



## SADAG Mental Health Professionals Meeting 14 June 2017

# 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



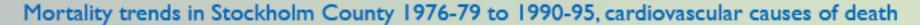
 Compared with the general population mental health patients have not had the benefits of increasing life expectancy

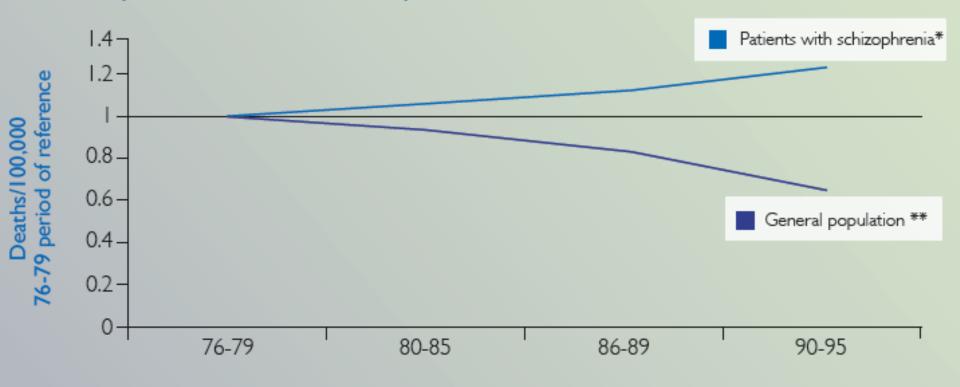
(WHO Mental Health Action Plan 2013-20)





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





Controlling for age at first diagnosis and years of follow-up

\*\* Standardized by the sex and age distribution of the patients

Osby et al. BMJ. 2000;321 (7259):483-4

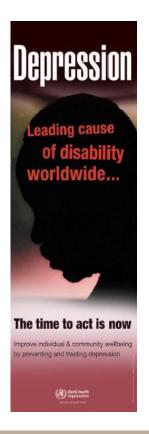




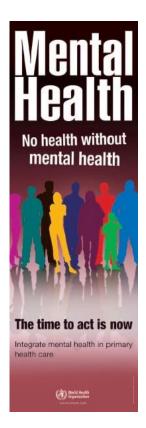
#### mhGAP

### mental health Gap Action Programme Scaling up care

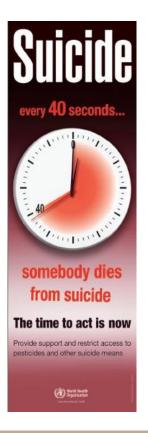
for mental, neurological and substance use disorders













### Why it is necessary

#### SOME FACTS

More than
450
million
people
suffer from

mental disorder

globally.

The lifetime risk for schizophrenia is 0.8% - 1.44%.

#### DEPRESSIVE DISORDER

if the fourth leading cause of disease burden (in DALYs) globally and is projected to increase to the second leading cause in 2030.

25%
of all individuals
develop one or more mental
disorders during their life course.

of the

worldwide

infections.

Globally, nearly 50% of people who have schizophrenia receive

NO mental health interventions.

Many people with mental disorder have poor access to care.

## **Suicide**

is a serious public health problem and accounts for more than 10% of deaths in industrialised countries.

LIFETIME estimate of prevalence for depression and dysthymia is 4.2% - 17%.

#### CANNABIS

is the most widely used illicit drug and 3.8% of the global population older than 15 years use this drug.

burden of disease is attributable to alcohol consumption.

Treatment is often INADEQUATE

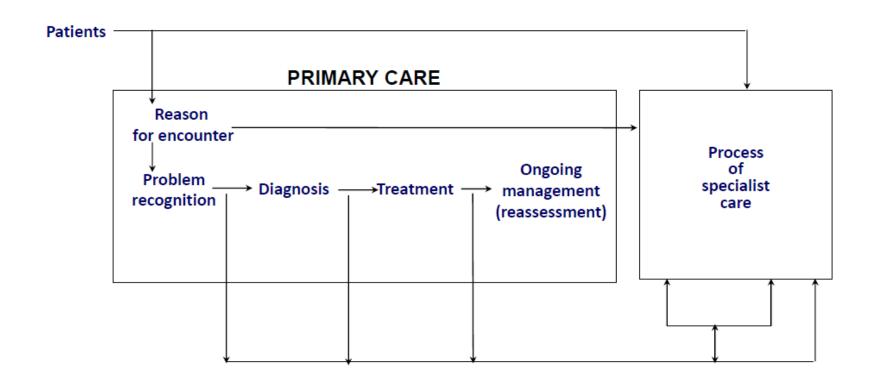
in those people who have received Disorders due to use of treatment for illicit drugs are schizophrenia associated with an increased and 2.8% of total risk of other years lived with infectious diseases such disability are due as hepatitis B to schizophrenia. and C and HIV

