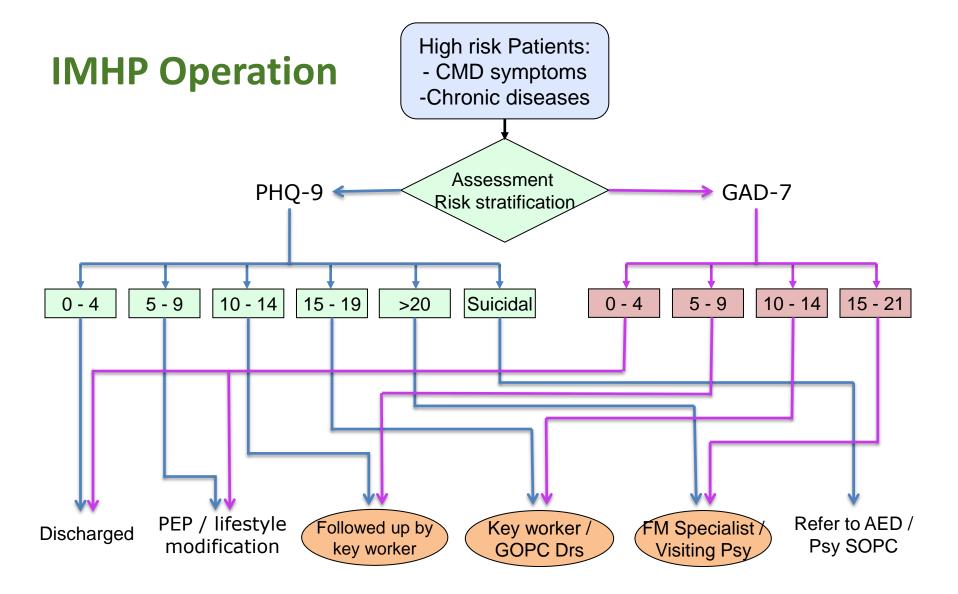
Generalized Anxiety Disorder Assessment (GAD-7)

GAD-7	GAD-7										
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use "\sum" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day							
Feeling nervous, anxious or on edge	0	1	2	3							
2. Not being able to stop or control worrying	0	1	2	3							
3. Worrying too much about different things	0	1	2	3							
4. Trouble relaxing	0	1	2	3							
5. Being so restless that it is hard to sit still	0	1	2	3							
6. Becoming easily annoyed or irritable	0	1	2	3							
7. Feeling afraid as if something awful might happen	0	1	2	3							
(For office coding: Total Sco	re T	=	+ +	·)							

GAD-7	•			
在過去兩個星期,你有多經常受以下問題困擾? (請用「レ」勾選你的答案)	完全 沒有	幾天	超過一半 或以上的 天數	近乎 每天
1. 感到緊張、不安或煩躁	0	1	2	3
2. 無法停止或控制憂慮	0	1	2	3
3. 過份憂慮不同的事情	0	1	2	3
4. 難以放鬆	0	1	2	3
5. 心緒不寧以至坐立不安	0	1	2	3
6. 容易心煩或易怒	0	1	2	3
7. 感到害怕,就像要發生可怕的事情	0	1	2	3
(For office coding: Total Sco	re T =		+ +)

Roles & responsibilities of key workers

- Nurse / social worker / occupational therapist (can be from NGO)
- Roles / functions:
 - Initial assessment
 - Patient education & self management support
 - Care coordination
 - Follow up & symptom monitoring
 - Brief psychotherapy e.g. behavioural activation, problem solving therapy
 - Relapse prevention



GOPC : General Out-patient Clinic FMSC : Family Medicine Specialist Clinic SOPC : Specialist Out-patient Clinic AED : Accident & Emergency Department

Intervention at IMHP

- Education / self management skills
- Counseling
 - (e.g. problem solving therapy, behavioural activation)
- Pharmaceutical Intervention
- Relapse prevention plan for patients in remission

Implementation Plan

- 2010-11: 5 clusters
- 2011-12: roll-out to 7 clusters
- Manpower used ~17
- Target patients:
 - Chronic disease patients
 - Patients with CMD symptoms
- Deliverables:
 - 1 key worker : 600 patients /year

