SADAG
Mental Health Professionals Meeting
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Realizing the vision for global mental health through primary care transformation

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Acknowledgements

- SADAG
- Our sponsors
- Cassey Chambers
- Our audience

Aims

- To show that mental health is an integral and essential component of general health
- To quantify the contribution of mental health to other long term conditions
- To explore the concept of collaborative versus integrated care
- To demonstrate the need to invest in an enhanced primary care workforce

Making the case for enhanced primary care mental health

Using the literature and personal experience I will highlight the following:

- Why do we need it ?
- Is it effective?
- Can it be replicated?
- How can you do it?
- What are the key ingredients for success?

Disclosures

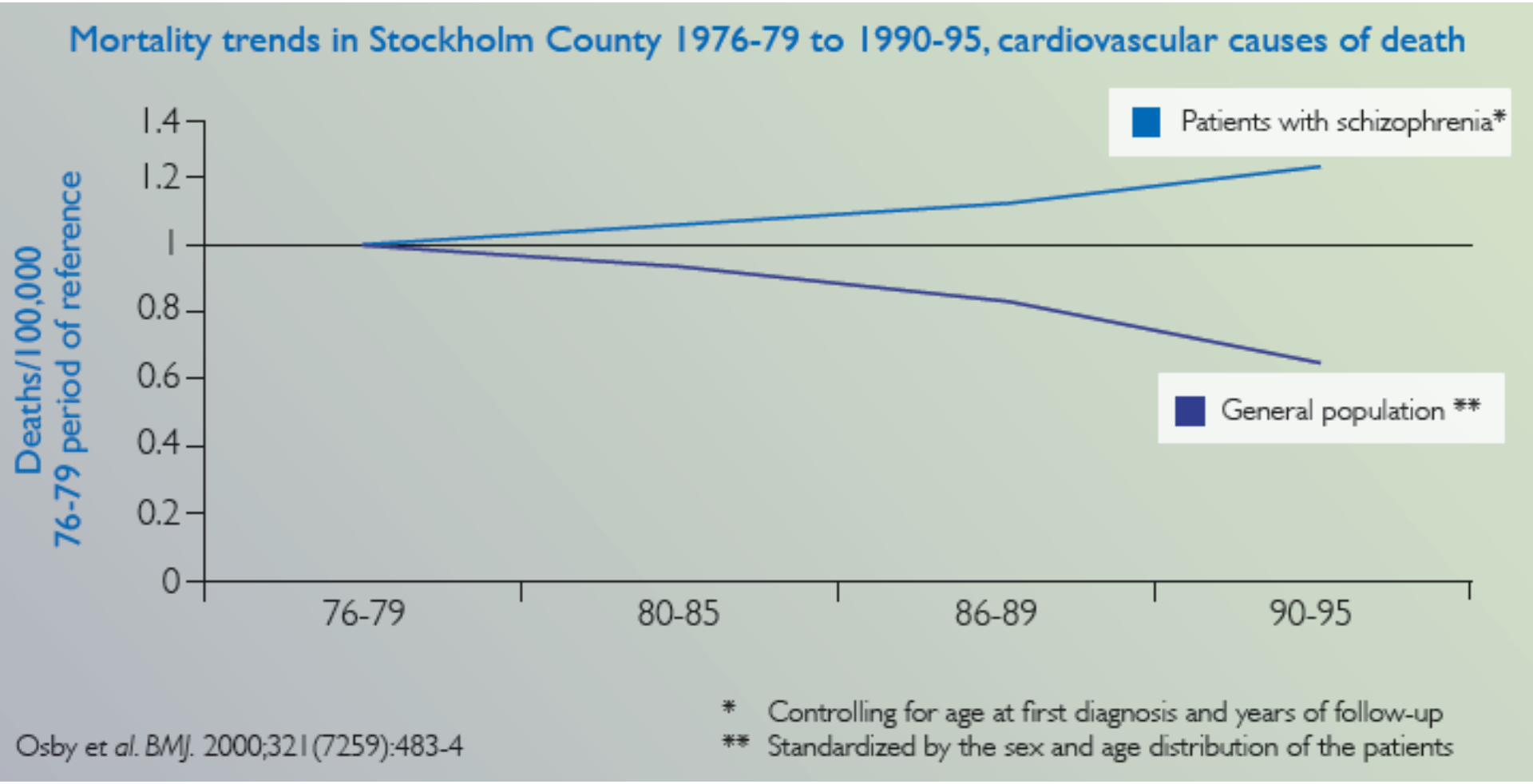
- President of WFMH (World Federation for Mental Health)
- Editor of books and chapters relevant to this presentation but not in receipt of book royalties

Mental health deserves better

- Compared with the general population mental health patients have not had the benefits of increasing life expectancy

(WHO Mental Health Action Plan 2013-20)

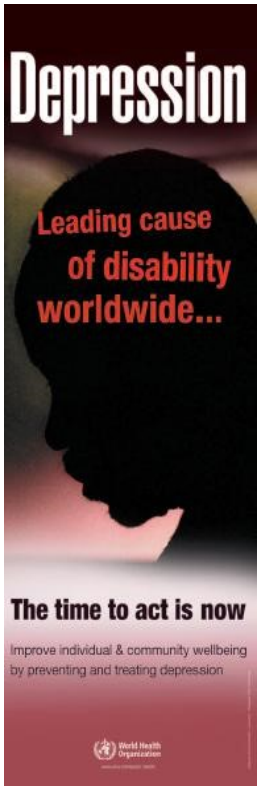
Continued divergence in physical health outcomes for people with mental health difficulties

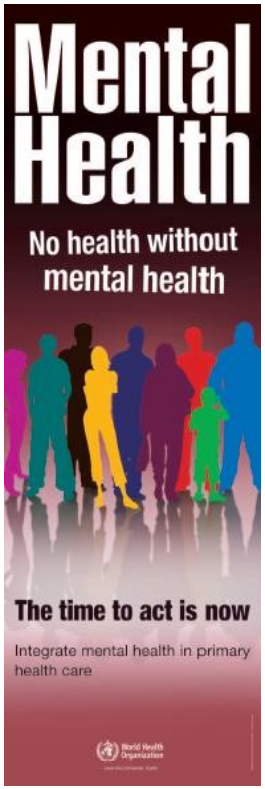


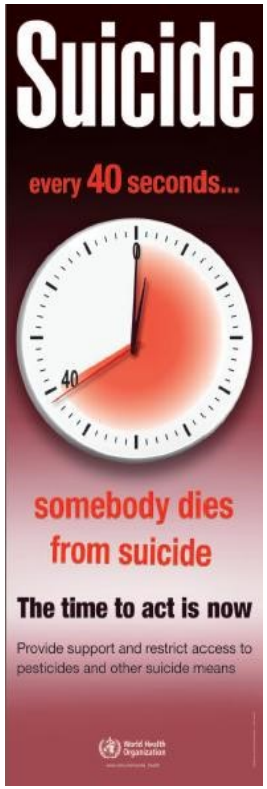
mhGAP

mental health Gap Action Programme *Scaling up care*

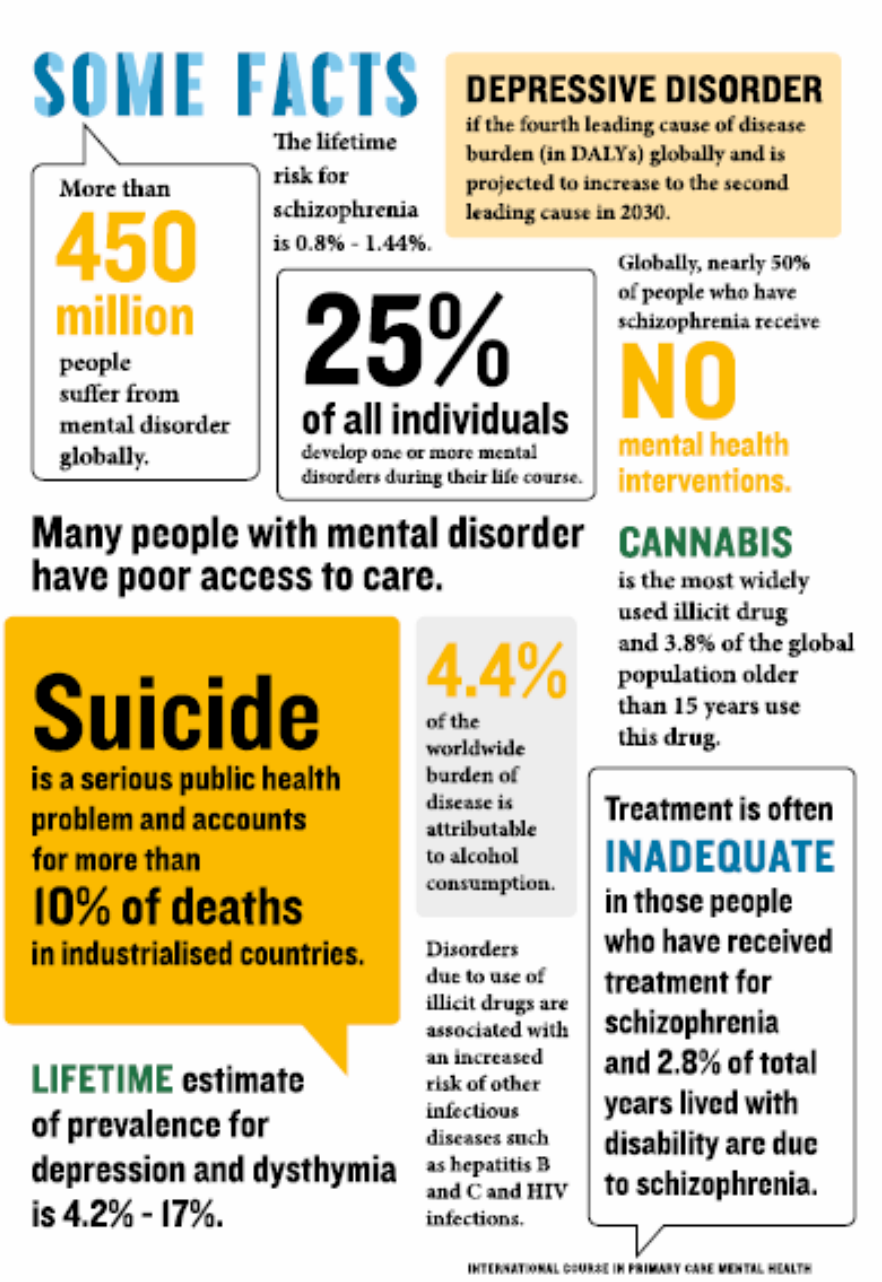
for mental, neurological and substance use disorders