- 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



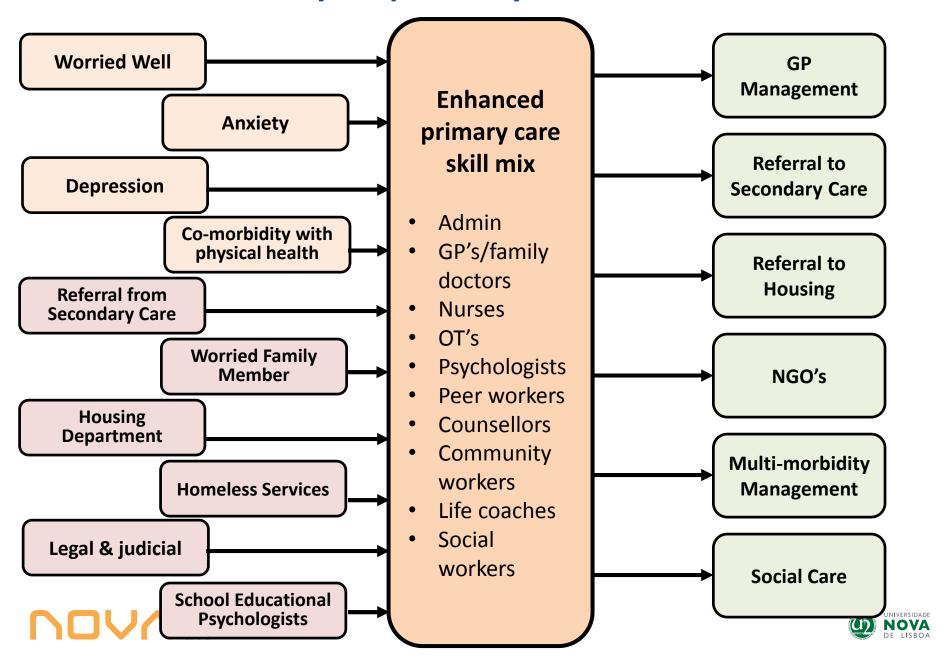
#### There are obstacles at every level

### Patient Journey

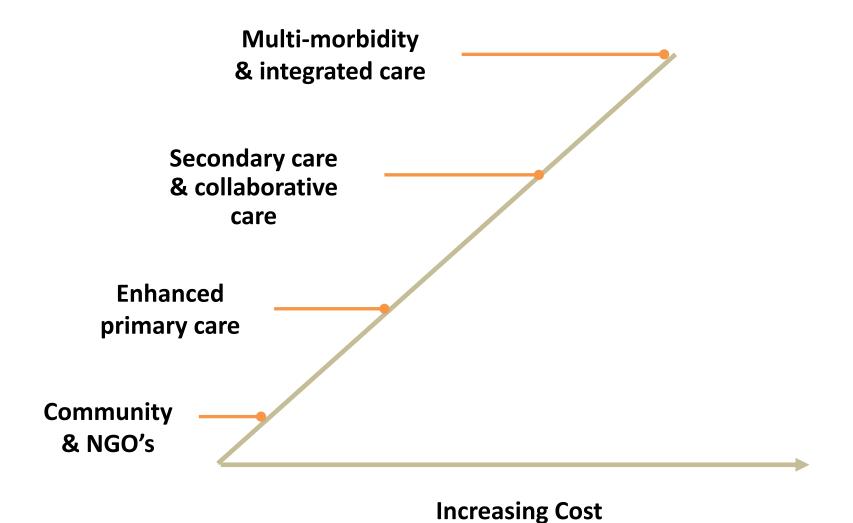


Source: R. Reid Adapted from Starfield. Primary Care: Balancing Health Needs, Services, and Technology. Oxford U. Press, 1998.

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

### Multilevel interventions in excess mortality

#### Individual-focused interventions

#### Mental health disorder management

- Early detection and appropriate treatment
- Interventions delivered at critical time points (e.g., within first year of discharge from hospital)
- Recovery-oriented treatment (e.g., service-user involvement, informed choice)

#### Physical health treatment

 Early detection and appropriate treatment

#### Lifestyle behaviour interventions

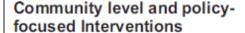
- Tobacco cessation
- Behavioural weight management programmes, including healthy diet, physical activity
- Interventions addressing substance abuse and risky sexual behaviour



#### Health system-focused Interventions

#### Service delivery

- · Screening for medical conditions
- Care coordination or collaborative care strategies (e.g., nurse care manager)
- Guidelines for integrated delivery of mental and physical health care



#### Social support

- · Peer support programmes
- · Family support programmes
- Mental health and consumer advocacy groups

