

Providing Integrated Mental Health Services in the Singapore Primary Care Setting – the General Practitioner Psychiatric Programme Experience

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Abstract

Introduction: The aim of our programme was to right site a selected group of patients to the care of the primary sector for follow-up management. Mental disorders are recognised as a major public health problem worldwide which places an enormous burden on health services. Patients on treatment in the hospitals are largely managed by specialists either in the restructured hospitals or in private practice with minimal involvement of general practitioners (GPs). Yet, there are many patients with chronic mental illnesses who are stable, require maintenance medications and are best managed in the community. **Strategies:** GPs were given appropriate training and support to help them manage patients with mental illnesses in their clinics. The training involved in-depth, comprehensive training on mental illness, providing the GPs with the skills necessary to manage the stable patients within the community. It also facilitated Early Detection Intervention by enhancing the GPs capabilities to detect and manage the mentally ill. Patients screened by psychiatrists who fulfill the referral criteria agreed upon by both the specialist team and the GP partners were referred to the GPs with initial support from case managers when required. The benefits to patients include: increased convenience, savings in terms of transport costs and travel time, the flexibility of being seen during after office hours, less stigma and the option of managing their other medical conditions, if any, by the same doctor. **Results:** To date, a total of 200 patients have been successfully referred to the 30 GPs in the programme. This represents an average savings of more than 1000 consultation visits to the hospital per year. **Conclusion:** The programme allows for the right siting of care for patients and allows the hospital to channel precious resources to more appropriate uses.

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Key words: Case management, GP partnership, Right siting

Introduction

Mental disorders are recognised as a major public health problem worldwide, and the management of mental health problems places an enormous burden on health services.

The World Health Organization (WHO) estimates the cost of mental health problems in developed countries to be between 3% and 4% of Gross Domestic Product (GDP), amounting to several billion dollars in terms of economic impact affecting personal and caregivers' incomes, loss of contribution to the national economy, as well as utilisation of medical support and services.¹ In addition, there is an intangible emotional cost to patients and their families.

There is still a large amount of stigma attached to mental illness and those who suffer from it.² Patients with mental illness in Singapore are largely managed by specialists either in the restructured hospitals or in private practice with minimal involvement of the general practitioners

(GPs). Yet, there are many patients with chronic mental illnesses who are stable, requiring only maintenance medications and they could be best managed in the community. The present situation places a heavy reliance on the hospitals and specialised services to provide the bulk of mental healthcare in Singapore.

There is a growing movement in Singapore towards community management of chronic illnesses, including mental illness. In many cases, patients seen in psychiatric clinics in the local hospitals can be successfully referred to doctors in general practice for continuing care.

This has been recognised by the WHO in a paper entitled "*The Mental Health Policy and Service Guidance Package (Mental Health Policy and Service Guidance Package)*" published in 2005.³ It identified changes in the models of care for mental health and chief among the changes is *community focus* and *deinstitutionalisation*, with an

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emphasis on more community-based services and a complementary integration of mental health within general healthcare. In developing countries with acute shortages of mental health professionals, the delivery of mental health services through general healthcare is the most viable strategy for increasing access of underserved populations to mental healthcare. Furthermore, mental disorders and physical health problems are not only closely associated with each other but often influence each other as well.

The Present Situation

The Singapore National Mental Health Survey carried out in 1996 revealed that although a large portion of the population (63%) would not seek professional help if they are mentally unwell, 49% of those who would do so would choose to go to their GP as a first point of consultation.⁴

This finding is similar to that of a strawpoll carried out earlier this year on patients and their accompanying family members visiting the psychiatric outpatient clinics at the Institute of Mental Health (IMH), the Behavioural Medicine Clinics at Viking Road and in Geylang Polyclinic. The poll was carried out on patients as well as their family members as many of the patients are single and still live with their families.⁵

The poll showed that 56.7% (34/60) of patients and 74.5% (38/51) of their caregivers are comfortable with psychiatric follow-up care provided by their GP. The top 3 reasons cited by both patients and their family members are: 1) convenience, 2) savings on transport costs and 3) care by GPs is perceived to be less costly.

This is not surprising as we have found that for 65% of patients who work have to take leave or time off from work for their follow-up appointments. Likewise, 75% of family members have to take leave or time off their work to accompany their relatives for their appointments.

The current burden of a large patient load on the hospital also leads to longer waiting times for patients. Specialists are tied down to seeing stabilised patients when they should be attending to more complicated cases, as well as to teaching and research.

The Role of GPs

GPs are accessible and multi-skilled primary care providers on the ground, servicing 83% of all primary medical care in Singapore.⁶ With as many as 1 in 6 Singaporeans suffering from some form of psychiatric morbidity,⁷ they can play a significant role in detecting and subsequently providing primary care services to people with mental health problems.⁸

GP practices are usually located in the neighbourhoods and this relative ease of visiting the doctor will greatly encourage patients to have regular follow-ups. It allows the patient and their caregivers to save on transport costs and

travel time. After-office hours consultation times, including weekends, are usual practice for GPs and this will provide patients and their caregivers with broader options when choosing their appointment dates and time.

