

How can family physicians best support people with SPMI in the community?

Linda Gask
University of Manchester, UK

Primary care

“....the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community”

Donaldson et al 1996

‘lethal discrimination’

- People with SPMI are at greater risk of developing long term physical health problems
- Life expectancy reduced by 13-30 years
- How can this be addressed?

Primary care

- Less stigmatizing?- but people with SPMI attend less than expected.
- Less routine screening or health checks are provided in PC for people with SPMI despite physical health risks
- Fewer interventions offered to improve physical health care.
- Family physicians (FPs) report *lack of support and problems across the interface with specialist services*
- Some FPs view SPMI as beyond their remit.

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“I know that I cannot look after people with severe and enduring mental health problems. I do not have the skills or the knowledge. I couldn't do it well” (GP 1: female, Coventry)

Lester et al. 2005

Improving access to primary care

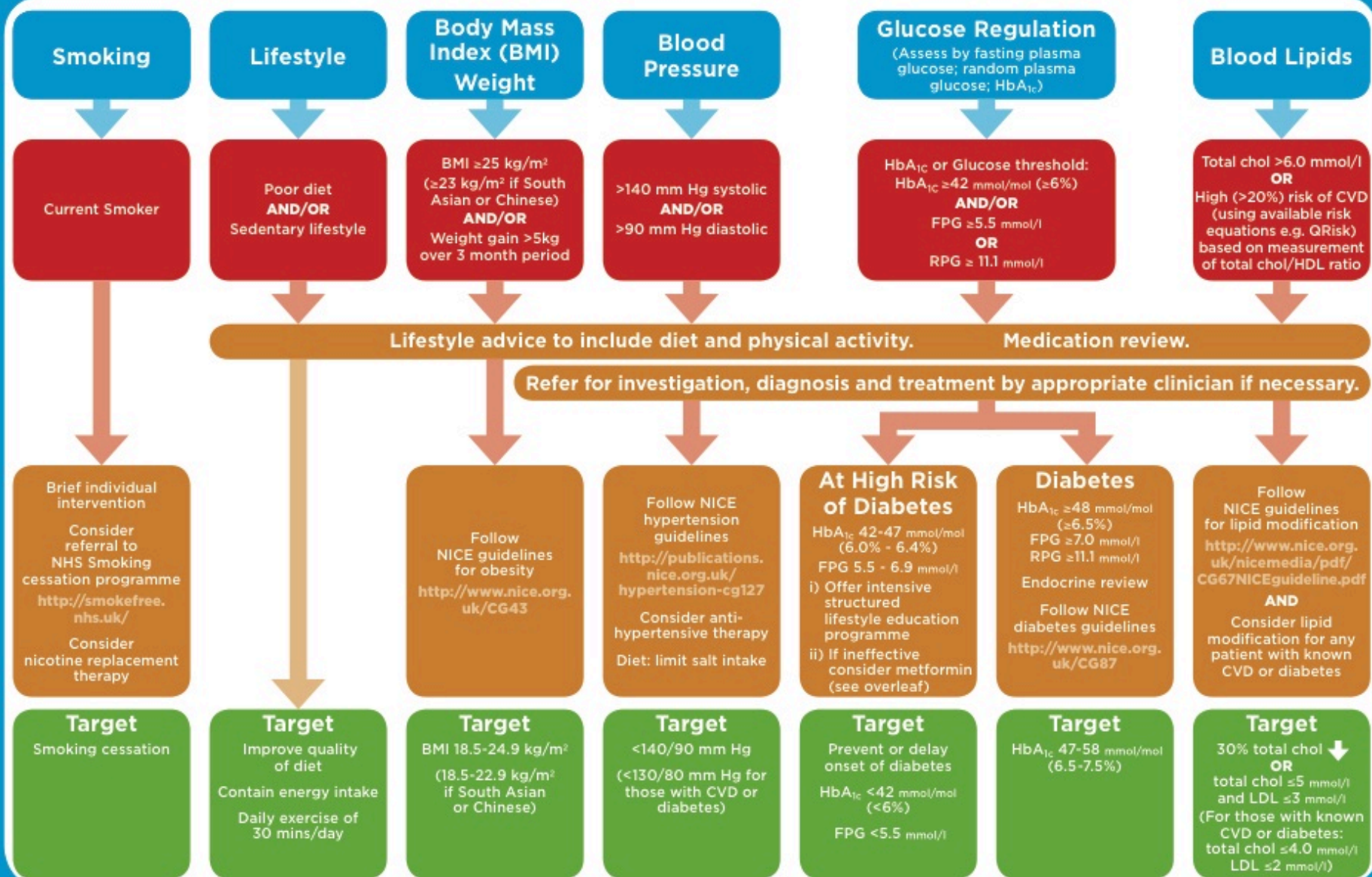
- Primary care better placed to provide physical health care? - ***Parity of care***
- Family Physicians have a key role to play in improving physical health care outcomes and helping SUs navigate care transitions and access specialist services
- Care co-ordinators have key role to play in linking people into primary care
- ‘Step-down’ back to primary care when stable (***but ease of re-referral in crisis is crucial***)
- ‘Shared care’