#### Stigma reduction interventions

 Directed toward communities with SMD and general public

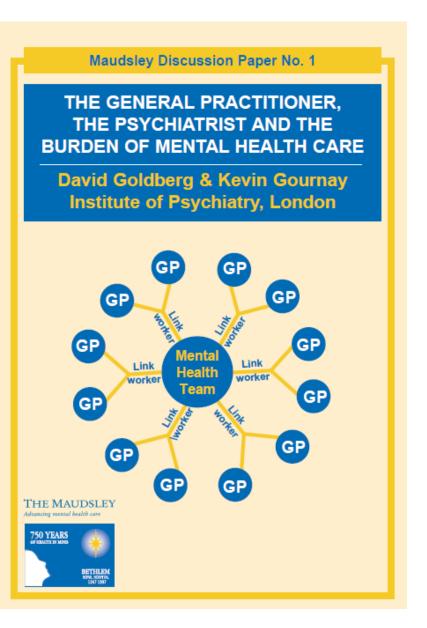
#### Policy level interventions

- Comprehensive health care packages, insurance parity and quality
- Public health programmes (tobacco cessation, HIV prevention, suicide prevention)
- Employment, housing, and social welfare sector involvement





### 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

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

Region	<b>Psychiatrists</b>	Psychiatric nurses	<b>Psychologists</b>
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 Organization74