Why it is necessary

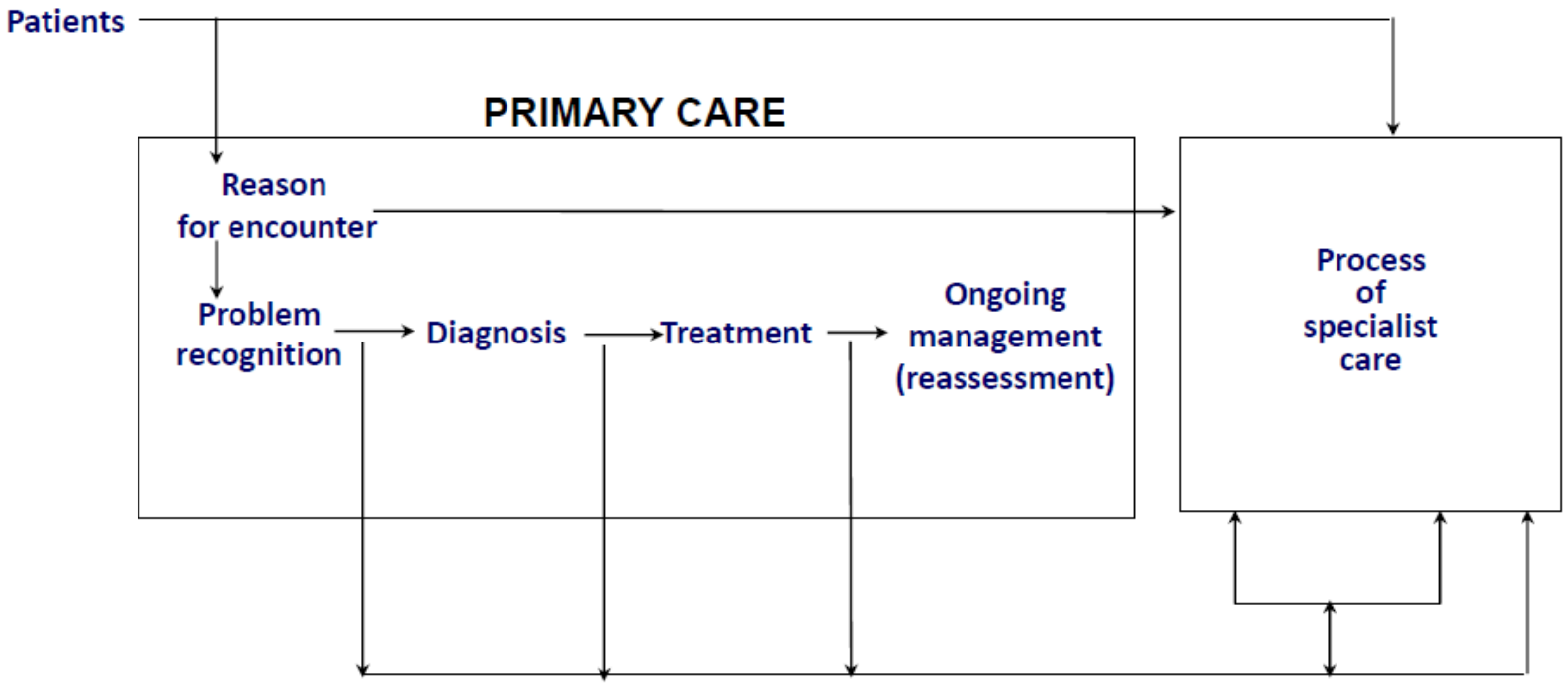


- Challenges are great
- Science to service gap in mental health
- Service to reality gap in mental health
- We need to improve access with an appropriate skill mix

UNIVERSIDADE NOVA DE LISBOA

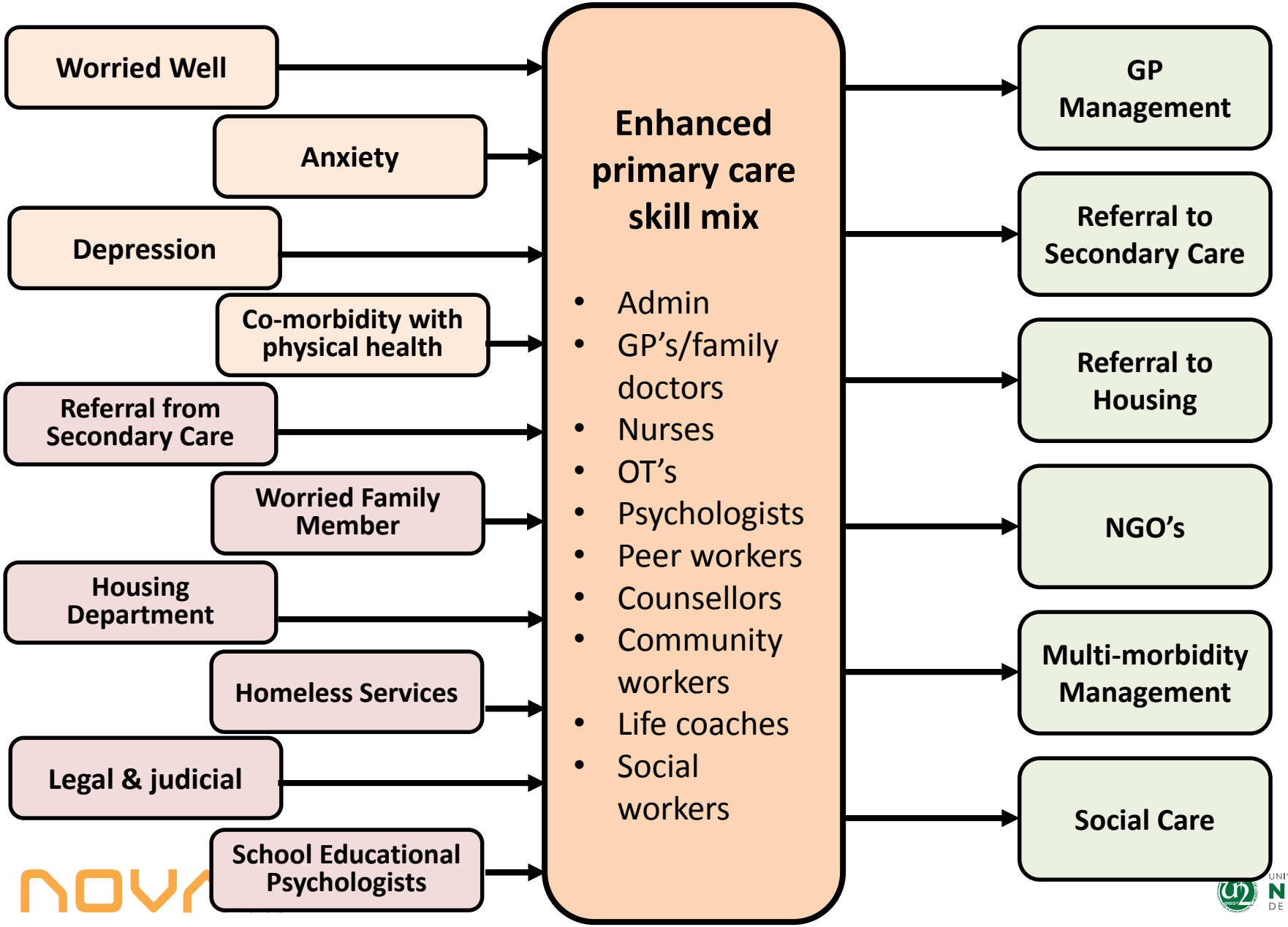
There are obstacles at every level

Patient Journey

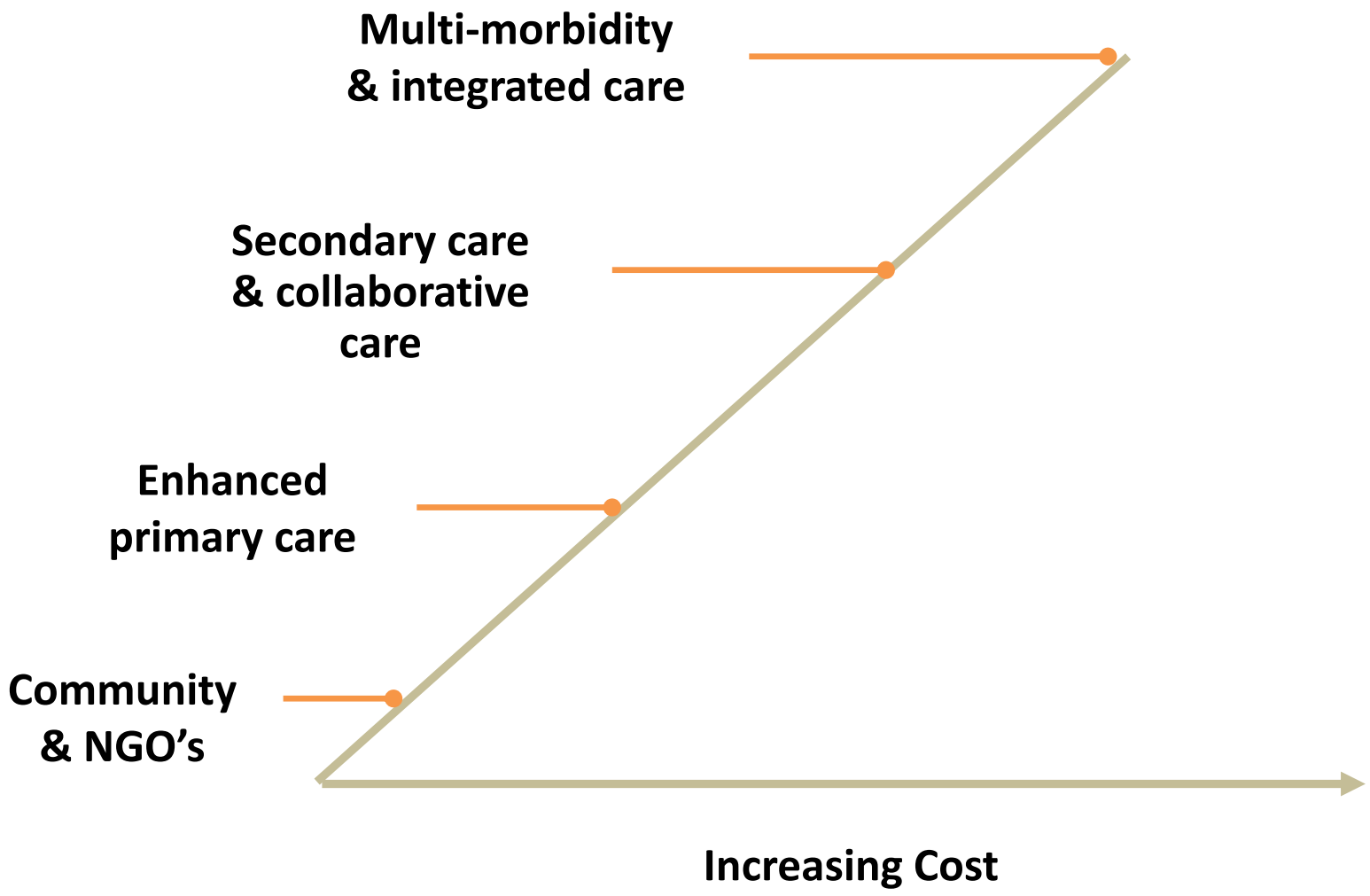


Source: R. Reid Adapted from Starfield. Primary Care: Balancing Health Needs, Services, and Technology. Oxford U. Press, 1998.

The diversity of primary care mental health



Need, complexity and cost



The treatment gap

- Median % of people not receiving care and treatment across 22 countries (mostly high-income) in 37 studies

Disorder	Median treatment gap (%)
Schizophrenia	32
Depression	56
Bipolar disorder	50
Panic disorder	56
Generalized anxiety disorder	58
Obsessive compulsive disorder	60
Alcohol abuse / dependence	78

Source: Funk & Ivbijaro (2008)

Things need to change

Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas

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Excess mortality in persons with severe mental disorders (SMD) is a major public health challenge that warrants action. The number and scope of truly tested interventions in this area remain limited, and strategies for implementation and scaling up of programmes with a strong evidence base are scarce. Furthermore, the majority of available interventions focus on a single or an otherwise limited number of risk factors. Here we present a multilevel model highlighting risk factors for excess mortality in persons with SMD at the individual, health system and socio-environmental levels. Informed by that model, we describe a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programmes to reduce excess mortality in persons with SMD. This framework includes individual-focused, health system-focused, and community level and policy-focused interventions. Incorporating lessons learned from the multilevel model of risk and the comprehensive intervention framework, we identify priorities for clinical practice, policy and research agendas.

