# What is primary mental health care?

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# 'Primary care'

- There is enormous international variation in what is meant by the term.
- The Alma-Ata Declaration (World Health Organization, 1978) defined primary care as:

# 'Primary care'

'the role of primary health care as the local, universally available, essential, first point of contact with the health system, based on practical, scientifically sound and socially acceptable methods and technology at a cost the community and country can afford.'

# Pathways to care model. Level 1: General population Filter 1: Illness behaviour Level 2: Psychiatric disorder in primary care Filter 2: Recognition by primary care clinician Level 3: Conspicuous psychiatric morbidity Filter 3: Referral to specialist care Levels 4 and 5: Specialist care

# What is primary mental health care?

- First line interventions provided as an integral part of general health care
- Mental health care provided by practitioners who have expertise and skills and who are supported to provide mental health services
  - (WHO & WONCA 2008)

### **Common Mental Health Disorders are**

### common

#### National rates of mental disorders

10% of children and young people 17.5%

of adults at least one CMD

**0.4%** of adults have psychosis

🛉 6%, 3% and 21 %

of adults are dependent on alcohol, illegal drugs and tobacco, respectively

**i 0.7**%

of adults have antisocial or borderline personality disorder

## † 5% and 20%

of people aged over 65 and 80, respectively

### National rates of sub-threshold mental disorder

**28.8%** of children and adolescents have sub-threshold conduct disorder

**†** 17%

of adults in Englandhave sub-threshold commonmental disorder

6%

have sub-threshold psychosis

Source: McManus et al, 2009; Knapp et al, 2007

# Severity of common mental health disorders: definitions

- Mild relatively few core symptoms, a limited duration and little impact on day-to-day functioning
- Moderate all core symptoms of the disorder plus other related symptoms, duration beyond that required by minimum diagnostic criteria, and a clear impact on functioning
- Severe most or all symptoms of the disorder, often of long duration and with very marked impact on functioning
- Persistent subthreshold symptoms and associated functional impairment that do not meet full diagnostic criteria but have a substantial impact on a person's life, and which are present for a significant period of time

# Classification and guidelines: How many disorders can you have?

- Guidelines don't fit with reality of primary care
- Mixed anxiety and depression commonest presentation in primary care
- Anxious symptoms cut across all common mental disorders (CMDs)- tend to make the outlook worse and suicide more likely
- Somatic symptoms overlap with anxiety and depression
- Substance use may complicate the picture
- Long term physical health conditions COPD, diabetes, CVD, arthritis...

# So why focus on Common Mental Health Disorders?

- Suffering
- Suicide
- Impact on future generations
- Managing increasing demand

## Most lifetime mental disorder arises

## before adulthood

Age of onset of lifetime mental illness – predates subsequent physical illness by several decades

### At Age 14

50% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA) STARTS BY AGE 14



## **By Mid Twenties**

75% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA) STARTS BY MID TWENTIES



Started Mental Illness Not Started Mental Illness

## Long Term Conditions

- 15.4 million (about 1 in 3) people live with a long-term condition (LTC) in England, and set to increase
- Patients with LTCs are intensive users of healthcare
  - Use 52% of all family doctor appointments
  - And 65% of all outpatient appointments
- Depression and anxiety is under-recognised and untreated
- Majority are managed in primary care with structured treatment pathways and referral to specialists only when required

# Multimorbidity and goal-oriented care



### Professor Jan De Maeseneer Ghent University

# Suicide

 Three-quarters of all people who end their own lives are not in contact with mental health services.

# 7 Good reasons for integrating mental health into primary care

- 1. The burden of mental disorders is great.
- 2. Mental and physical health problems are interwoven.
- 3. The treatment gap for mental disorders is enormous.
- 4. Primary care for mental health enhances access.
- 5. Primary care for mental health promotes respect of human rights.
- 6. Primary care for mental health is affordable and cost-effective.
- 7. Primary care for mental health generates good health outcomes.

(WHO and WONCA (2008))

## Models of mental health care in primary care.



Peter Bower, and Simon Gilbody BMJ 2005;330:839-842



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## A World Class Programme

"The IAPT programme represents a world beating standard, thanks to the scale of its implementation and the validation of its treatments"

### Nature editorial 27<sup>th</sup> Sept 2012



'Professors Layard and Clark (the Dream Team of British Social Science) make a compelling case for a massive injection of resources into the treatment and prevention of mental illness. **This is simply the best book on public policy and mental health ever written**' Martin Seligman

# IAPT – a groundbreaking initiative

- Original aim to provide a universal primary care psychological therapy service for people with depression and anxiety disorders
- Use of NICE approved and evidence based therapies within a stepped care model
- Collection of outcome data at every session
- Therapy provided by trained and supervised workforce
- Focus on employment

# Stepped care

- Use of least intensive or intrusive intervention likely to produce health gain
- Identifies primary care as a site of delivery of treatment for mild to moderate mental health problems
- Self correcting through regular structured review of patient progress
- Provides mechanisms to audit the effectiveness of treatments and support implementation of Nice Guidelines

