

JC JoyAge International Symposium 2024

Enhancing Primary Mental Health Care in HK

Integration of Mental Health into Primary Care – the Role of the Family Doctor

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Acknowledgement



- Guidance Document on Core Competencies of the Family Doctor in Primary Mental Health Care, *WONCA 2018*
- APAC Workshops on Improving Family Physicians' Management of Patients with Depression & Anxiety, *WONCA, California Academy of Family Physicians & Healthcare Performance Consulting*, 2018 & 2019
- Major Depressive Disorder (MDD) Expert Panel Meeting, *WONCA 2021*



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Integration of Mental Health into PC –the Role of the Family Doctor

- Mental Health Care Gaps
- Integration of Mental Health into Primary Care
- Core Competencies of the Family Doctor in Primary Mental Health Care



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Prediction for the Leading Causes of Disability & Mortality in 2030

Mathers & Loncar, PLoS One 2006

World

1. HIV/AIDS
2. Unipolar depressive disorder
3. Ischemic heart disease

High-income countries

1. Unipolar depressive disorder
2. Ischemic heart disease
3. Alzheimer's disease

Middle-income countries

1. HIV/AIDS
2. Unipolar depressive disorder
3. Cardiovascular disease

Low-income countries

1. HIV/AIDS
2. Perinatal disorders
3. Unipolar depressive disorder



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Mental Health Care Gaps – Treatment of MDD

Country income level	Current coverage ¹	WHO Target coverage
Low middle & low income	8 % (<1, 36)	32 %
Upper middle	15 % (<1, 45)	49 %
High income	33 % (8, 66)	56 %

1. Moitra M et al. *PLoS Med* 2022; 19(2): e1003901.<https://doi.org/10.1371/journal.pmed.1003901>



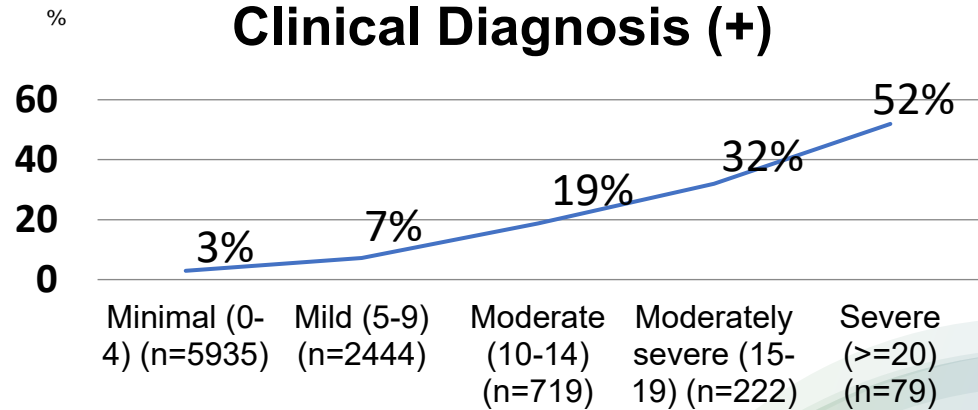
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Major Depressive Disorders (MDD) in PC Patients in HK, 2012 (N=9,399)

- 11% screened +ve for MDD (PHQ-9 ≥ 10)
- 26% screened +ve had Hx MDD
- 23% screened +ve were diagnosed by PCP as MDD
- 11% PCP diagnosed MDD, 59% of whom screened –ve (PHQ-9 ≤ 9)



Chin WY, et al. *BMC Family Practice* 2014;15:30.
<http://www.biomedcentral.com/1471-2296/15/30>



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Mental Health Care Gaps – Under-diagnosis

Stigma

- Mood & emotion are seen as controllable
- Social stigma of mental health problems
- Stigmatising views held by self
- Perceived stigma & negative views of others
- Medical stigma (the heart-sink patient)
- Non-disclosure, non-adherence, social isolation



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Treatment Gap of MDD in HK, 2012 (N=995)



Chin WY, et al. BMC Family Practice 2014;15:30.
<http://www.biomedcentral.com/1471-2296/15/30>

- 21% screened +ve for MDD reported to have sought **professional help** for MH
 - 9.5% from a PCP
 - 7.4% from a psychiatrist
 - 4.1% from a psychologist
- 49% said they preferred help from **family/friends**, 28% psychiatrists, 26% psychologists, 22% PCP, 12% social workers



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Mental Health Care Gaps –Access to Care

- Mental & physical health separation
- Compartmentalization of healthcare
- Shortage of psychiatrists & psychologists
- Long waiting time in public services
- High fees of private services
- Under-utilization of primary mental health care

Psychiatrist : Population Ratio

HK ¹ 2024	1:15,000 (7:100000)
UK ² 2017	1: 5,556 (18:100000)
Singapore ³ 2020	1: 22,727 (4:100000)
Malaysia ⁴ 2017	1: 95,238 (1:100000)
Thailand ⁴ 2017	1:101,101 (1:100000)
Vietnam ⁴ 2017	1:109,890 (1:100000)
Philippines ⁴ 2017	1:192,308 (0.5:100000)
Indonesia ⁴ 2017	1:322,581 (0.3:100000)
India ⁴ 2017	1:344,828 (0.3:100000)