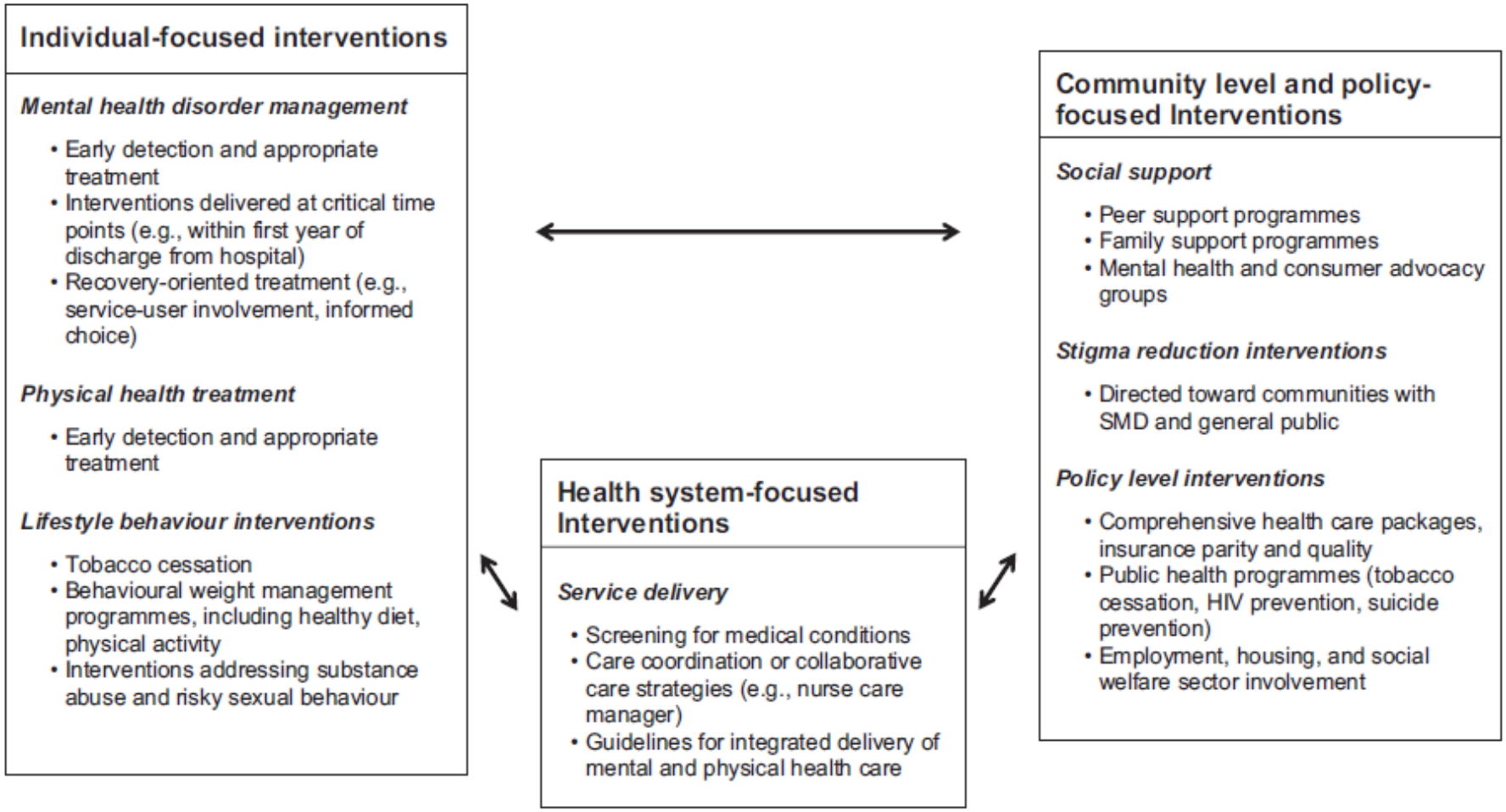
Key words: Excess mortality, physical health, severe mental disorders, schizophrenia, bipolar disorder, depression, risk factors, individual-focused interventions, health system-focused interventions, community level and policy-focused interventions

(World Psychiatry 2017;16:30–40)

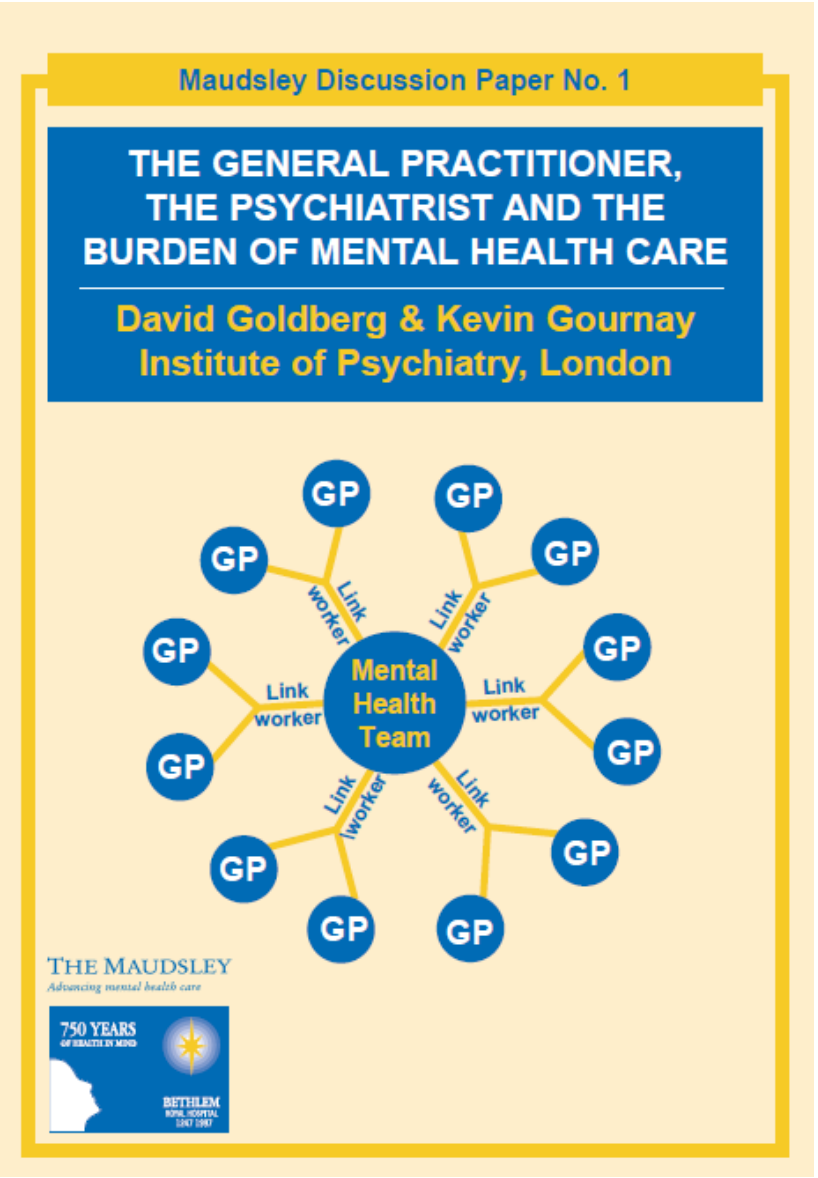
Multilevel model of risk of excess mortality

Individual factors	Health systems	Social determinants of health
Disorder-specific	***Leadership***	***Public policies***
• Severity of disorder	• Absence of relevant policies and guidelines	• Discriminating policies
• Family history	***Financing***	• Low financial protection and limited coverage in health packages
• Symptoms/pathophysiology	• Low investment in quality care	***Socio-economic position***
• Early age of onset	***Information***	• Unemployment
• Recency of diagnosis	• Limited health information systems	• Homelessness
Behaviour-specific	***Service delivery***	• Low health literacy
• Tobacco use	• Verticalization and fragmentation of health services	***Culture and societal values***
• Poor diet	• Lack of care coordination and management	• Stigma and discrimination in society
• Inadequate physical activity	• Limited access to services	• Negative perceptions about persons with SMD
• Sexual and other risk behaviours	***Human resources***	***Environmental vulnerabilities***
• Substance use (alcohol and drugs)	• Poor quality service provision	• Infections, malnutrition
• Low motivation (e.g., treatment seeking, adherence)	• Negative beliefs/attitudes of workforce	• Access to means of suicide
	• Poor communication	• Impoverished or unsafe neighbourhoods
	Medications	***Social support***
	• Antipsychotic medications (no treatment, polypharmacy, higher than recommended dosages)	• Limited family, social and community resources

Multilevel interventions in excess mortality



The aspiration to reality gap in mental health



- *'Administrative and medical logic alike ….. suggest that the cardinal requirement for the improvement of mental health services is not a large expansion of psychiatric agencies, but rather a strengthening of the family doctor in his therapeutic role'*
  - Michael Shepherd 1966

We will never have enough

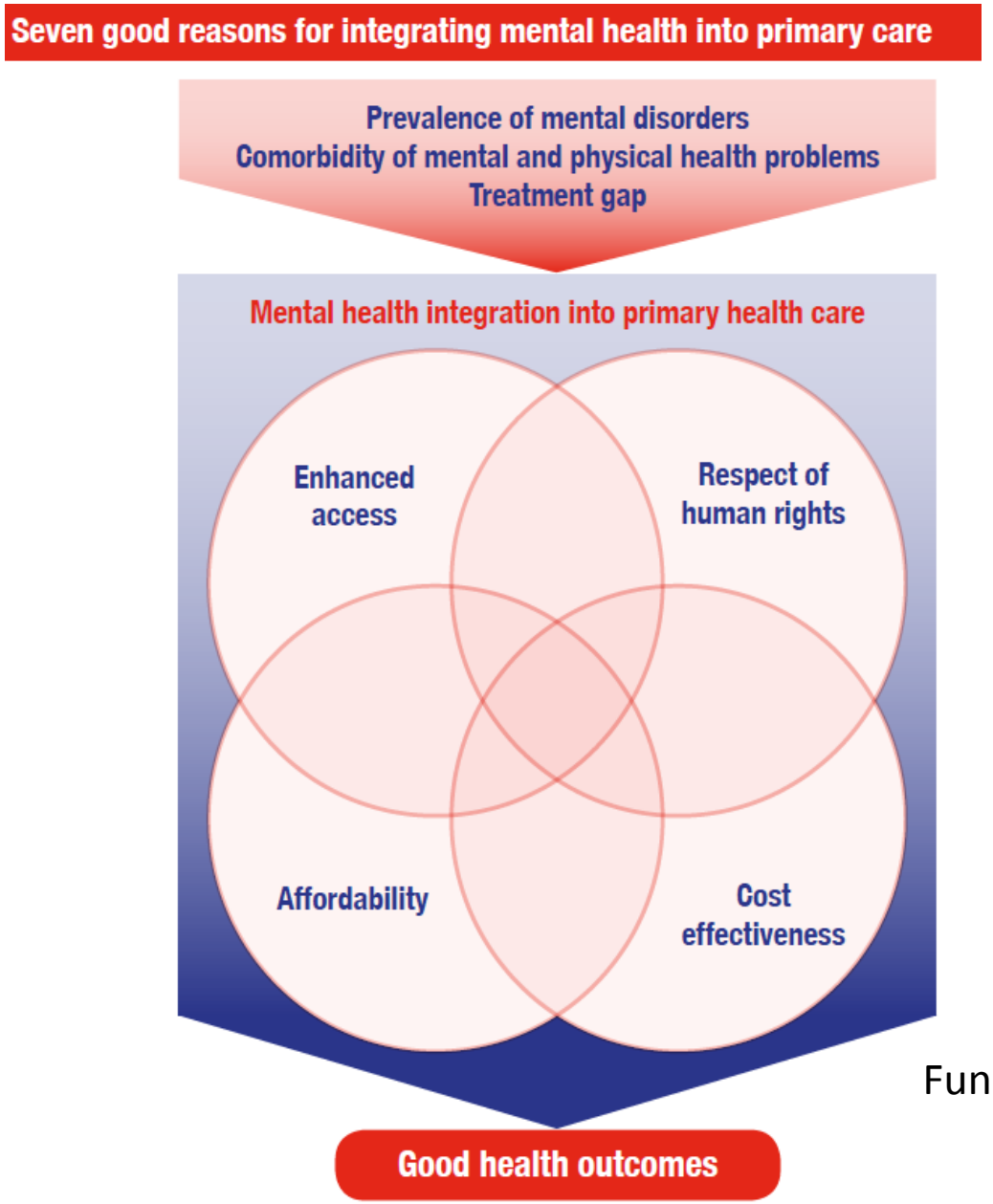
.5 Median number of mental health professionals per 100 000 population in WHO regions

Region	Psychiatrists	Psychiatric nurses	Psychologists
Africa	0.04	0.20	0.05
Americas	2.00	2.60	2.80
Eastern Mediterranean	0.95	1.25	0.60
Europe	9.8	24.8	3.10
South-East Asia	0.20	0.10	0.03
Western Pacific	0.32	0.50	0.03
World	1.20	2.00	0.60

Source: *Mental Health Atlas 2005*, Geneva, World Health Organization[74]