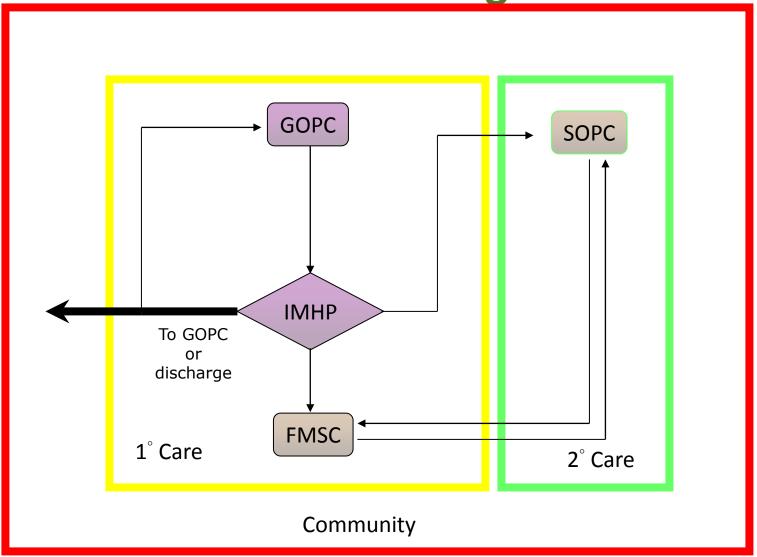
	2010/11	2011/12	2012/13	2013/14	Overall
Doctor	2,261	8,926	12,179	11,368	34,734
Keyworker	4.353	16,556	26,198	25,250	72,357

IMHP Attendance

Completed Case	Active Case
8,579	3,153

IMHP Case

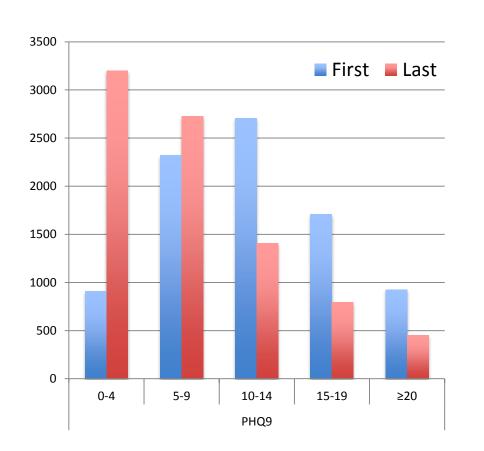
1° & 2° Care Integration

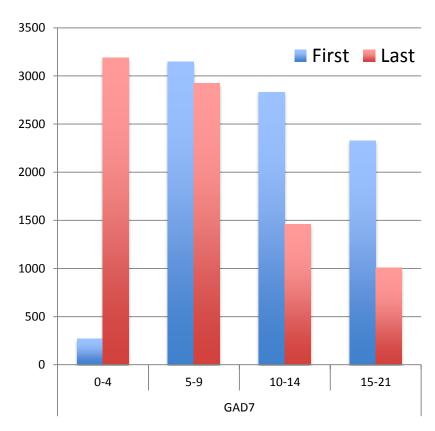


GOPC : General Out-patient Clinic FMSC : Family Medicine Specialist Clinic SOPC : Specialist Out-patient Clinic

REVIEW OF RESULTS

Change in PHQ-9 and GAD-7





Total Closed Case: 8,579

Change in PHQ-9 by Gender

PHQ-9 First	Soy	PHQ-9 Last Visit									total	Total			
Visit	Sex	0-	-4	5	-9	10	-14	15	-19	≥	20	Sub-total		local	
	F	552	86.66%	67	10.52%	12	1.88%	4	0.63%	2	0.31%	637	7.43%	910	
0-4	М	241	88.28%	29	10.62%	2	0.73%	1	0.37%	0	0.00%	273	3.18%	(10.61%)	
Г.О	F	733	44.78%	792	48.38%	78	4.76%	29	1.77%	5	0.31%	1637	19.08%	2323	
5-9	М	306	44.61%	347	50.58%	28	4.08%	5	0.73%	0	0.00%	686	8.00%	(27.08%)	
10 11	F	601	31.42%	641	33.51%	585	30.58%	65	3.40%	21	1.10%	1913	22.30%	2709	
10-14	М	247	31.03%	227	28.52%	288	36.18%	32	4.02%	2	0.25%	796	9.28%	(31.58%)	
15 10	F	256	21.39%	321	26.82%	209	17.46%	357	29.82%	54	4.51%	1197	13.95%	1710	
15-19	М	118	23.00%	128	24.95%	85	16.57%	160	31.19%	22	4.29%	513	5.98%	(19.93%)	
> 20	F	105	15.72%	125	18.71%	91	13.62%	98	14.67%	249	37.28%	668	7.79%	927	
≥20	М	39	15.06%	49	18.92%	29	11.20%	43	16.60%	99	38.22%	259	3.02%	(10.81%)	
Tota	al		.98 28%)		2 6 80%)		1407 (16.40%) 794 (9.26%) 454 (5.29%) 8579			8579					