GPs act as a stable point of contact for patients and their caregivers, and this continuity of care is essential in the optimal management of patients with a chronic illness. Being the patient's family doctor, it is much easier for the GP to provide holistic care by ensuring that the patient's other minor medical and physical problems are also taken care of.

GPs are usually the gate-keepers since they are often the first point of contact for people with psychiatric illness, and other mental health problems and would be the portals for referring the appropriate patients for specialised care. GPs as the family doctor are important and often the main source of support and information for patients and their caregivers. They are often the source of information on the mental health services available and could exercise a strong influence on the patient's decision-making process with regard to the type of specialised services that the patient may choose. To a large extent, it would be less stigmatising for a patient to see a GP for his psychiatric follow-ups. This might encourage greater compliance to follow-up.

We describe here a successful model of collaboration between GPs and mental health professionals.

The GP Psychiatric Programme

The aim of this programme was to engage the GPs in the management of stable psychiatric patients based on a long-term and sustainable partnership. The skills gained during the programme would allow the GPs to diagnose and detect with greater confidence when their patients present with mental illnesses, and to start management earlier if necessary. The programme was started as a pilot project within the Early Psychosis Intervention Programme (EPIP).

EPIP, a not-for-profit programme, was established in April 2001, under the auspices of the Health Service Development Programme (HSPD) of the Ministry of Health in response to an emerging body of work which showed that the condition of those diagnosed with psychosis often deteriorates significantly after the onset of symptoms, and that early recognition and intervention have been shown to reduce the rate of deterioration, improve overall outcome, reduce health costs and ultimately save lives.⁹

EPIP is a comprehensive and integrated treatment programme involving a multidisciplinary team of psychiatrists, psychologists, nurses, social workers and occupational therapists. It focuses on the early detection of psychosis and the provision of comprehensive and phase-specific treatment. The strategies adopted include extensive public education, establishment of networks with primary healthcare professionals for the identification and

management of these patients, screening of those at high risk of developing this illness and provision of evidence-based treatment.

As part of its networking strategy, the EPIP started off with a programme to reach out to doctors in the polyclinics as well as to private GPs. A total of 27 forums and workshops on mental health were carried out for GPs in private practice and polyclinics over a 2-year period from 2003 to 2004. These sessions helped to highlight the mental conditions that GPs may come across in their practice and how to manage them.

A regular bimonthly newsletter with educational articles was sent to more than 2500 GPs, highlighting common mental health issues in general practice.

The specific aims of the GP Psychiatric Programme were to identify, train and collaborate with a group of GPs who would be interested in and willing to manage patients with mental illness, and to right site the care of these patients from the hospital to the community. There were a number of issues and concerns which emerged during the course of establishing this programme. These included: (1) some GPs felt that some training was necessary to enhance their ability to manage certain types of mental illnesses, in particular, psychosis, (2) some psychiatrists had to be convinced that their patients would be competently managed by GPs, (3) a consensus had to be reached with regard to the types of patients who are best managed by GPs, and (4) a system of referral and support including the accessibility of the mental health professionals for consultation and advice, and the availability of psychotropic drugs.

An open channel of communication and partnership between GPs and psychiatrists is key to the programme.^{10,11} Of equal importance is the development of the drug delivery system. This involved creating a seamless drug management system that is easy to order and efficient in the delivery of medications. Over and above this, the system has to ensure that the cost of medications to GPs is kept low so that the final cost to patients at the GP clinics is kept as close to that at the hospital as possible.

To address the first 2 concerns, a detailed training programme for the GPs was drawn up which allowed the GPs to obtain the skills and knowledge they required. The psychiatrists also had the opportunity to meet the GPs who would subsequently be managing their patients.

The initial pilot phase involved 4 participating GPs. They were provided with in-depth, comprehensive training on mental illness, which included an induction course followed by regular refresher workshops and dialogue sessions (Table 1). The GPs attended ward rounds and were attached to a specialist's clinics. Lectures which refreshed them on relevant clinical skills like mental state examination, pharmacological treatment of mental illness

Table 1. General Practitioner (GP) Training Programme

The training of the GPs included:	
-	Workshops on how to conduct a psychiatric interview
-	Lectures on the common psychiatric conditions faced in their practice
-	Use of psychiatric medications and their side effects
-	How to handle acute psychiatric situations and suicidal patients
-	Attachments to psychiatric clinics
-	Attachment to hospital wards and ward rounds

and management of psychiatric emergencies were conducted. This training not only provided the GPs with the skills necessary to manage the stable patients within the community, but also improved their capability to detect and manage the mentally ill. This early detection and early management of certain mental illnesses is of particular importance.¹²

Referral of Patients

The exclusion criteria are shown in Figure 1. Proper counselling on the referral process was provided to the patients and their family. With the assistance of the counsellor, the patients selected the clinic of a participating GP that was most convenient. With the consent of the patients, his or her information and treatment regime were communicated to the chosen GP and an appointment was made.