# The stepped-care model for depression (NICE CG 23)

Focus of the
intervention

## Nature of the intervention

**STEP 4:** Severe and complex<sup>1</sup> depression; risk to life; severe self-neglect

**STEP 3:** Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression

**STEP 2:** Persistent subthreshold depressive symptoms; mild to moderate depression

**STEP 1:** All known and suspected presentations of depression

Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care

Medication, high-intensity psychological interventions, combined treatments, collaborative care<sup>2</sup>, and referral for further assessment and interventions

Low-intensity psychosocial interventions, psychological interventions, medication and referral for further assessment and interventions

Assessment, support, psycho-education, active monitoring and referral for further assessment and interventions

<sup>1,2</sup> see slide notes

# iapt



**Improving Access to Psychological Therapies** 

## Treatment

- Recovery Focus
- Psychological therapies to treat people with depression and anxiety disorders – NICE
- Guidance, which now includes a range of interventions
- Stepped Care
- High and low intensity therapy

## **Consultation-Liaison**

- Regular face to face contact between psychiatrist and primary health care team (PHCT)
- Referral only after a discussion at a face to face meeting
- Some cases are managed by the PHCT only
- When referral does take place there is feedback to, and management by, the PHCT

#### Figure 1. Family tree of terms in use in the field of collaborative care

#### Mental Health Care

"Broad army of services & treatments to help people with mental illuposes & those at particular risk of developing them—to suffer less enserional pain and disability and live healther, longer, more productive lives. A variety of caregivers in diverse, independent, lossely coordinated inditions & services—public and private—others referred to oriflectifiely as the de facto MH service system (Report at 1976, Regiver at). (1920)

- Jpscrady J09 sector. MH professionals trained specifically to treat people with mental dicarders in public or private practices, psychiatre units, general hospitals or to content.
- General weblestPC sector: Healthcase professionals such as physicians and NP's in clucks, bespirals, marsing hornes.
- Manue services vector. Social services, school-based connecting, residential robob, societional reliab, criminal pode electron based services, religinar professional connectors.
- Voluntary support network sector: Self-help groups such as 12sup programs, perr course lass?

34300 SA reproducing series gov features surgroup metal-open shapter/sect.org

#### Chemical Dependency / SA Care

Services, treatments, and supports to help people with addictions and substance dense problems taffer less encoursal pain, family and vecational disturbance, physical roles, and live healthier, longer, more productive lives.

Precided by 1) specially addresses or substance about clinicans or coarsedens in SA to clinics or testings, 2) directors or coarsedens in general motical or bespital settings, and 30 factors services contexts and as testings, and 30 factors services contexts and as testings, and 30 factors centers, estimated patter system or religious-based coarseling and 4) file volumely support networks such as 12 step programs and pour coarselers.

(Adopted Intel SAMHSA del. for MH Cara)

\* A special case or subset of a much larger concept in use across the larger field of healthcare.

#### **Behavioral Health Care**

Care that addresses a climit's behavioral issues bearing on health (not ently mental illnesses) via clinicians such as psychiatrists, psychologists, social workers, psychiatris turne practitioners, marriage & facily connectors, professional clinical connectors, licensed drugidecied abuse connactors & other Mill pso(essionals (Notion)-Nil Conce Drivenary/of Median Media inc. 2021)

#### Co-located Care

BH and PC providers (i.e. physicians; NP's) delivering care in same product of describes where services are provided rather than being a specific service. However, co-location employs a referral process, which may begin as atediated uses are transferred as BH distance 2005.

TRA 22 & No. 9150

Collaborative Care<sup>a</sup>

clinicisms (e.g., Bill and PC) over time

(Doherty, McDaniel & Board, 1996).

components which when combined

create models of collaborative care. (Craves & Bland, 2006, Peck, 2007)

6 F. A. 198

An averagehing serm describing

ongoing relationships between.

Not a fixed model, but a larger

construct consisting of various

#### **Shared** Care

Prodominately Canadian usage – PC MIE professionals (hypically psychatiots) working, kojetior an a stazed system, maintaining f treatment plan address in all patient health medis in a shared neel record



ing. Coven & Bland, 205

Activities of psychiatry psychology, as earning that specialize in the interface between medicine & MBL scaling Role is to see patients in moderal antipgy by respect of medical converties as a "contaft" (Adapted from W copedia)

#### **Coordinated Care\***

Bit providers and PCFs practice separately within their respective systems. Infa regarding metual patients exclusionsion is ilmuted autoide of the initial sefered (Bluest 2001).

#### **Primary Care Behavioral Health**

\*\*. Recent term for new relationships emerging between specialty MH services and PC. Prinners between word buildcover refers to at least three related activities: () behavioral bedifficate delivered by PC clinicians, 2) specialty behavioral healthcare delivered in the PC setting and 3) innovative programs that integrate elements of PC and specialty behavioral beathcare utili new formats.