Funk & Ivbijaro 2008

Global need for integration



Funk & Ivbijaro 2008

Effectiveness and primary care transformation

Integrating
mental health
into primary care

A global perspective

World Health Organization

Wonca

Integração
da saúde mental
nos cuidados
de saúde primários

Uma perspectiva global

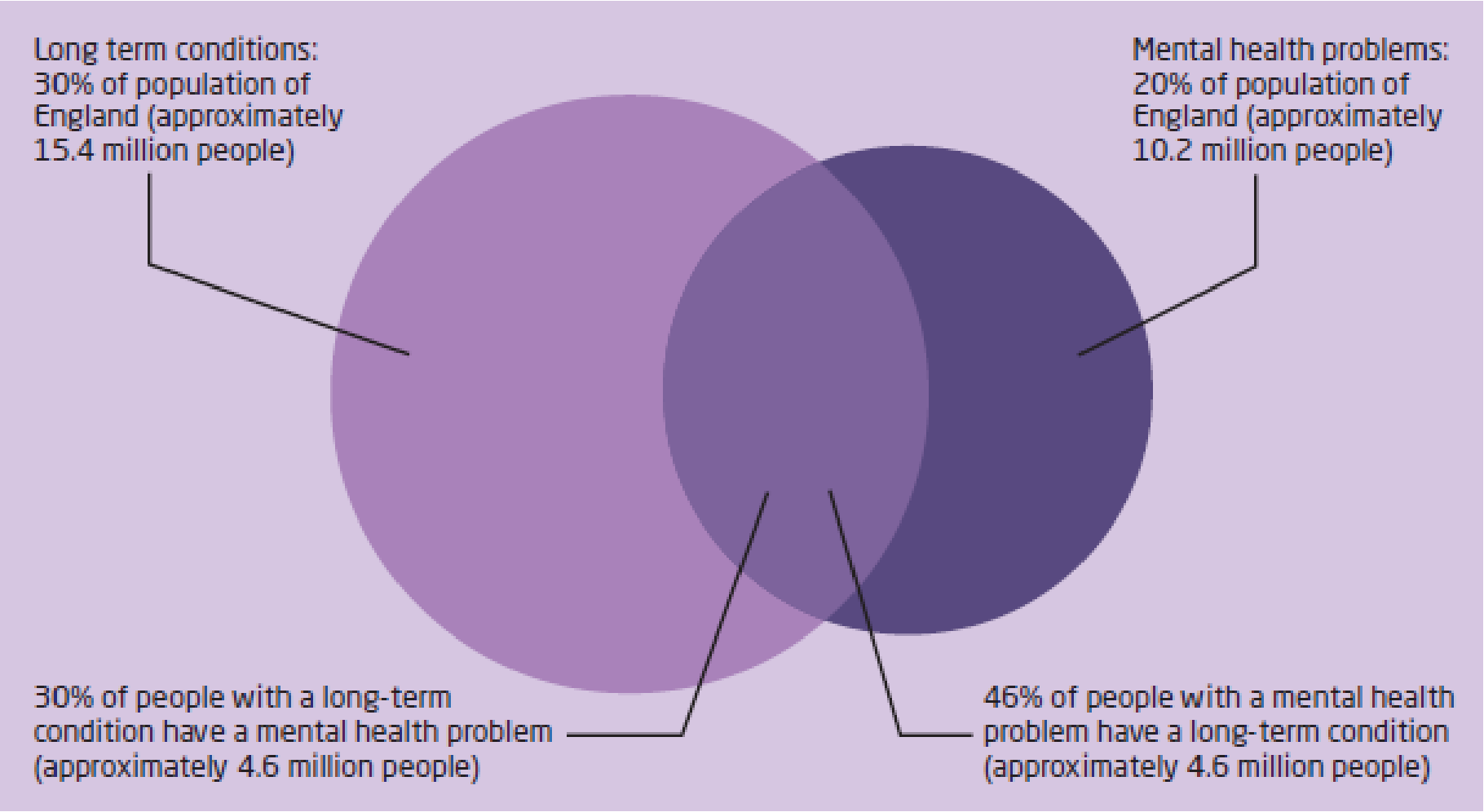
Organização Mundial de Saúde

Wonca

Alto Comissariado da Saúde

Coordenação Nacional para a Saúde Mental

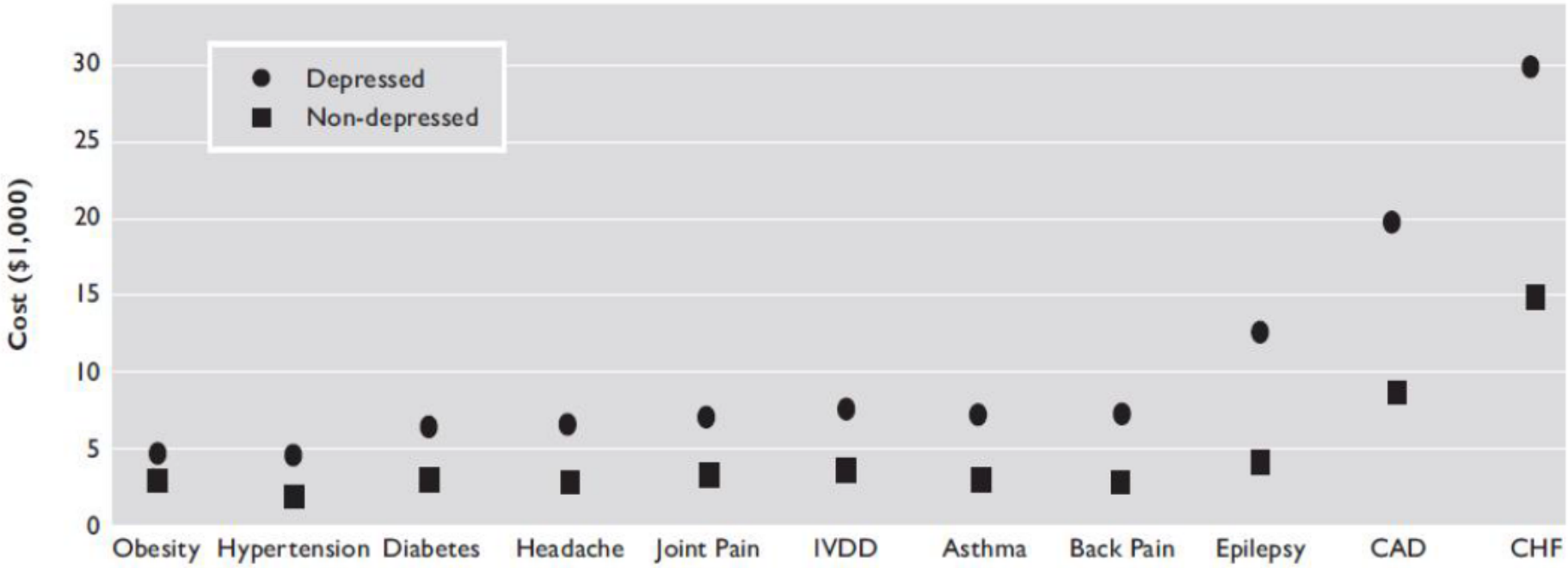
Mental health and multimorbidity in the UK



Kings Fund UK

Mental ill health increases the cost of physical health care

Annual per patient costs with and without depression (excluding MH treatment costs)

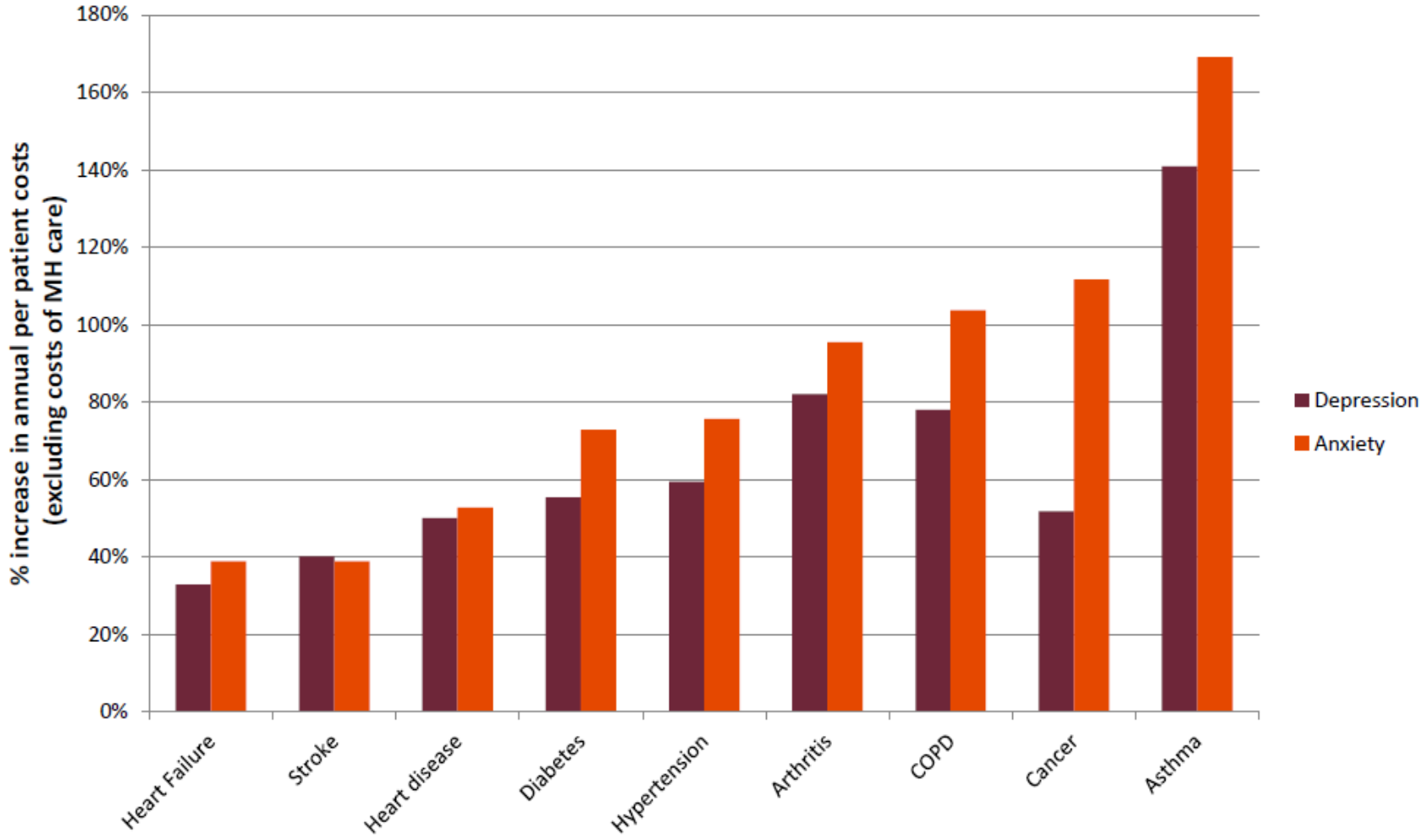


Costs of antidepressant prescriptions and mental health treatment are excluded. CHF: congestive heart failure; CAD: coronary artery disease; IVDD: intervertebral disc disease.