In order to ensure a smooth transition of care for the patient from hospital to community-based treatment, each patient was allocated a specific case manager. The case manager coordinated all aspects of treatment and transfer of care, provided ongoing support to the GPs and acted as a bridge between the GP and the hospital team.

Programme to Date

The programme was evaluated on a number of performance indicators including the relapses/exacerbation of the patient's mental illness, referral back to the specialist team and satisfaction levels of the patient and family.

The success of the pilot phase led to the programme being adopted by the Institute of Mental Health with the subsequent recruitment of 30 more GPs, and to date a total of 200 patients have been successfully referred out.

Conclusion

Patients with mental illnesses who are stabilised on maintenance medication could be managed by GPs. GPs offer a less stigmatising setting, convenience and flexible timing for consultation. This right siting of care also leads to better allocation of resources. However, mental health professionals should be committed to continue to render support to sustain this collaboration.

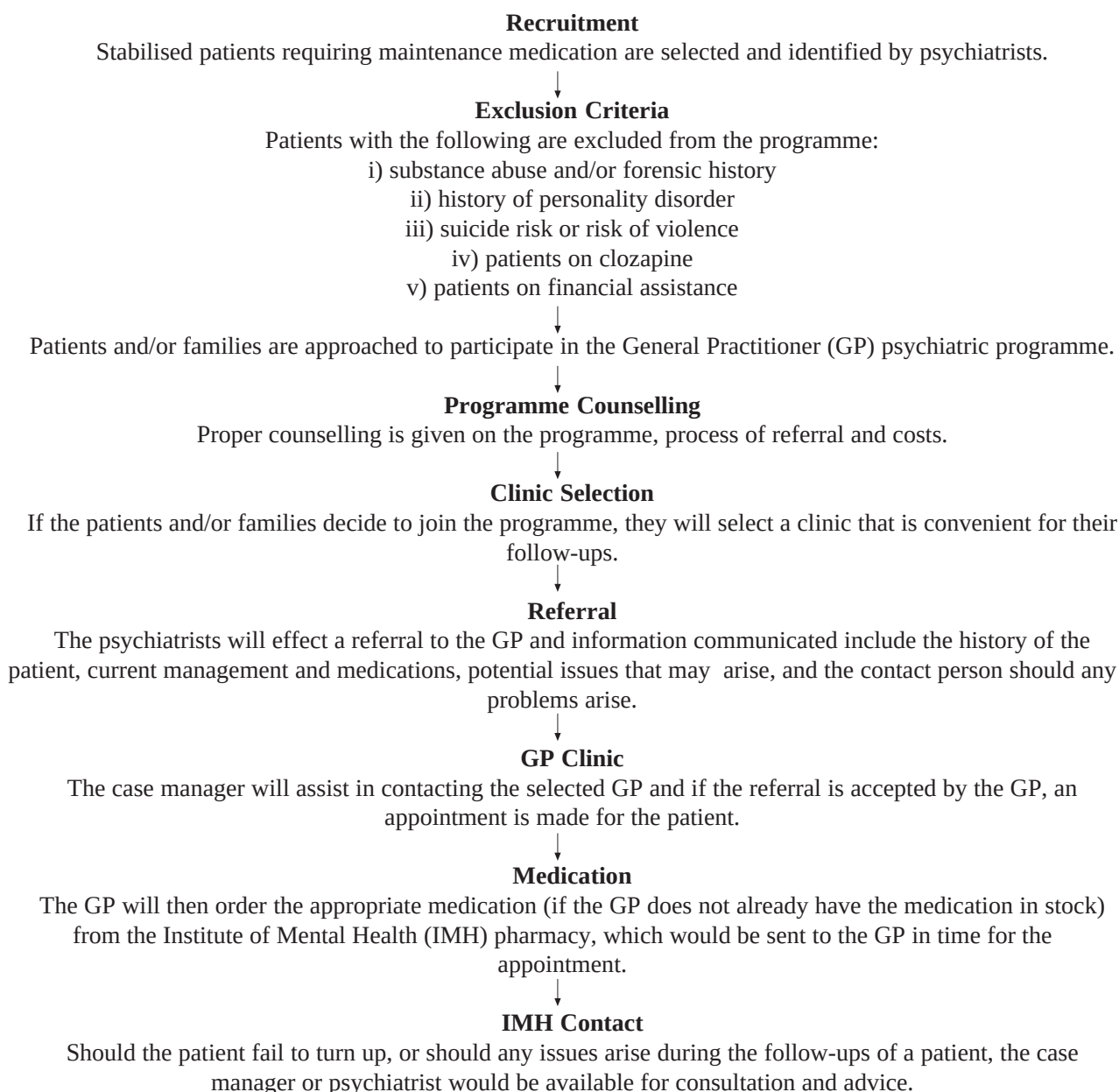


Fig. 1. The referral flowchart.

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