Physical health monitoring in primary care

- Interventions have been described to improve primary care monitoring of physical health care in SPMI, including use of registers and payment to practitioners (UK) and development of clinical algorithms.
- There is no current evidence from randomized controlled trials to support current guidance and practice for monitoring the physical health of people with SPMI in primary care. *This is based on expert consensus.*

Positive Cardiometabolic Health Resource

An intervention framework for patients with psychosis on antipsychotic medication



Interventions by Family Physicians to promote physical health in SPMI

- Despite evidence for the effectiveness of specific interventions e.g. for smoking and weight reduction these are underutilized.
- There is a dearth of evidence on the impact of training FPs to engage people with SPMI in discussion about lifestyle or motivate them to engage in treatment.
(PRIMROSE study in progress- Osborn et al)

How can we improve how the interface works?

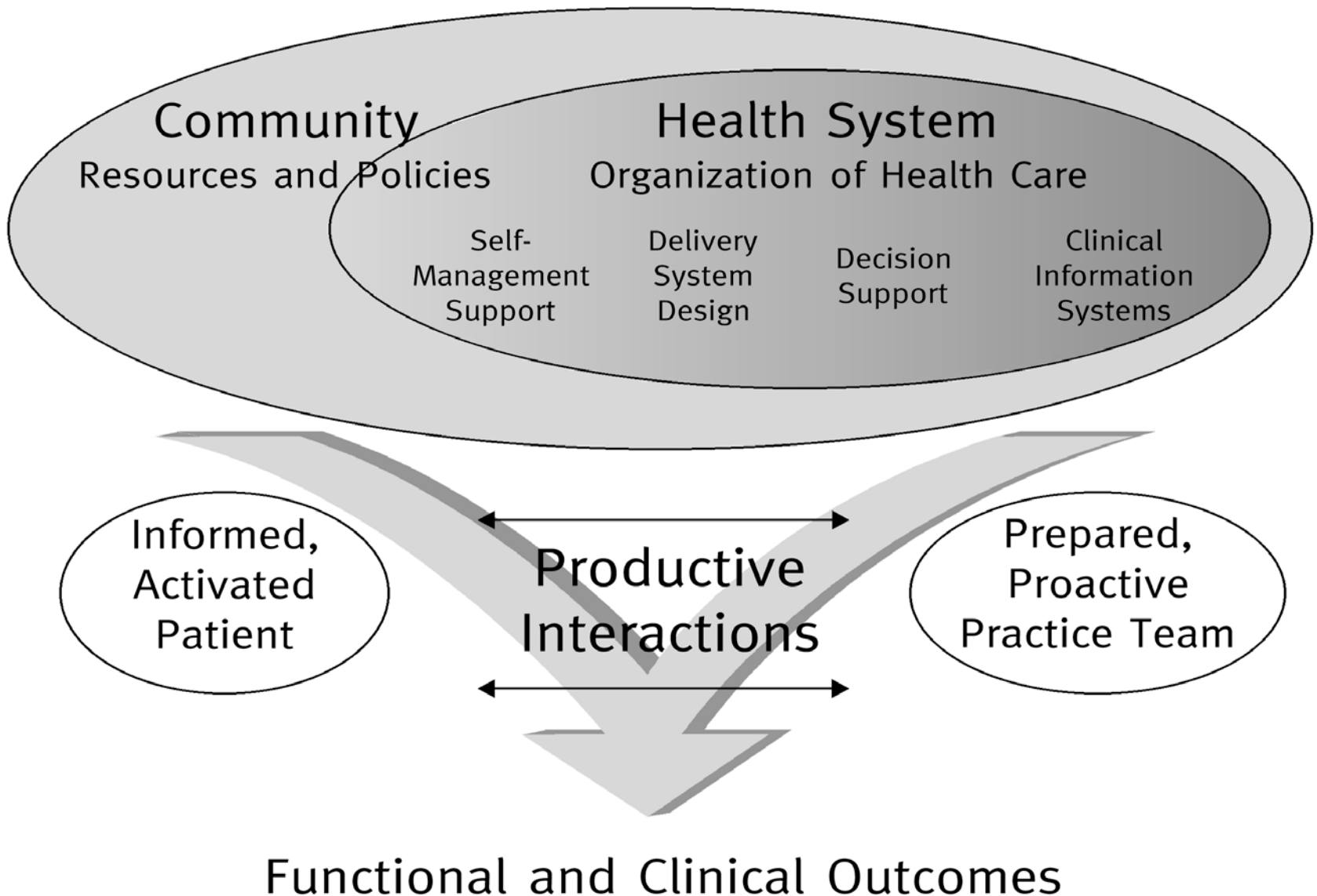
- Direct collaborative activities
- Agreed guidelines
- Communication systems
- Service agreements/contracting

• *Fuller et al. BMC Health Services Research 2011 11:72*

Integrating primary and specialist care

- Integrated models of service delivery have been proposed as a means to prevent service fragmentation and improve co-ordination of care for service users.
- These vary from direct collaboration (in the USA this has also involved co-locating FPs in mental health services) and agreed guidelines to ways of improving communication and formal contractual arrangements.
- A combination of approaches seems to be important.
- More evidence is needed on ***collaborative care*** interventions for SPMI.

The Chronic Care Model