The King's Fund Ideas that change health care

Welch et al 2009

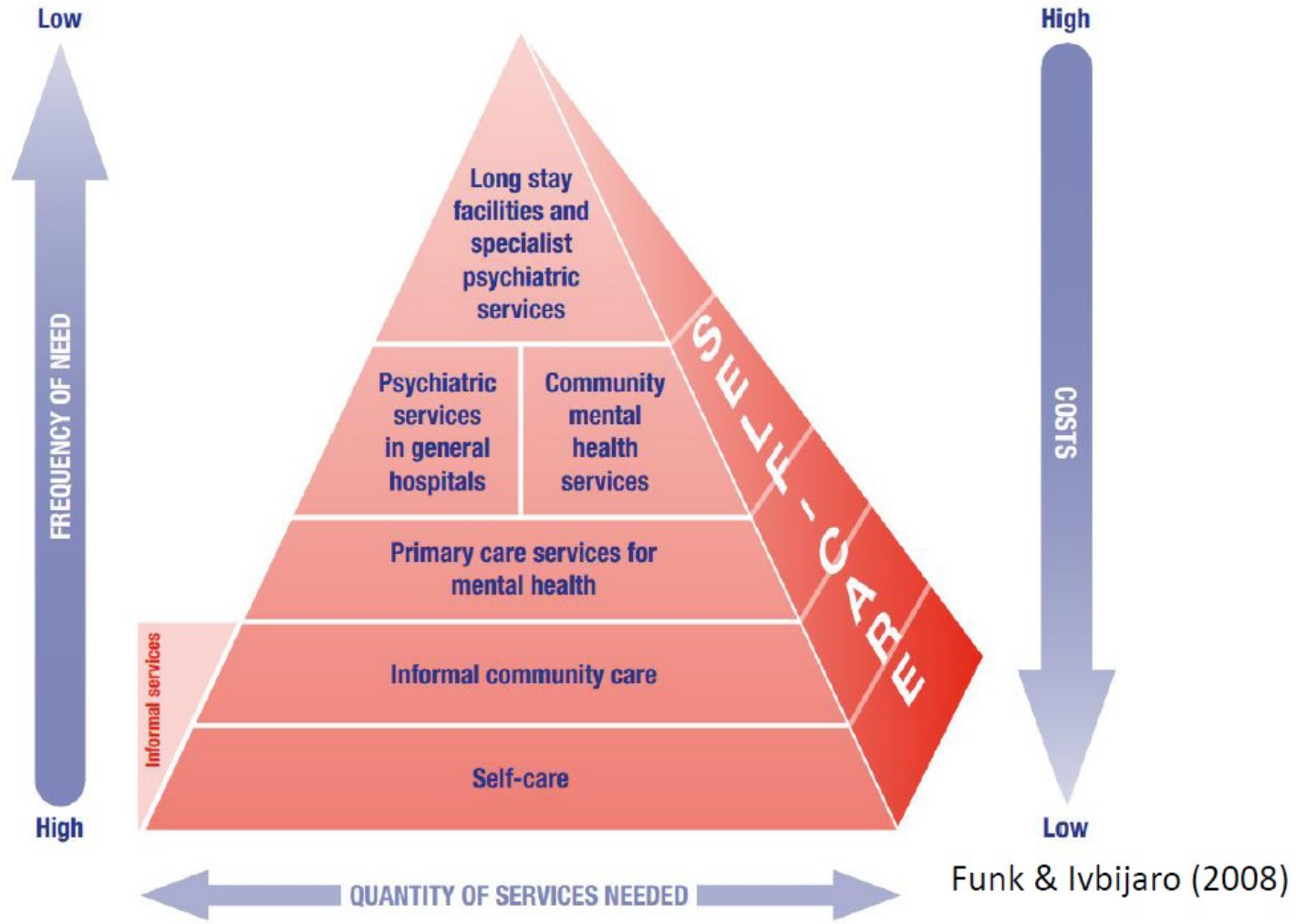
Mental ill health increases the cost of physical health care



The Kings Fund Ideas that change health care

Melek & Norris 2008

WHO optimal mix of services for cost effectiveness



Funk & Ivbijaro (2008)

Collaboration and integration: mental health & primary care

MINIMAL	BASIC at a distance	BASIC on-site	CLOSE partly integrated	CLOSE Fully integrated
← COLLABORATION CONTINUUM →				
Separate sites	Separate sites	Same facility	Same facility	Same facility
Separate systems	Separate systems	Separate systems	Some common systems	A common system
Sporadic contact	Communicate periodically about shared patients by phone or letter	↑ communication due to proximity	↑ face to face communication due to proximity	Same team
Separate cultures	Separate cultures	Separate cultures	Some shared culture	Patient experiences mental health treatment as part of regular primary care

Milbank Memorial Fund 2010

Integrated Case Management

Identification of high risk patients through Health Analytics and Clinical expertise

THE TEAM

Integrated Case Conference where high risk patients discussed and care plan implemented

Care Delivery by integrated team as coordinated by integrated case Coordinator with the patient

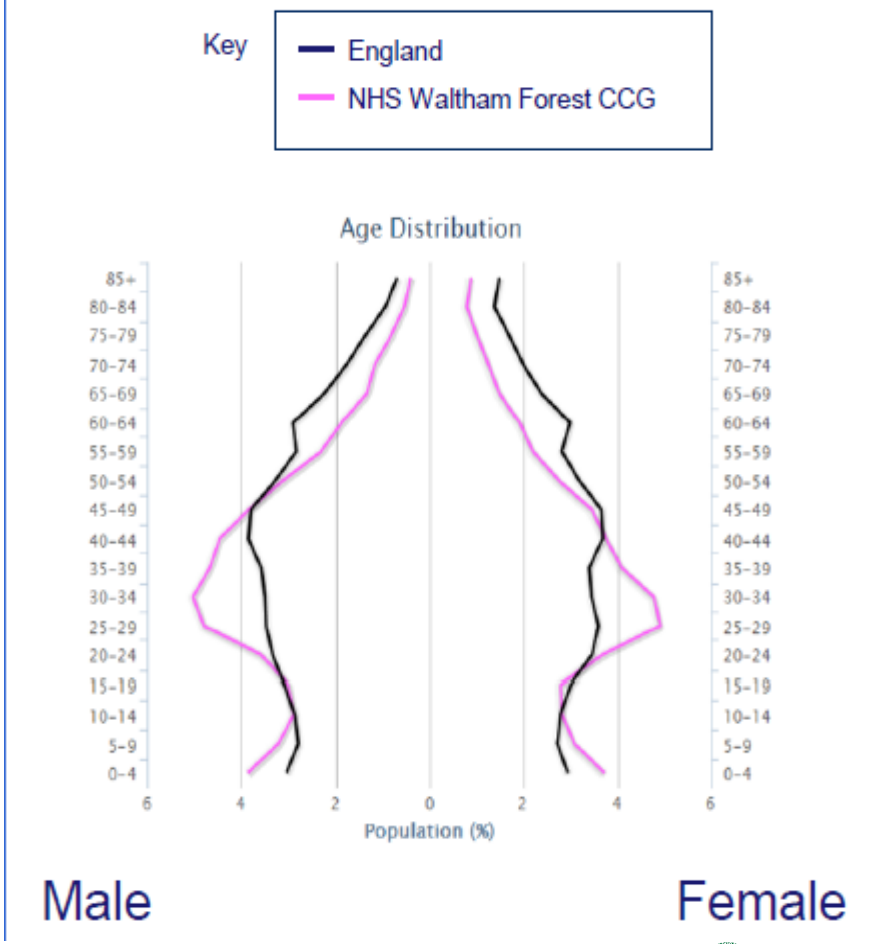
Case coordination and support by integrated team while at high risk

Review and monitoring as required

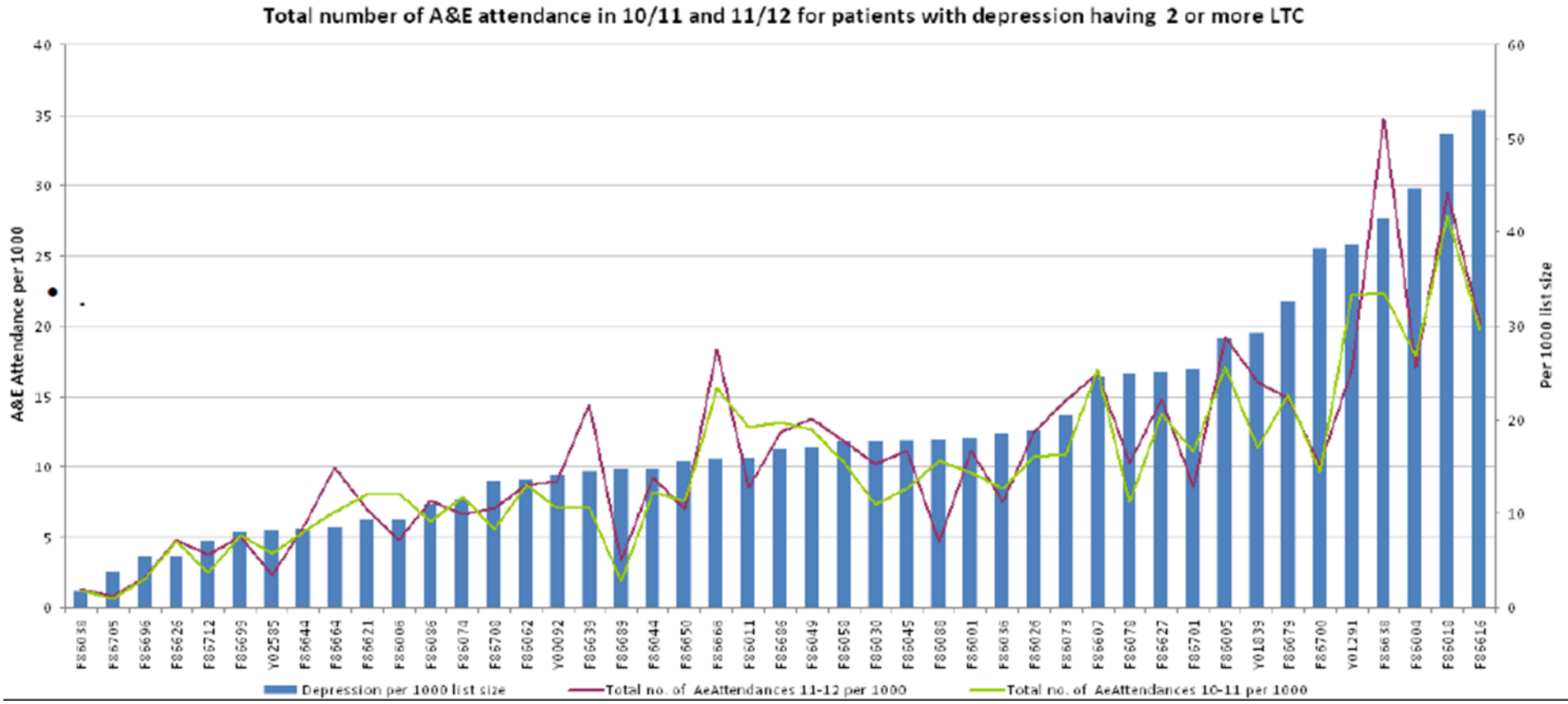
Waltham Forest: a case example

- A relatively young population compared to England
- Above national average in 0-10 & 20-44 age groups
- 42% BME
- 6th most deprived London Borough with >1/3 population income deprived
- High birth rate
- High prevalence of low birth weight

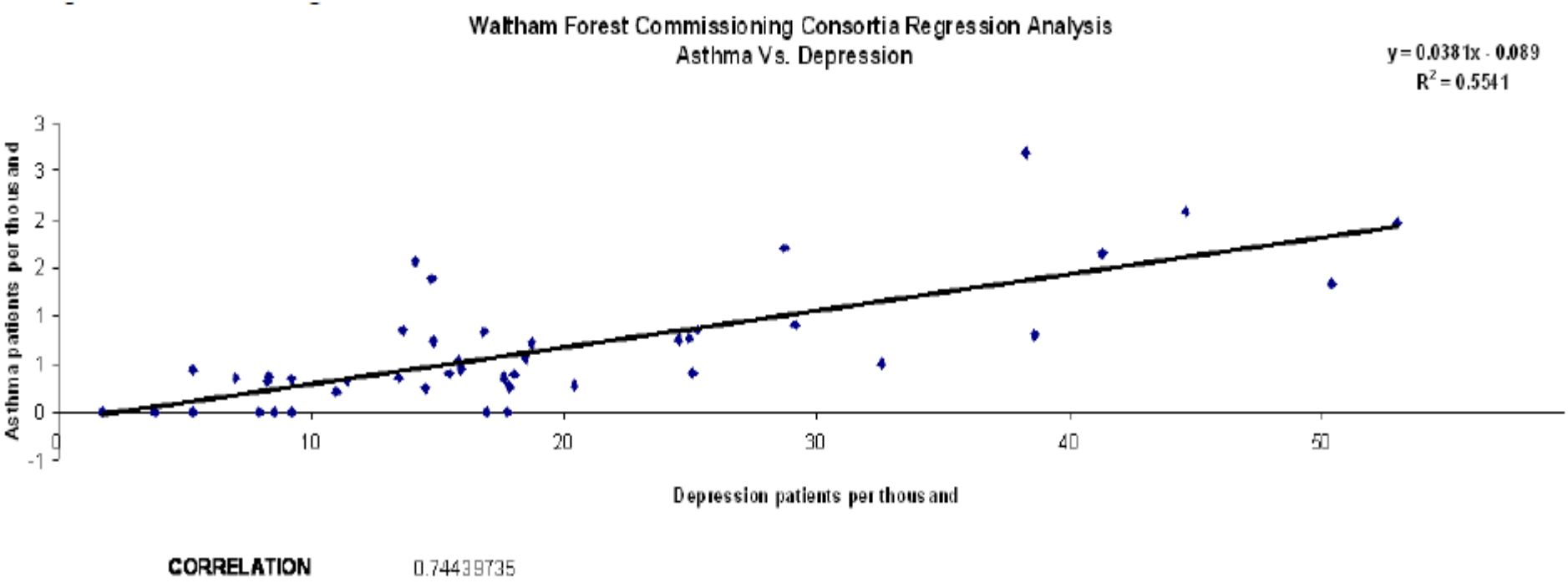
2011 ONS population census	258,200
Number registered with Waltham Forest GPs	283,343