Funk & Ivbijaro 2008





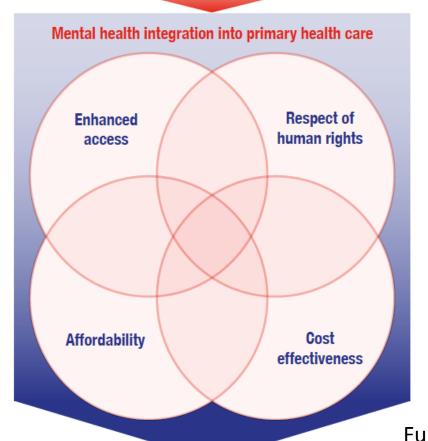
## Global need for integration

Seven good reasons for integrating mental health into primary care

Prevalence of mental disorders

Comorbidity of mental and physical health problems

Treatment gap





UNIVERSIDADI NOVA

#### .

## Effectiveness and primary care transformation

















Integrating mental health into primary care

A global perspective

Integração da saúde mental nos cuidados de saúde primários

Uma perspectiva global





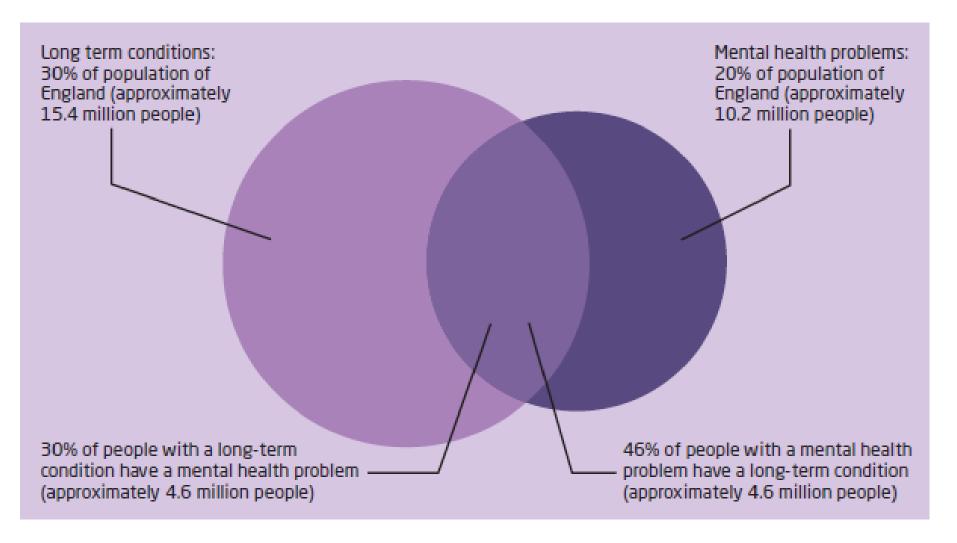








#### Mental health and multimorbidity in the UK



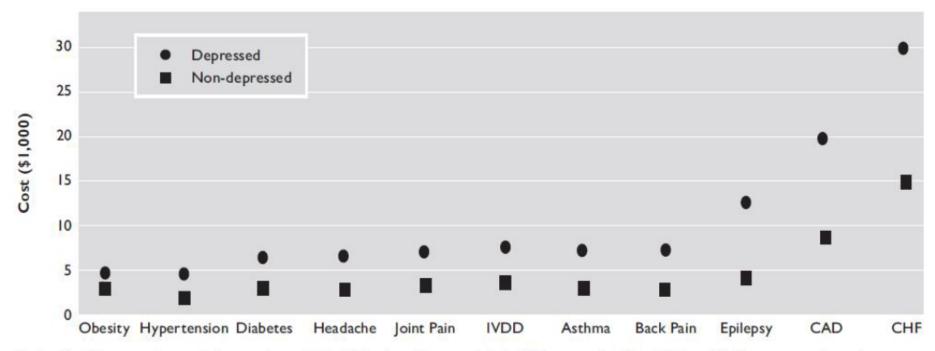
Kings Fund UK





## Mental ill health increases the cost of physical health care

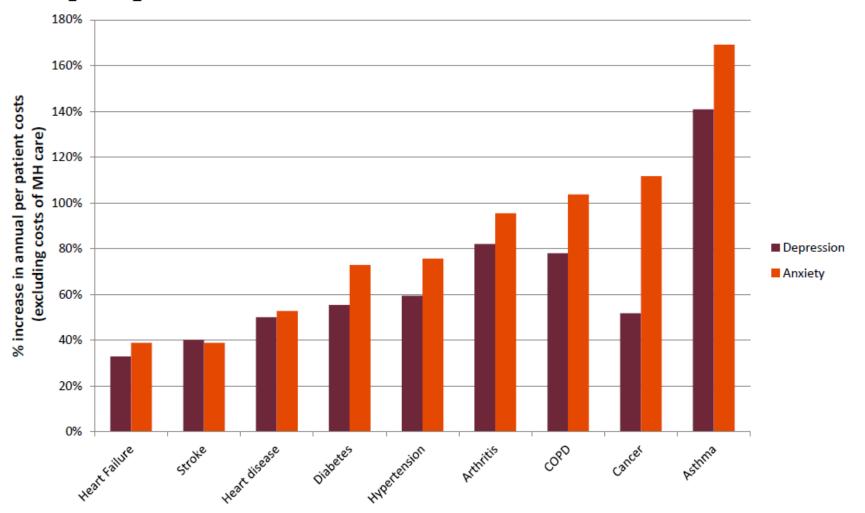
Annual per patient costs with and without depression (excluding MH treatment costs)



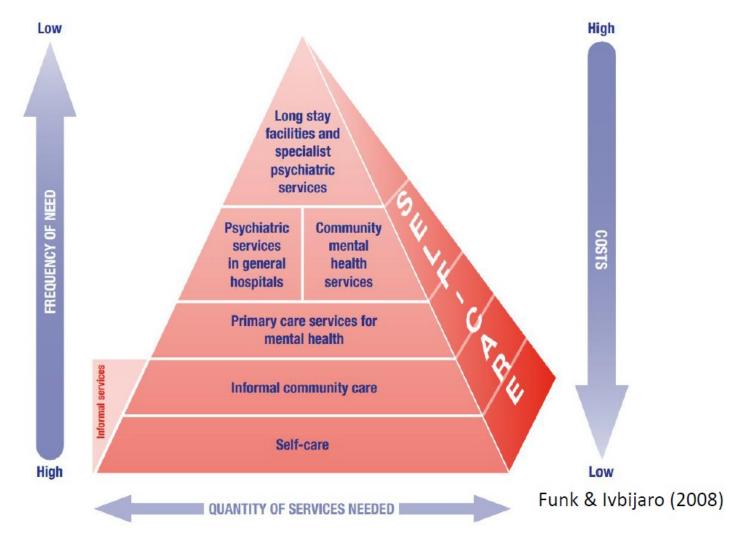
Costs of antidepressant prescriptions and mental health treatment are excluded. CHF: congestive heart failure; CAD: coronary artery disease; IVDD: intervertebral disc disease.