Overall

Improved: 4,451 (51.88%) No Change: 3,670 (42.43%)

Worsen: 458 (5.34%)

Significant (5,346)

Improved: 3,412 (63.82%) No Change: 1,738 (32.51%)

Worsen: 196 (3.67%)

Change in GAD-7 by Gender

GAD-7	Sex	GAD-7 Last Visit Sub-total Total																	Total
First Visit	Sex	0	-4	5-	.9	10-	-14	15	-21	Sub-total		TOLAT							
0.4	F	129	74.57%	30	17.34%	8	4.62%	6	3.47%	173	2.02%	269							
0-4	М	84	87.50%	8	8.33%	4	4.17%	0	0.00%	96	1.12%	(3.14%)							
F 0	F	1035	48.05%	1002	46.52%	88	4.09%	29	1.35%	2154	25.11%	3149							
5-9	М	446	44.82%	497	49.95%	42	4.22%	10	1.01%	995	11.60%	(36.71%)							
10.14	F	697	34.05%	607	29.65%	641	31.31%	102	4.98%	2047	23.86%	2833							
10-14	М	270	34.35%	212	26.97%	266	33.84%	38	4.83%	786	9.16%	(33.02%)							
45.24	F	383	22.82%	395	23.54%	295	17.58%	605	36.05%	1678	19.56%	2328							
15-21	М	146	22.46%	174	26.77%	114	17.54%	216	33.23%	650	7.58%	(27.14%)							
Tota	I		.90 18%)	29: (34.0		14 (16.9	58 99%)	1006 (11.73%)	8579									

Overall

Improved : 4,774 (55.65%) No Change : 3,440 (40.10%)

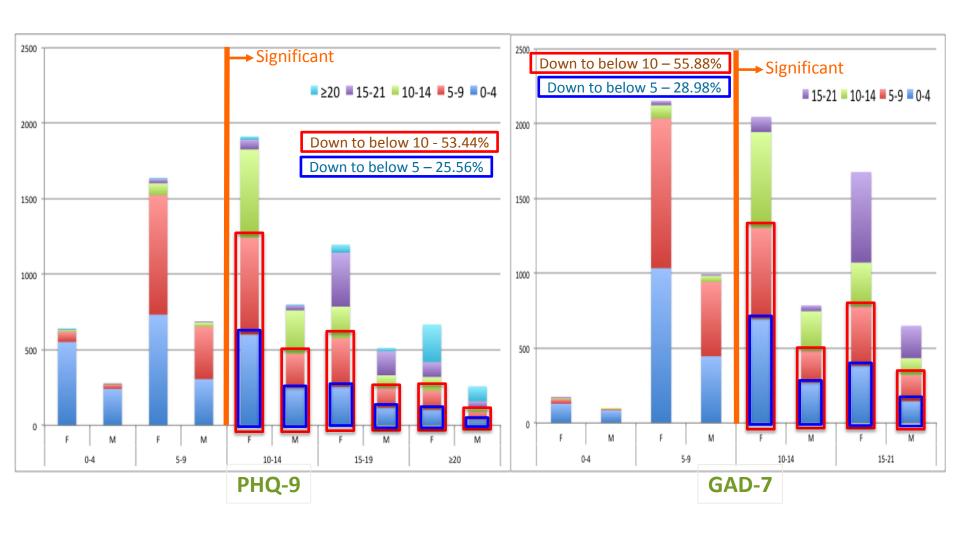
Worsen: 365 (4.25%)

Significant (5,161)