A&E attendance per practice for patients with depression & long term conditions in Waltham Forest

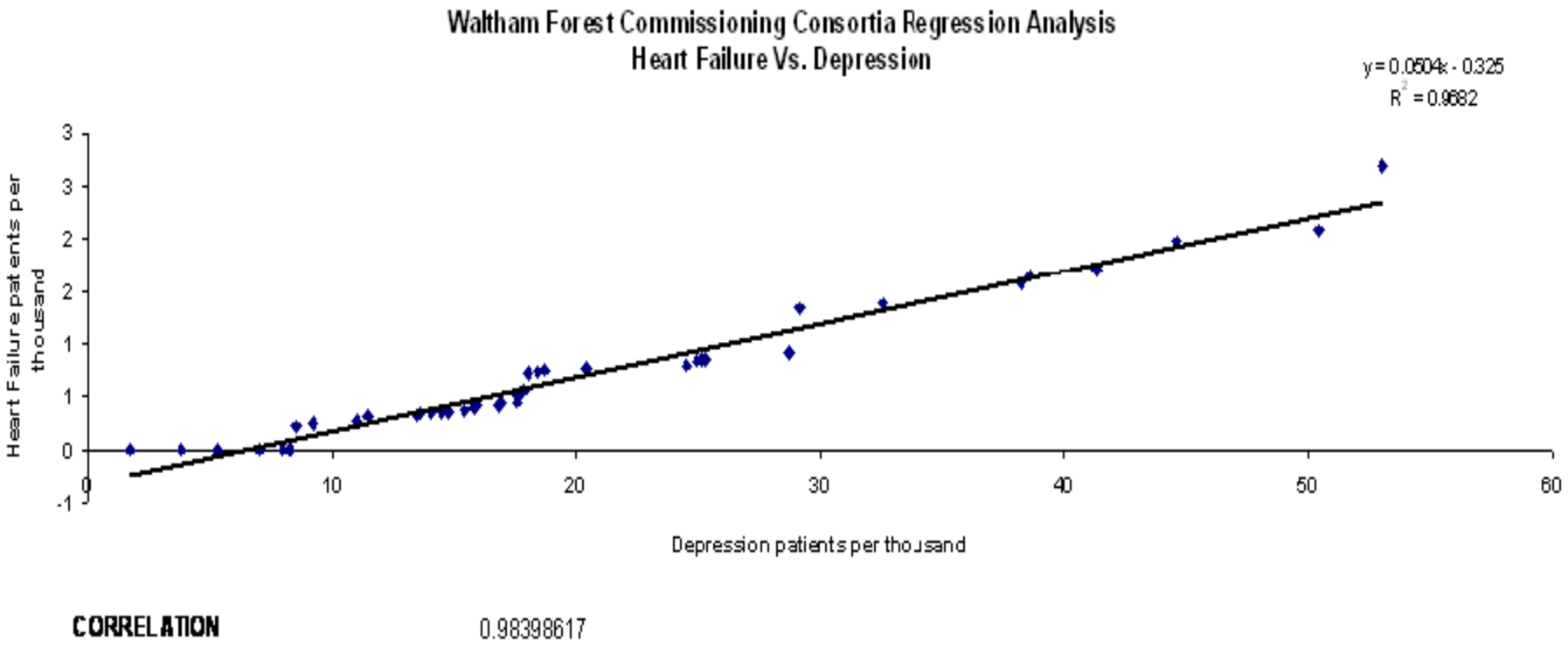


Asthma & depression: regression analysis



There is a direct correlation between asthma & depression and higher use of services in the Waltham Forest GP practice population

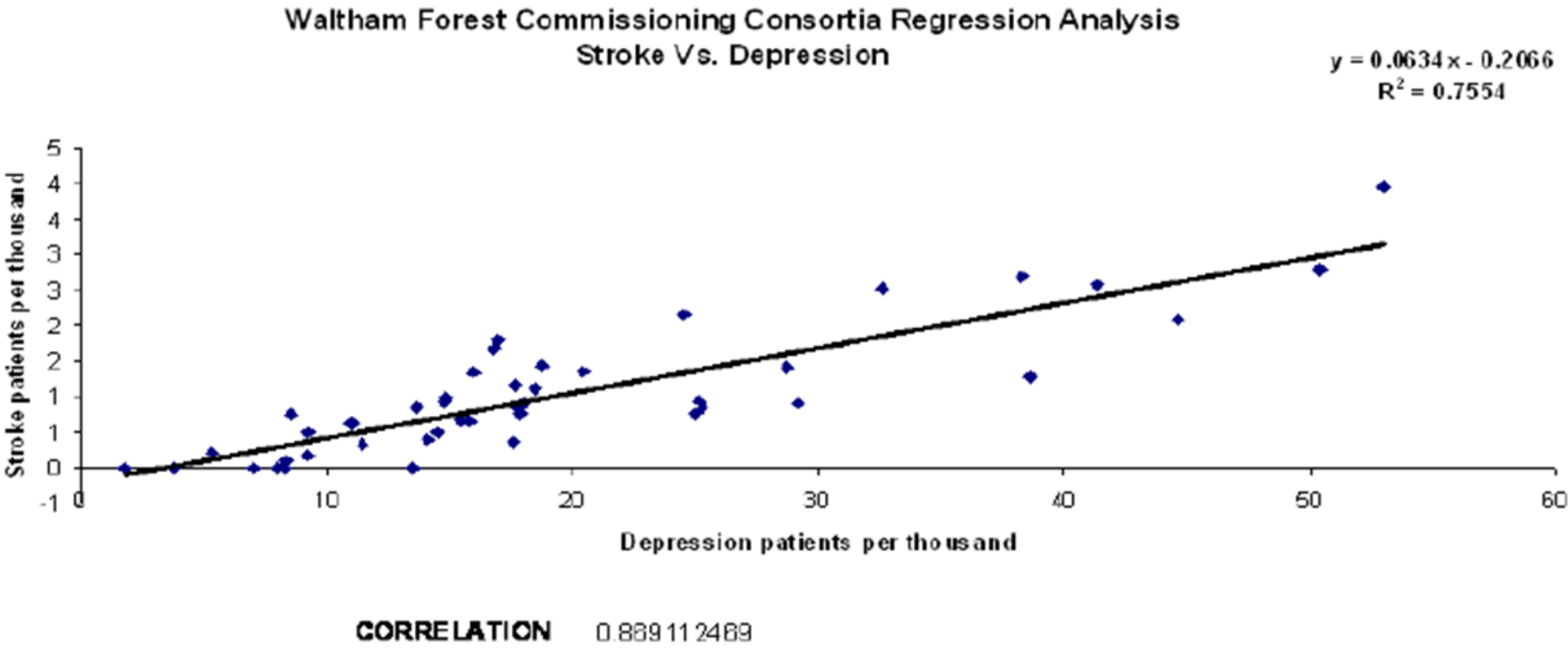
Heart failure & depression: regression analysis



CORRELATION	0.98398617

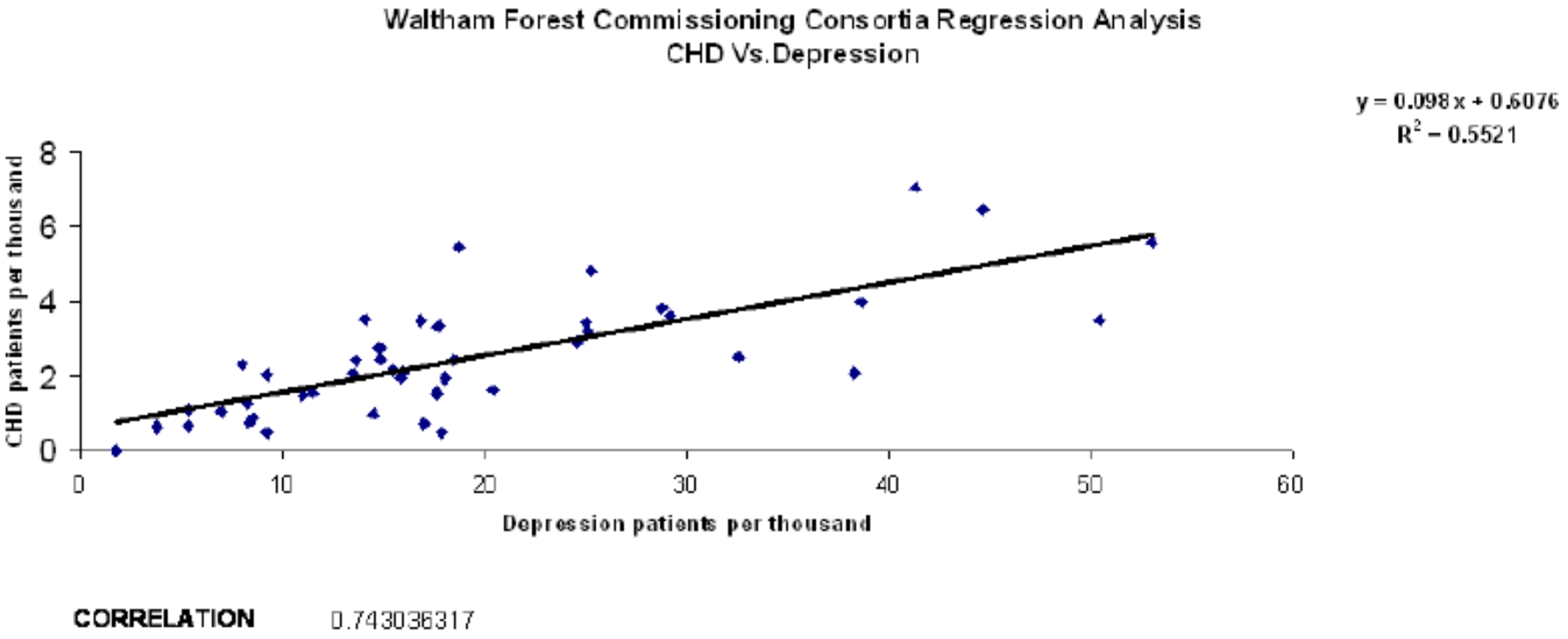
There is a direct correlation between heart failure & depression and higher use of services in the Waltham Forest GP practice population