Elements of collaborative care in SPMI

- Systematic Service User identification
- A multi-professional approach- **including primary care**
- Protocol driven individualized care with clearly described care pathways
- Appropriate psychosocial intervention
- Regular and systematic monitoring
- Regular and systematic communication
- Engagement, training and facilitation
- Intervention framed by 'recovery' principles

What works in improving integration?

- A *combined* approach:
 - Including something from each of:
 - Direction collaborative activities
 - Agreed guidelines
 - Improved communication systems
 - Service agreements and contracts alone- not associated with positive outcomes.

Engaging FPs in working with SPMI

- Some evidence from *small-scale initiatives* that Family Physicians and other Primary Care professionals can be engaged in working collaboratively with mental health professionals and developing skills to manage SPMI more effectively- though patchy.
- Much more research is needed

Conclusions and policy recommendations

- Limited high quality evidence on which to base recommendations

Conclusions and policy recommendations

- Mental health workers have a key role to play in (re-) engaging people with SPMI into primary care.
- Family Physicians have a key role to play in improving physical health care outcomes and helping SUs access specialist care.
- Integrated care models such as Collaborative Care hold considerable promise. Further research is needed to explore impact on physical and mental health outcomes, service utilization and economic outcomes.
- Mental health services should be **jointly engaged** with local FPs in developing local protocols for working at the interface, agreeing roles and responsibilities and routes/systems of communication.

- Thank you for listening
- Linda.Gask@manchester.ac.uk