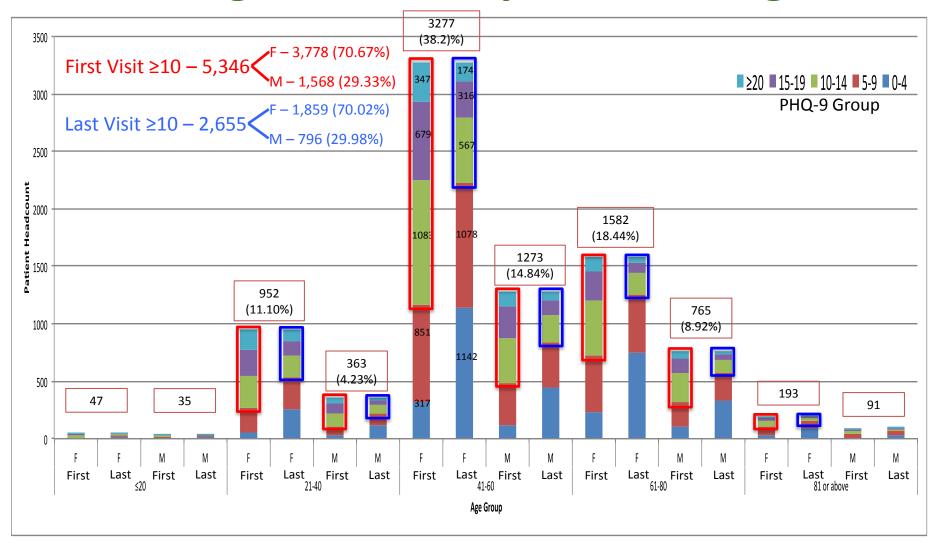
Improved : 3,293 (63.81%) No Change : 1,728 (33.48%)

Worsen: 140 (2.71%)

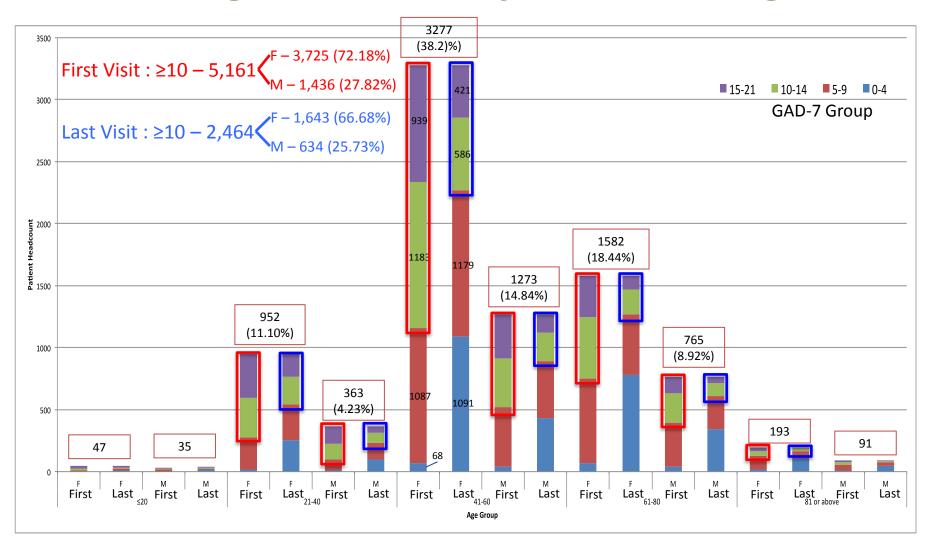
Change in PHQ-9 & GAD-7 by Gender



Change in PHQ-9 by Gender & Age



Change in GAD-7 by Gender & Age



Problems emerged among IMHP Patients

- Immigrant problems (Females)
 - Marital
 - Children raising
 - Housing
- Bereavement
- Elderly Depression
- Carer
 - Dementia
 - Chronic Disease / Terminal Illness

Areas to be explored

- More sophistication in treatment modality balance with limitation in setting
- More effective way to help patient with anxiety
- ?Community-based Clinical Psychologist +/-Psychology Assistant
- The same model can be applied in private sector?

Success Factors

Close collaboration among team members

- Monthly case conference
- Constant learning of teams
 - Social Worker
 - Medical knowledge, chronic diseases, drugs effects and side-effects
 - How the medical system works
 - Medical staff
 - Ability of social worker, how to utilize the support of them
 - Basic psychological skill
 - Nursing staff
 - Coordination
 - Patients' psychological reaction
- Willingness to "knock on the door"

Summary

- Primary care-based program for Common Mental Disorders Depression and Anxiety
- Protocol-based stratification and monitoring using a standard assessment tool
- "Keyworker" as case manager to follow and coordinate the care of patients
- Primary care-based simple psychological intervention +/medication as per protocol
- 8,579 completed case and 3,153 active cases since program started from 4Q 2010 with 107,091 attendance (Doctor: Keyworker ~ 1:2)
- 2/3 Improved, 1/2 back to functional level and 1/4 to normal level

Thanks to IMHP Teams of Clusters in providing data for analysis

Special thanks to

Dr. Wong Yu Fai

Dr. Sin Ming Chuen

Ms. Li Ka Yan Cathy

in production of the introductory video