



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 694

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**Enhancing the Role of Family Physicians in Managing Common Mental Disorder: An Illustration in New Territories West Cluster**

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**Keywords:**

Common Mental Disorder

Family Physicians

**Introduction**

Despite common mental disorder (CMD) is highly prevalent in our community, many patients refused psychiatric referral because of stigmatization. This results in delay treatment, adverse outcome and heavy burden to individuals & their family members and great challenge to health care system. In 2012, service enhancement was introduced at Family Medicine Specialist Clinic(FMSC) in both Tuen Mun Hospital and Pok Oi Hospital to serve patients with CMD and bridge the current service gap.

**Objectives**

(1)Early identification of patients with CMD (2)Early intervention and management of patients with CMD in community settings (3)To empower Family Physicians to manage patients with CMD (4)To improve quality of care in whole person management for patient attending FMSC

**Methodology**

A multidisciplinary team involves Keyworker, Family Physician and Psychiatrist is formed. The role of Keyworker is to provide psychoeducation and brief counseling to CMD patients. Family Physicians manage moderate to severe CMDs that required pharmacotherapy. Protocol was formulated to provide guidance on the workflow and referral guide of the programme. Patients' depressive and anxiety symptoms were assessed and monitored at each visit by PHQ-9 depression score and GAD-7 anxiety score respectively. Monthly case conference involving team members will be held to review the clinical progress and management plan. Psychiatrist opinion will be sought for patients with poor progress.

**Result**

From 9/2012 to 12/2013, 447 positive cases were recruited. Age ranges from 20-94 years old ( Mean = 50.76). Female have higher prevalence than male (77%:23%). 362 cases were diagnosed with depression, anxiety disorder or anxiety depression problem. Upon intervention, 58.1% showed improvement in PHQ-9 or GAD-7 scores and 29.2% have PHQ-9 or GAD-7 score reduced by 50%. 88 cases were discharged from the service according to protocol. Most patients were discharged within 3 keyworker sessions (Mean=2.52) or doctors consultations (Mean=2.13) and managed

in the primary care setting. Only 10 out of 447 patients were referred to psychiatric unit due to fair response to the treatment. Conclusion: With this service enhancement, target patients are reached and intervened. There are significant improvement of both depressive and anxiety level Majority of CMD can be managed in the community under primary care team and thus reducing and sharing the caseload of Psychiatry in hospitals.