## Mental ill health increases the cost of physical health care



## WHO optimal mix of services for cost effectiveness



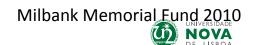


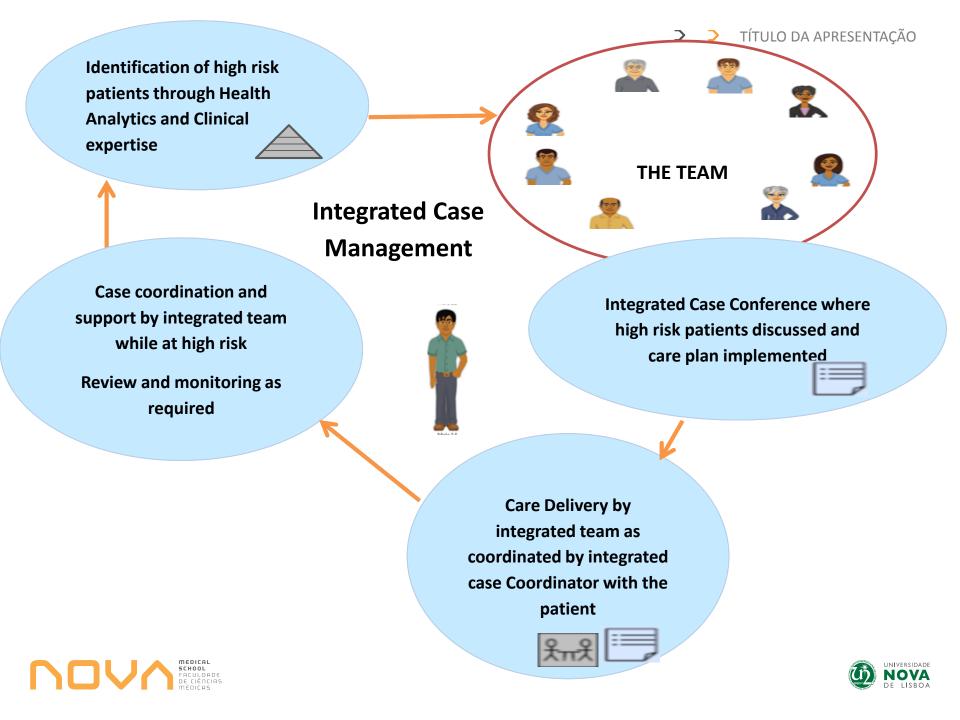


## Collaboration and integration: mental health & primary care

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		







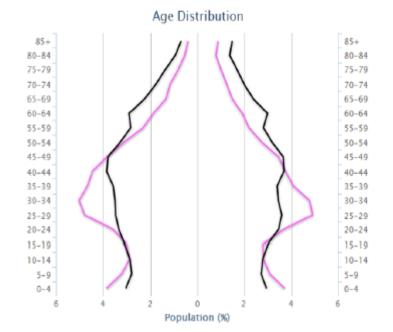
### Waltham Forest: a case example

Male

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



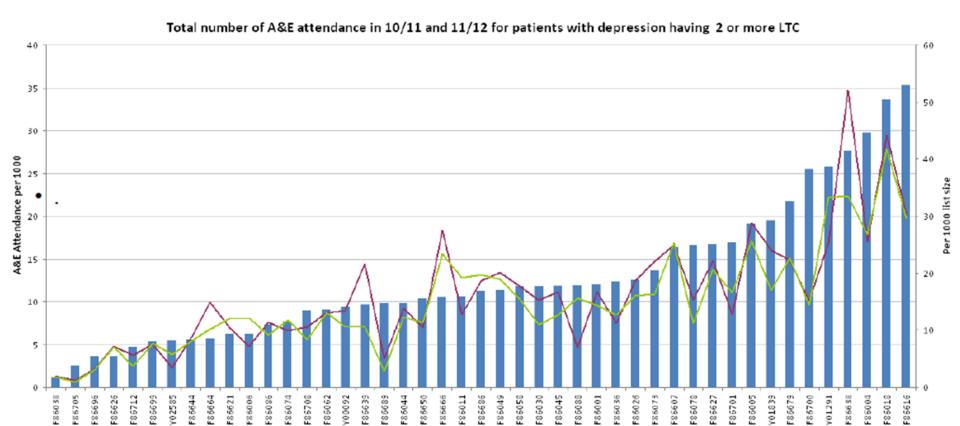




Female



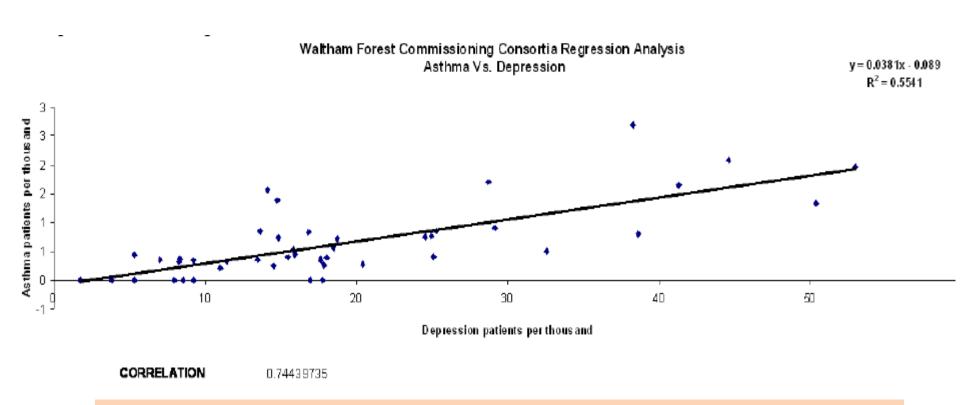
## **A&E** attendance per practice for patients with depression & long term conditions in Waltham Forest







#### Asthma & depression: regression analysis

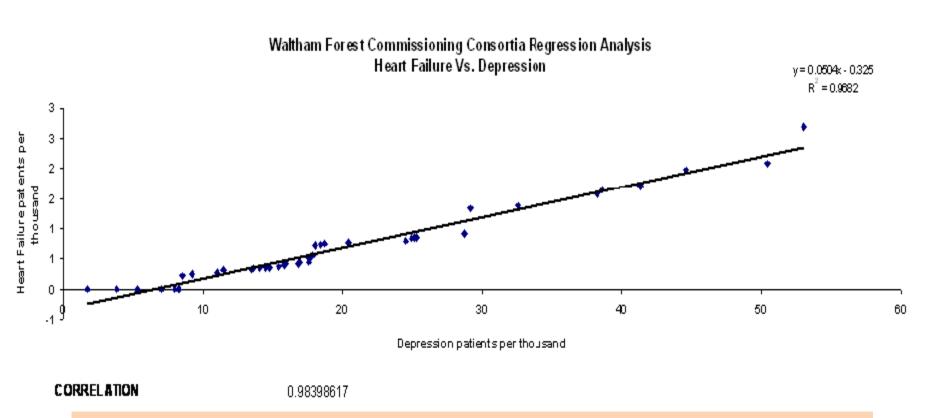


There is a direct correlation between asthma & depression and higher use of services in the Waltham Forest GP practice population