Stroke & depression: regression analysis



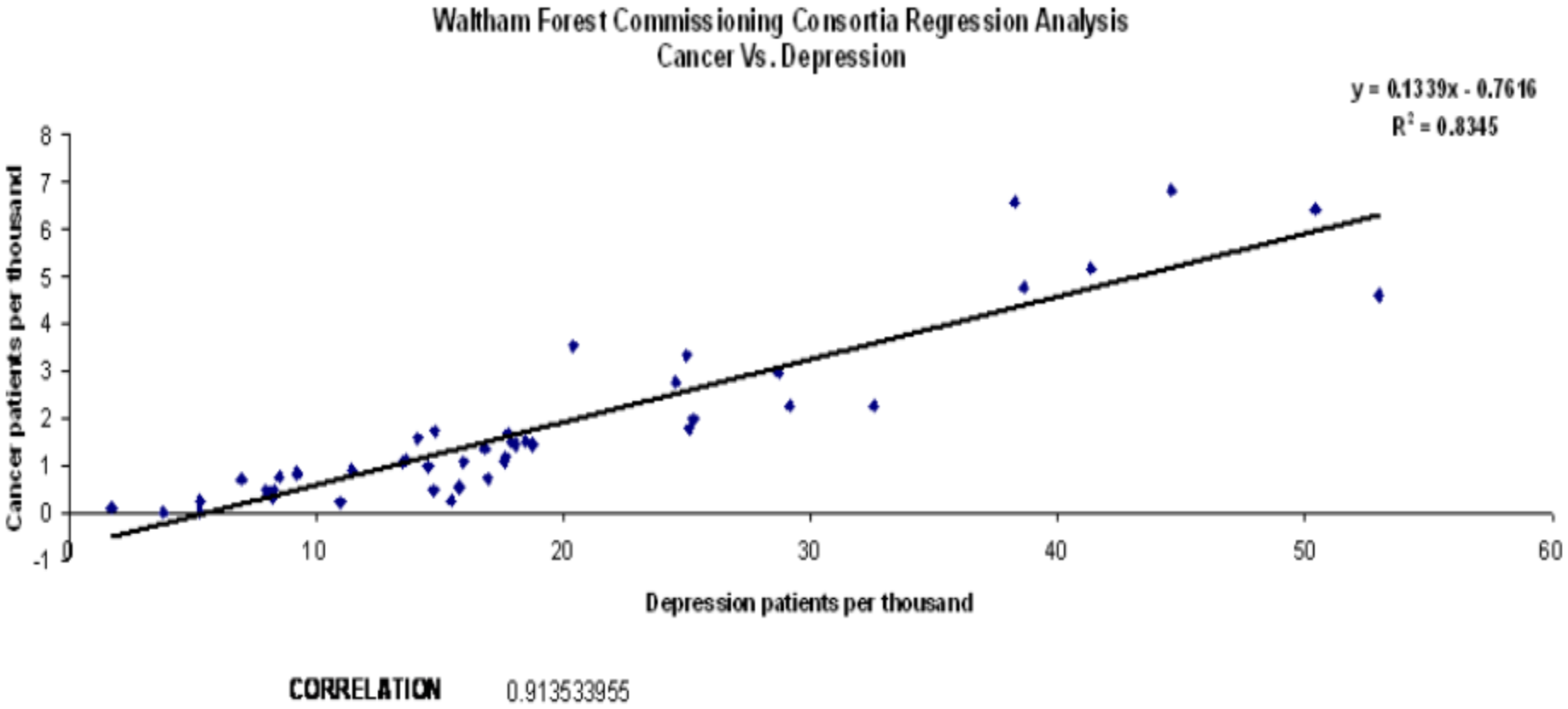
There is a direct correlation between stroke & depression and higher use of services in the Waltham Forest GP practice population

CHD & depression: regression analysis



There is a direct correlation between CHD & depression and higher use of services in the Waltham Forest GP practice population

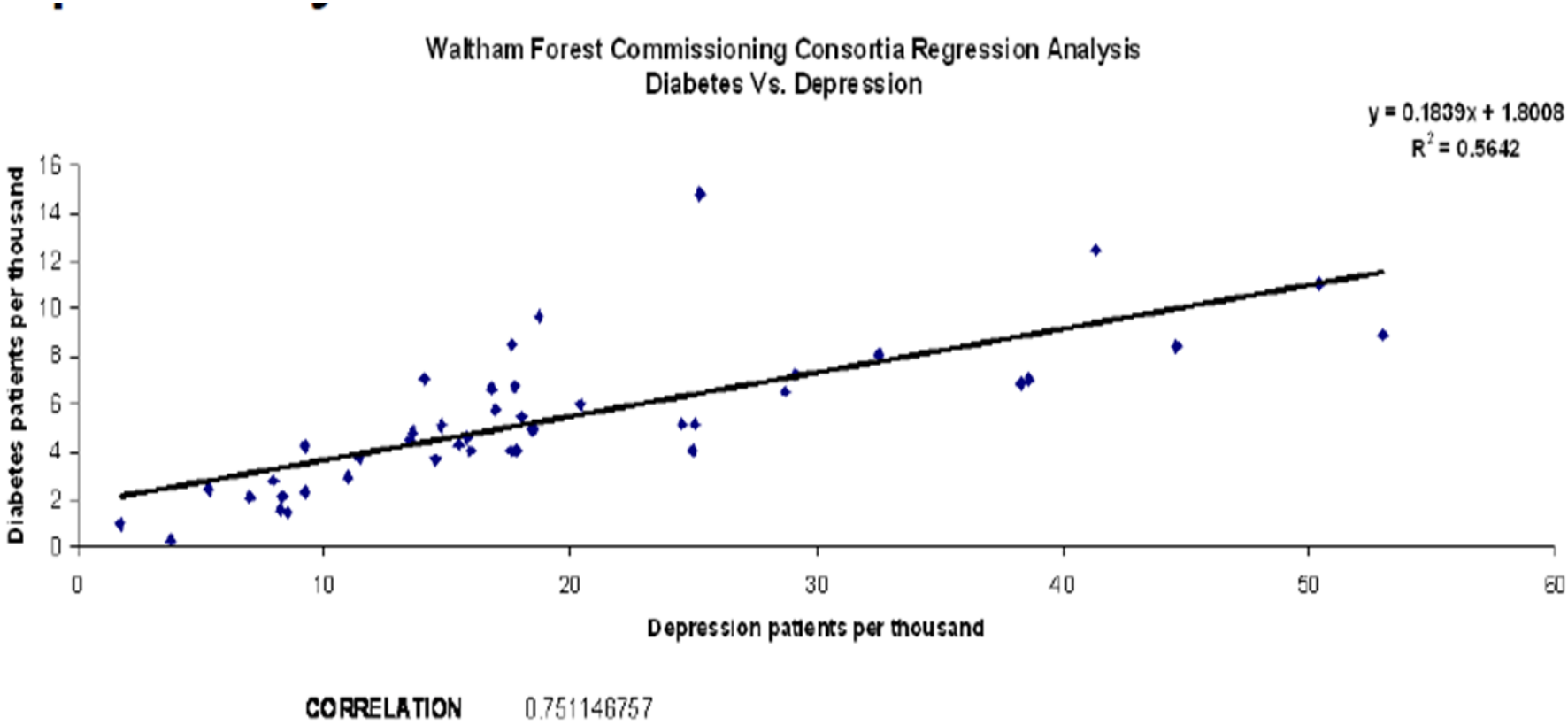
Cancer & depression: regression analysis



CORRELATION 0.913533955

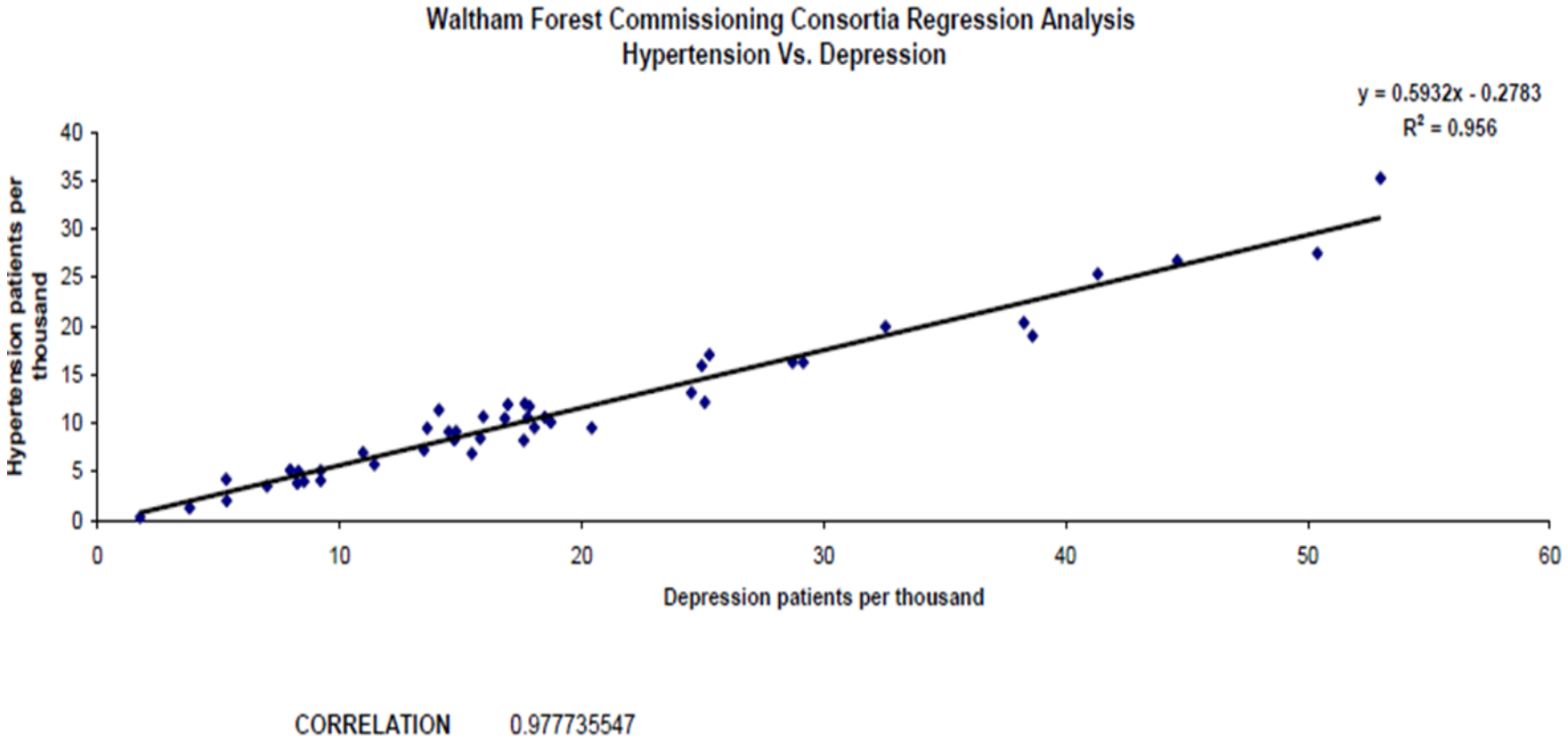
There is a direct correlation between cancer & depression and higher use of services in the Waltham Forest GP practice population

Diabetes & depression: regression analysis



There is a direct correlation between diabetes & depression and higher use of services in the Waltham Forest GP practice population

Hypertension & depression: regression analysis



CORRELATION 0.977735547

There is a direct correlation between hypertension & depression and higher use of services in the Waltham Forest GP practice population

Setting up the Waltham Forest long term conditions plan

- Employed project manager
- Developed protocol to support discharge from secondary mental health to primary care
- Reviewed primary care reimbursement (LES)
- Employed 4 generic primary care navigators
- Provided GP practices with standardised computer template for data collection
- Provided mental health training to GP practices