(Salita JE & Borta JE 2009. Changing Roles in Primary Behavioral Realitions: Chap in Technols of administrative psychiatry. New concepts for a disarging behavioral hardfarst-starts", JA Taibert & RE Bales, Edu

#### **Integrated Primary Care**

Combinest modical & BH services for the spectrum of poolders that patients bring to primary indical cure. Because non-polenti in PC have a physical adment affected by stress, problems matching body if myles or a psychological doorder, it is cloudly effective & consette first re-tomake BH prevides part of PC. Patients can feel that for any problem this bring, they have consiste the right phase. Teamwork of WH A moderat provides is an exhadrem at the biopsychological (Blaant www.integrated iteration).

#### Integrated Care\*

Tightly integrated, on-site tearnwork with unified care plan. Often connotes arguerational integration as well, perhaps involving sterial & other services (Blocas, 2007) Blocas et al., 2007)

- Alatades" of antigacion (SAMHSA)
- Integrated contracts, however, there are discussed to address pt. result conducts gate reservoirs for MM disorders in a processy treatment relationship or arryico setting.
- Antegrated program. An organizational structure that ensures statt & ... Takages with other programs se address all patient needs.

Anteriord content Organizational structure that supports array of programs for individuals with different needs through funding, endentating hierarchy data collecture reporting, needs assessment, planning, and other operational functions.

#### Care Management\*

Specific type of service, often disease specific (e.g. depension, congistive heart failure) whereby a BH clinicum, usually a name of other non-physicum, percides usersment, intervention, care facilitation, and follow up (e.g., Balaquetal, 2004).

#### Patient-Centered Medical Home

"An approach to providing comprehensive PC for children, youth and adults—to health case setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's femily." (Just Provides of PCMI), 2025.

#### Family-Centered Medical Home

Facely centered cension of "molical home", emphasize current, and fermine who play a large role in child health and recruit health and who are also "the class" so child / nocharts sectors.

#### Patient-Centered Care

"Care that is respectful of and responsive to individual patient preferences, needs, and prefers all clinical decisions" (instance of Madeone, 2001)

US Agency for Healthcare Research and Quality (AHRQ) 2011

# **Collaborative care**



# **Collaborative care**

- **Multi-professional approach to patient care** provided by a case manager working with the GP under regular supervision from specialist mental health clinician(s)
- A structured management plan of medication support and brief psychological therapy
- Scheduled patient follow-ups
- Enhanced inter-professional communication patientspecific written feedback to GPs via electronic records and personal contact
  - for UK example see CADET study: Richards et al. BMJ 2012

## **Collaborative care relationships**



Professor David Richards, University of York, UK

## **Collaborative care interventions**



# BMJ

BMJ 2013;347:14913 doi: 10.1136/bmj.f4913 (Published 19 August 2013)

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### Clinical effectiveness of collaborative care for depression in UK primary care (CADET): cluster randomised controlled trial

OPEN ACCESS

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### STUDY PROTOCOL

Collaborative Interventions for Circulation and Depression (COINCIDE): study protocol for a cluster randomized controlled trial of collaborative care for depression in people with diabetes and/or coronary heart disease

Peter A Coventry<sup>1\*</sup>, Karina Lovell<sup>2</sup>, Chris Dickens<sup>3</sup>, Peter Bower<sup>1</sup>, Carolyn Chew-Graham<sup>1</sup>, Andrea Cherrington<sup>1</sup>, Charlotte Garrett<sup>1</sup>, Chris J Gibbons<sup>1</sup>, Clare Baguley<sup>4</sup>, Kate Roughley<sup>1</sup>, Isabel Adeyemi<sup>1</sup>, Chris Keyworth<sup>1</sup>, Waquas Waheed<sup>5</sup>, Mark Hann<sup>1</sup>, Linda Davies<sup>1</sup>, Farheen Jeeva<sup>1</sup>, Chris Roberts<sup>1</sup>, Sarah Knowles<sup>1</sup> and Linda Gask<sup>1</sup>

# What do patients want?

## • Access

- Fast access to effective care delivered with adequate expertise
- Stigma- remains a major barrier
- **Psychological therapies** preferred for common mental health disorders

# **Working together effectively**

- People (especially MH staff) need to be clear what their roles are and be trained to do them and properly supervised to carry them out..
- Flexibility and tolerance are key attributes
- Senior managerial support essential
- Opportunities to meet/co-location
- Joint problem-solving, agreeing of protocols and referral guidelines- need to work together
- Ensure that outcomes are properly evaluated, discussed and acted upon.

## Improving access

Collaborate to develop local care pathways that:

- support integrated delivery across primary and secondary care
- have clear and explicit entry criteria
- focus on **entry** and not exclusion criteria
- have multiple means and points of access, including self-referral
- have a designated lead to oversee care
- promote access for people from socially excluded groups



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