#### Heart failure & depression: regression analysis

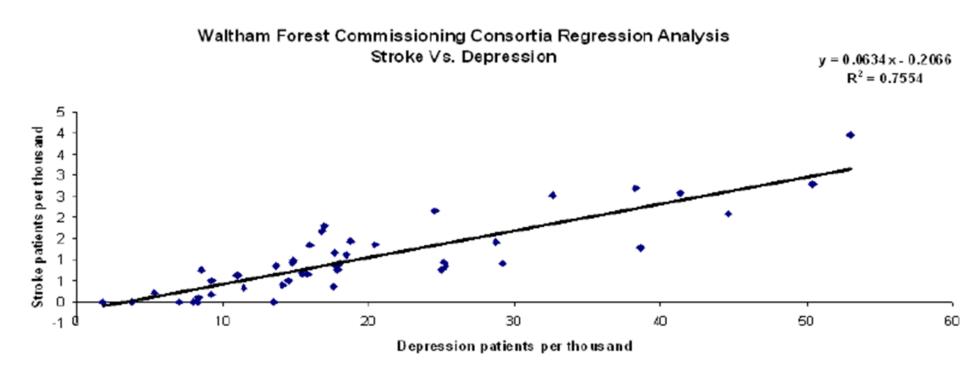


There is a direct correlation between heart failure & depression and higher use of services in the Waltham Forest GP practice population





#### Stroke & depression: regression analysis



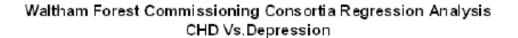
CORRELATION 0.889 11 2489

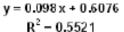
There is a direct correlation between stroke & depression and higher use of services in the Waltham Forest GP practice population