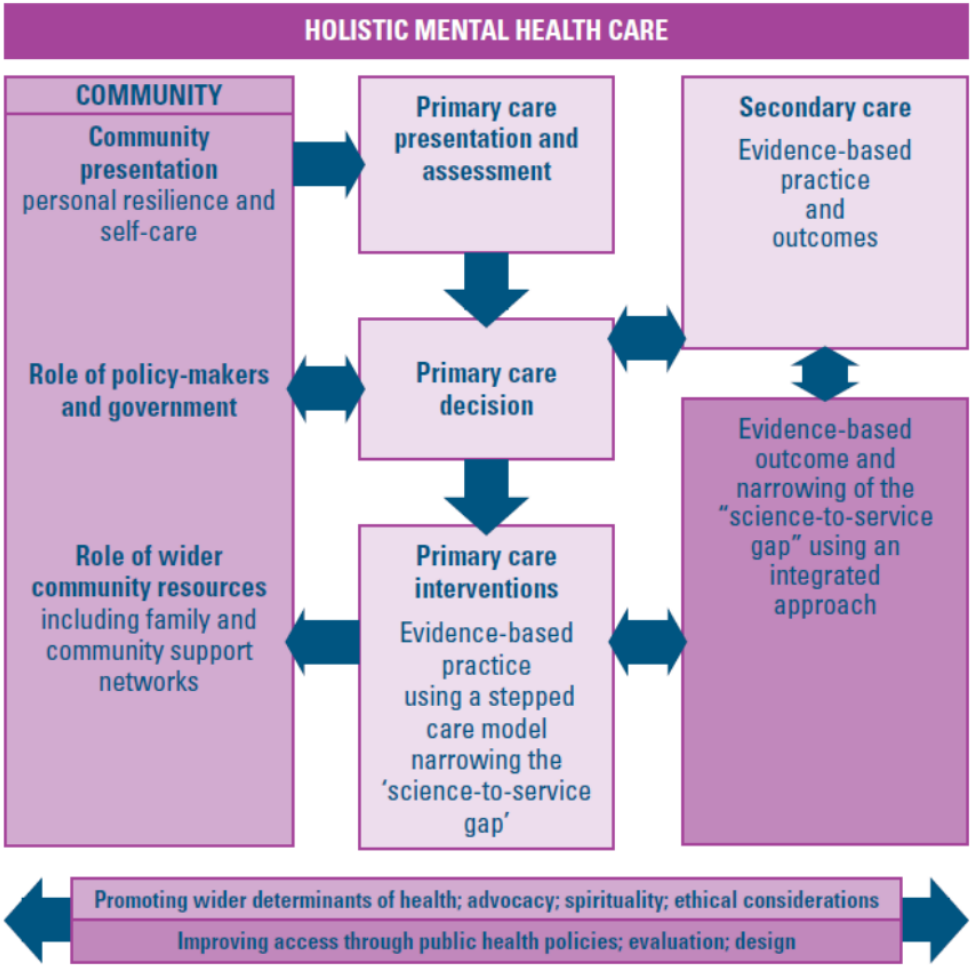
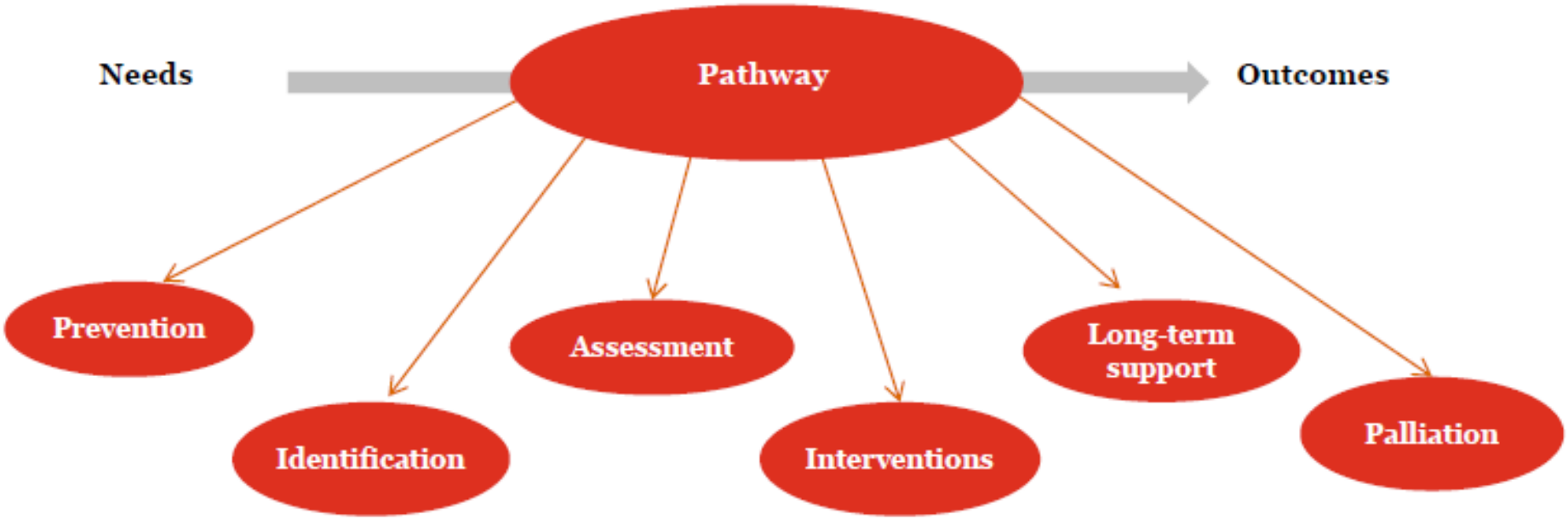


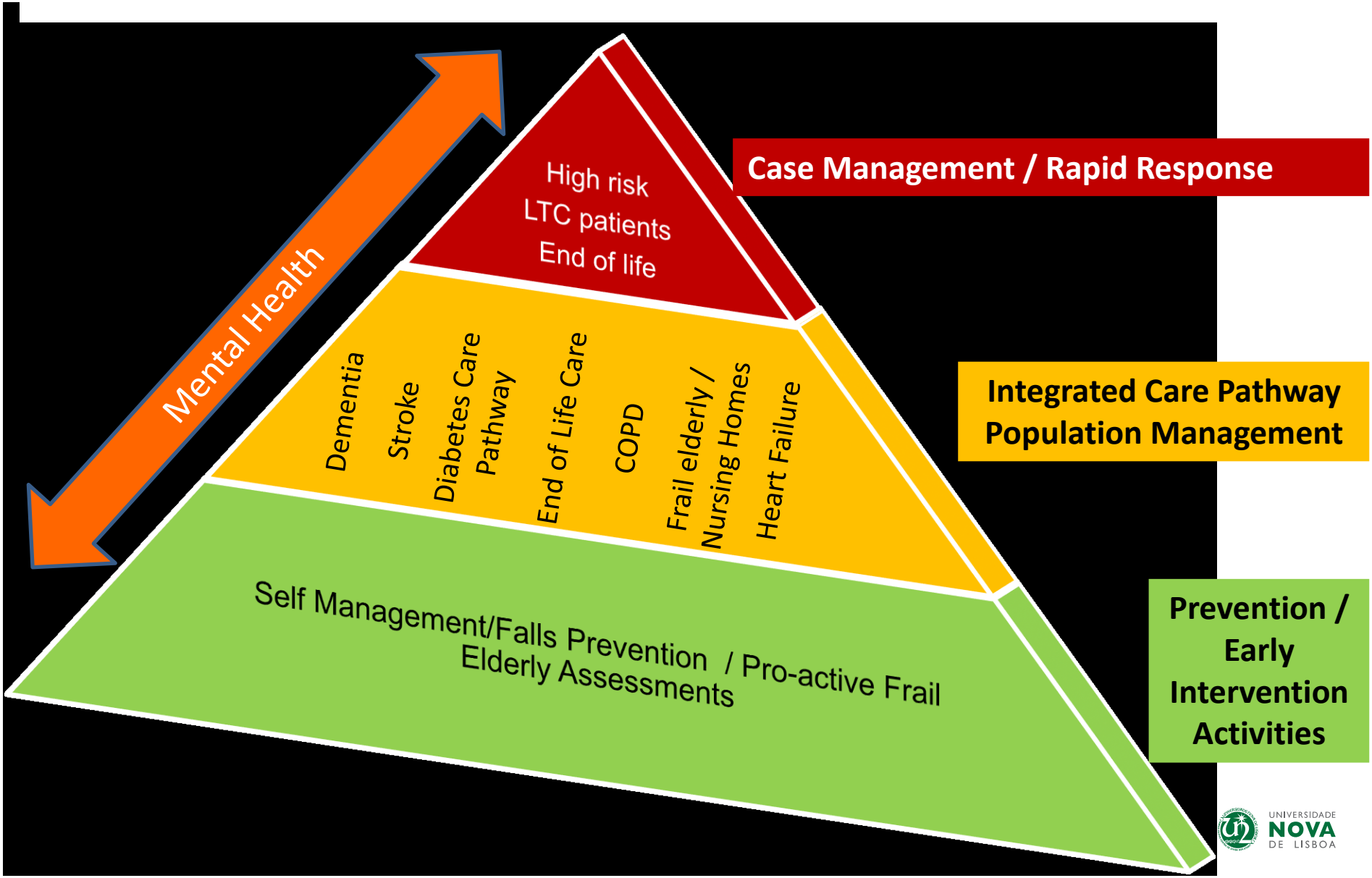
Figure 1.1 The interrelationships between elements of holistic mental health care



Generic Long Term Care Pathway

- At each stage of the pathway you should consider:
  - What needs to be done?
  - By whom?
  - Where?
  - What resources are required?
- For each activity consider:
  - What's the cost?
  - What's the quantity / volume / activity?
  - What are the quality metrics?

Integrated care: a whole systems approach



Experience from successful integrated systems shows that three building blocks are required for Integrated care, that put together can generate significant savings

Success in integrated care

Address specific patient needs in a pathway …

Pathways	Patient segments: Low risk	Medium risk	High risk
Diabetes			
COPD			
Dementia			

… by working in a multi-disciplinary system …

1. Patient registry
2. Risk stratification
3. Clinical protocols & care packages
4. Care plans
5. Care delivery
6. Case conference
7. Performance review

… supported by key enablers

Accountability and joint decision-making

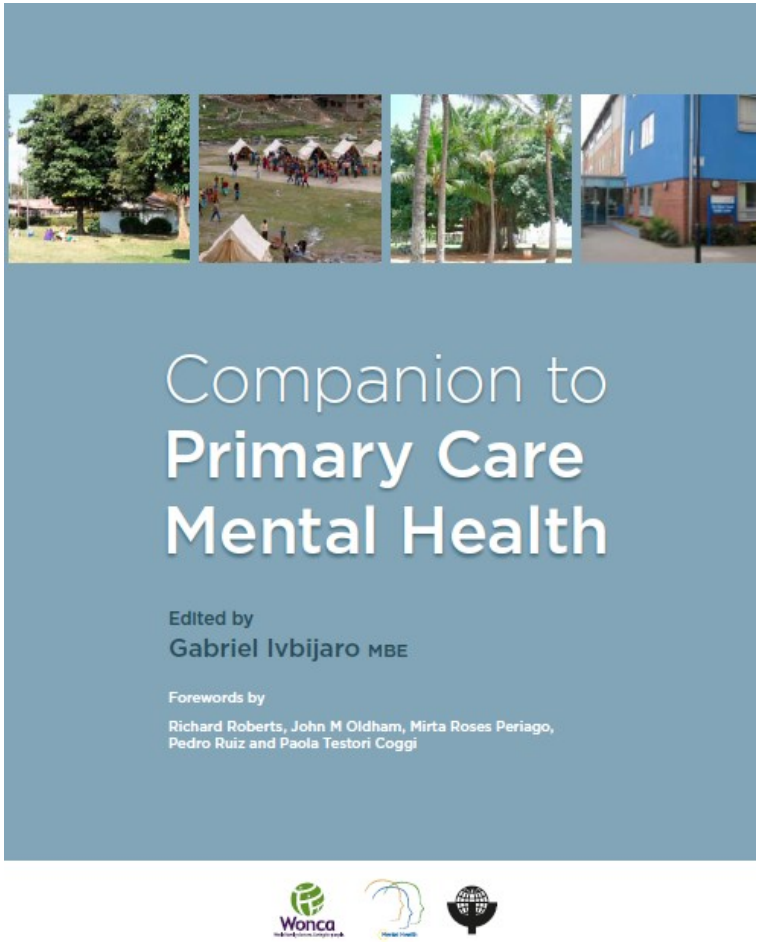
Clinical leadership and culture development

Information sharing

Aligned incentives

Patient engagement

Additional resources



- International Masters in Primary Care Mental Health NOVA University Lisbon Portugal (GP's, psychiatrists, nurses, SW's OT's, 3rd sector mental health workers)
- 120 ECT's (European Transferable Credits)
- Supports use of guidelines, service re-design & skill mix review
- Supported by work based learning

Contract gabriel.ivbiajro@gmail.com for more information

Integrating mental health into primary care 2008: ten years on

- 2018 marks 40 years since the Alma Ata Declaration and 10 years since the publication of this document
- We need to take stock
- What has improved?
- What lessons have been learned?
- How do we ensure global benefit?

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