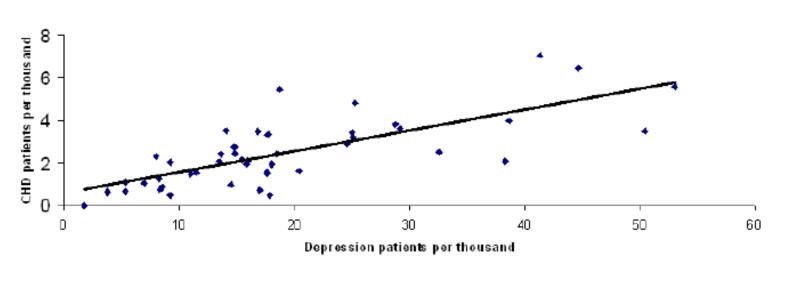




#### CHD & depression: regression analysis







CORRELATION

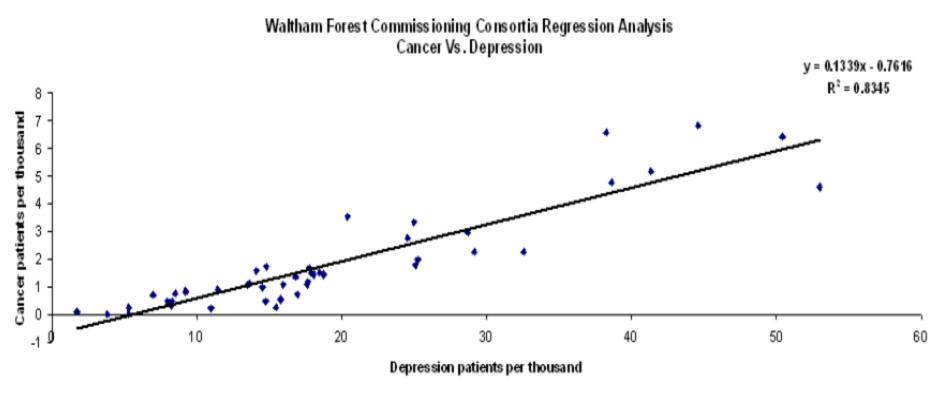
0.743036317

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





#### Cancer & depression: regression analysis



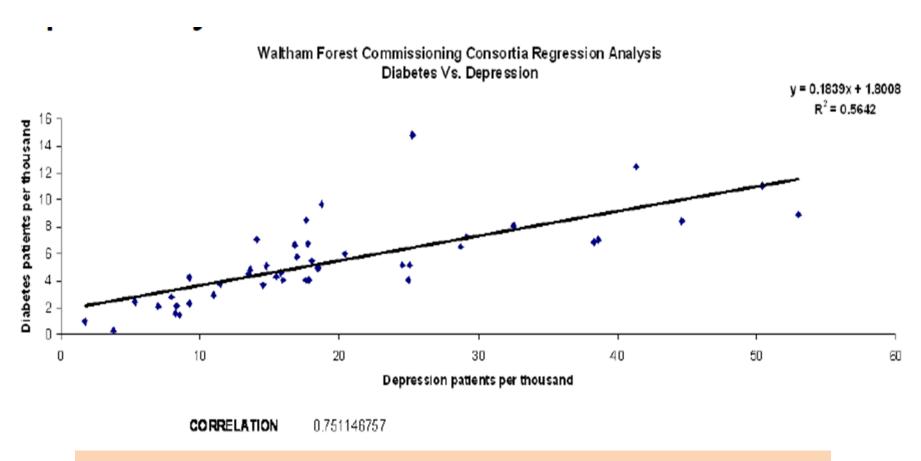
CORRELATION 0.913533955

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





#### Diabetes & depression: regression analysis

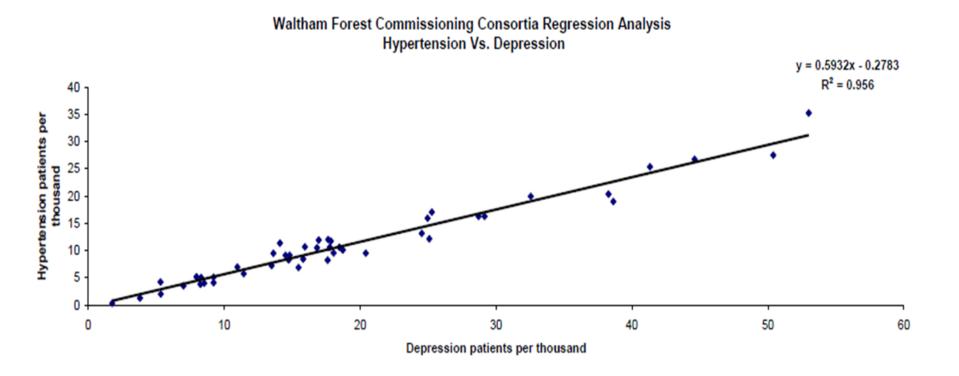


There is a direct correlation between diabetes & depression and higher use of services in the Waltham Forest GP practice population





#### 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

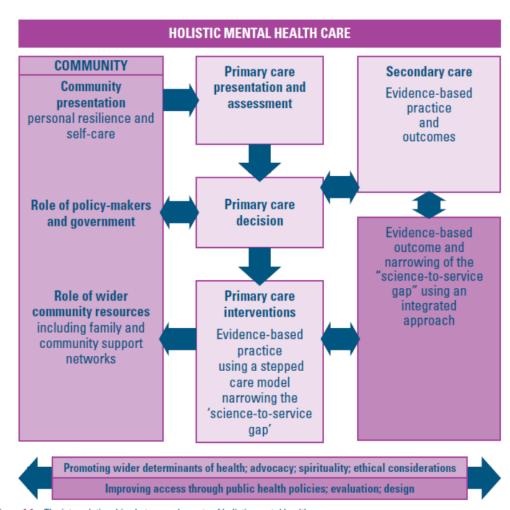
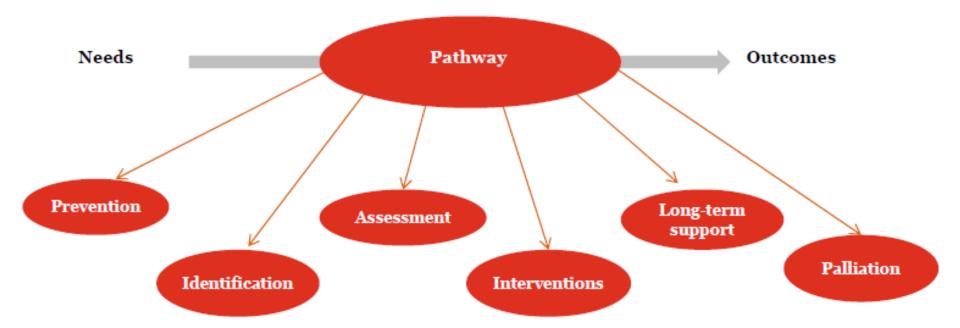


Figure 1.1 The interrelationships between elements of holistic mental health care







#### Generic Long Term Care Pathway

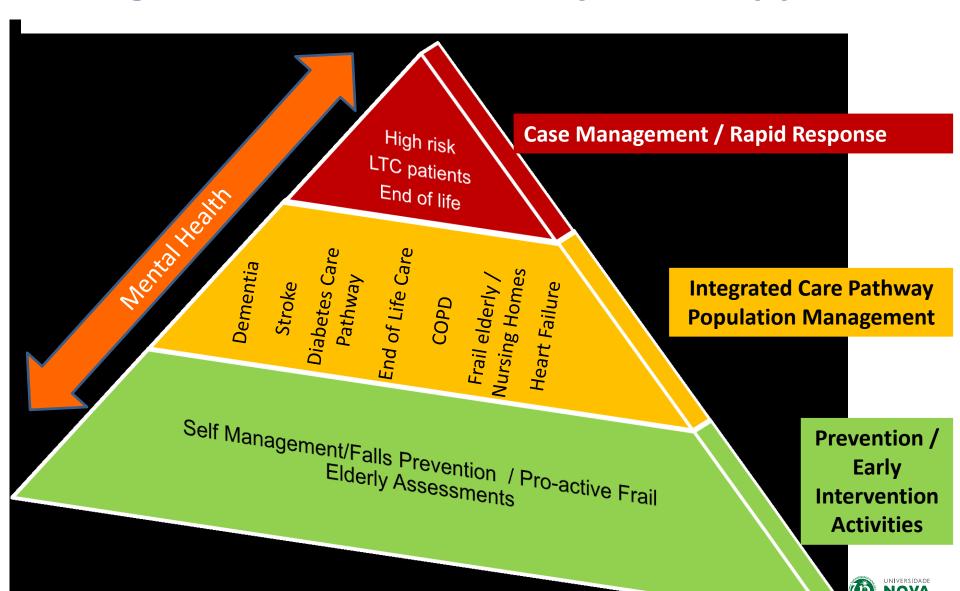
- At each stage of the pathway you should consider:
   What needs to be done?

  - 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?



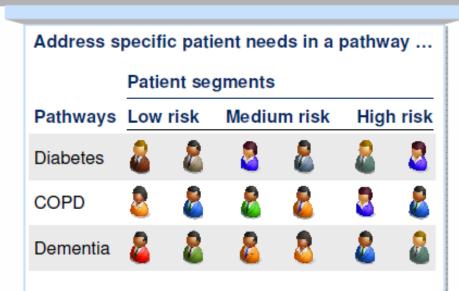


### Integrated care: a whole systems approach



## 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



- ... by working in a multi-disciplinary system ...
- 1 Patient registry



6 Care delivery



Risk stratification



6 Case conference



3 Clinical protocols & care packages



Performance review



4 Care plans



#### ... supported by key enablers



Accountability and joint decision-making



Clinical leadership and culture development



Information sharing

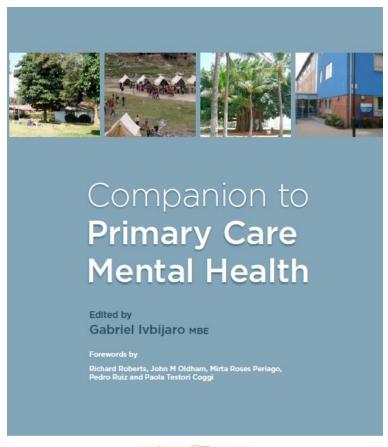


Aligned incentives



Patient engagement

#### Additional resources



Wonca





- International Masters in Primary Care Mental Health NOVA University Lisbon Portugal (GP's, psychiatrists, nurses, SW's OT's, 3<sup>rd</sup> 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

THIRTY YEARS AFTER THE ADOPTION OF THE ALMA ATA Declaration on primary health care, the vision of primary care for

Declaration on primary health care, the vision of primary care for mental health has not yet been realized in most countries. Integrating mental health toto primary care: a global perspective reaffirms the urgent importance and advantages of redressing this deficit and integrating mental health into primary care systems around the world.

Worldwide, mental, behavioural and neurological disorders are major contributors to disability and permature death. They are common in all countries and if left untreated cause immense suffering, affecting one in four families at any point in time. Primary care services for mental disorders are the best way of ensuring that people get the mental health care they need. They are accessible, affordable, acceptable and cost effective, and promote early disagnosis, respect of human rights and social integration. They also help ensure that all people are treated in a holistic manner, addressing both their physical and mental health needs.

In addition to making the case for integrating mental health into primary care, this report illustrates how this health system transformation can be achieved through detailed descriptions of best practices from around the world. Building on this body of expertence, integrating mental health into primary care: a global perspective identifies 10 common principles for the successful design and implementation of integrated mental health services at primary care level.

With integrated primary care for mental health, the quality of life for hundreds of millions of patients and their families can be improved. This report shows the reader that integration is achievable in all countries, and gives practical recommendations for the way forward.





"Mental health is essential for achieving person-centred and holistic primary health care." Dr Margaret Chan, Director-General, WHO



"We need education and training on mental health care for all students and health professionals training to work in family medicine and other areas of primary health care." Profesor Chris van Weel, Whild President,



- 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?



### Thank you

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