1. MCHK Specialist Register www.mchk.org.hk/english/list_register/
2. <https://ec.europa.eu/eurostat/web/products-eurostat-news/product>
3. www.moh.gov.sg/news-highlights/details/manpower-for-patients-receiving-psychiatric-treatment-and-mental-health-support
4. www.who.int/mental_health/evidence/atlas/profiles-2017/en/



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Integration of Mental Health into Primary Care

WHO/WONCA 2008 document & WHO World MH Report 2022

- Holistic care will never be achieved until MH is integrated into PC
- Integrating MH into PC is the most viable (& affordable) way
- Integration is most successful when it is incorporated into health policy & supported by leadership, resources & ongoing governance
- **PC workers (family doctors) need the required skills and competencies to provide primary MH care**
- **Integrating MH into PC must be coordinated with a network of services & complemented by broader health system development**

www.who.int/mental_health/resources/mentalhealth_PHC_2008.pdf
www.who.int/health-topics/mental-health



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The APEC Digital Hub-WONCA Collaborative Framework on Integration of MH into PC in the Asia Pacific

Adapted from : Dowrick C et al. J Multidiscip Healthc 2020; 13:1693–1704. DOI: 10.2147/JMDH.S271070

Engage	<ul style="list-style-type: none">• The public to recognize & seek help for MH problems• The community, organizations & family doctors to promote MH• Social networks, digital media & social media to promote MH
Enable	<ul style="list-style-type: none">• Training on MH for family doctors & all PC workers• Strategies to address barriers to the integration of MH into PC• KE on evidence-based best practices, tools and resources to scale up• Develop an <u>adaptable</u> implementation framework for translation• Develop policies to provide support, funding & capacity building for PC
Empower	<ul style="list-style-type: none">• Healthcare policies to recognize the key role of the family doctor in integrating mental health into PC• Free access to one-stop digital resources & psychotropics at point of PC



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The Key to the Integration of Mental Health into PC



*A Family Doctor
for Everyone, to
provide primary,
whole-person,
continuous &
comprehensive care*

Availability

Accessibility

Trust

Stigma
reduction



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Role of the Family Doctor in Primary MH Care

- Asymptomatic → Prevention & screening
- Symptomatic → Accurate diagnosis
- Diagnosis → Appropriate effective treatment
- Illness progression → Monitor control, prevent complications & review treatment
- Co-morbidity → Co-ordinate & facilitate care
- Complications → Rehabilitation, support & care



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Core Competencies of the Family Doctor in Primary Mental Health Care

1. Values
2. Communication
3. Assessment
4. Management
5. Collaboration & referral
6. Reflective practice

*Guidance Document on Core Competencies of the Family Doctor in Primary
Mental Health Care, WONCA 2018*



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1. Values

Family doctors consider mental health problems important

- treat mental & physical health as of equal importance
- treat patients with MH problems with dignity & respect
- take responsibility for diagnosing & managing patients with MH problems & support their families



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2. Communication

Family doctors adopt person-centered approaches to assess, manage & support people with MH problems

- Non-judgmental & attentive body language
- Facilitate patients in telling their stories, symptoms, problems, I.C.E.
- Showing WIRES
- Reflecting & framing in a positive way (affirmation)
- Shared decision-making & empowering
- Adjusting information to patient's context



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3. Assessment

Family doctors are able to identify & diagnose common MH problems (depression & anxiety), & can identify severe MH problems & assess risk

- Assess the symptoms to establish the diagnosis
- Assess psychosocial stressors & support
- Assess impact on function
- Aware of social diversity



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4. Management

Family doctors manage people with common MH problems (depression & anxiety), & the physical health of people with severe MH problems.

- Psychoeducation
- Engage with patients and caregivers (D-P relationship & trust)
- Self-care to reduce stress, find pleasure, improve function & strengthen social network
- Psychosocial interventions
- Pharmacological interventions



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5. Collaboration & Referral

Family doctors use a range of available options & resources for care of people with MH problems, & tailoring them to patients' & caregivers' needs.

- Patient, family, social networks & community resources
- Primary care team: receptionists, nurses, (IMHP: counsellors, psychologists)
- Other professionals: OT, PT, social workers, NGO, family therapists.....



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5. Collaboration & Referral

Referral to psychiatrist:

- Inadequate response to interventions
- Recurrent severe depression
- Suspect psychotic disorder
- Persistent suicidal thoughts, suicidal attempts
- Self-neglect
- Medical uncertainty or anxiety
- (Patient or relative request)



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6. Reflective Practice

Family doctors take care of their own health & well-being

- Living with uncertainty
- Managing complex patients
- Dealing & turning toward suffering (*Epstein & Back JAMA 2015*)
 - seek to recognize it
 - be curious about patient's suffering
 - be present & engaged



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6. Reflective Practice

Doctors are human

- **Acknowledge own emotion**
 - feeling of betrayal
 - disappointment/ anger
 - regret
 - loss of confidence/ hope
 - defeated
 - burn out
- **Nurture own health & wellbeing, find joy in life**
- **Aware of own limits & limits of medicine**
- **Seek support from others**
- **Take notice of things to be grateful for**

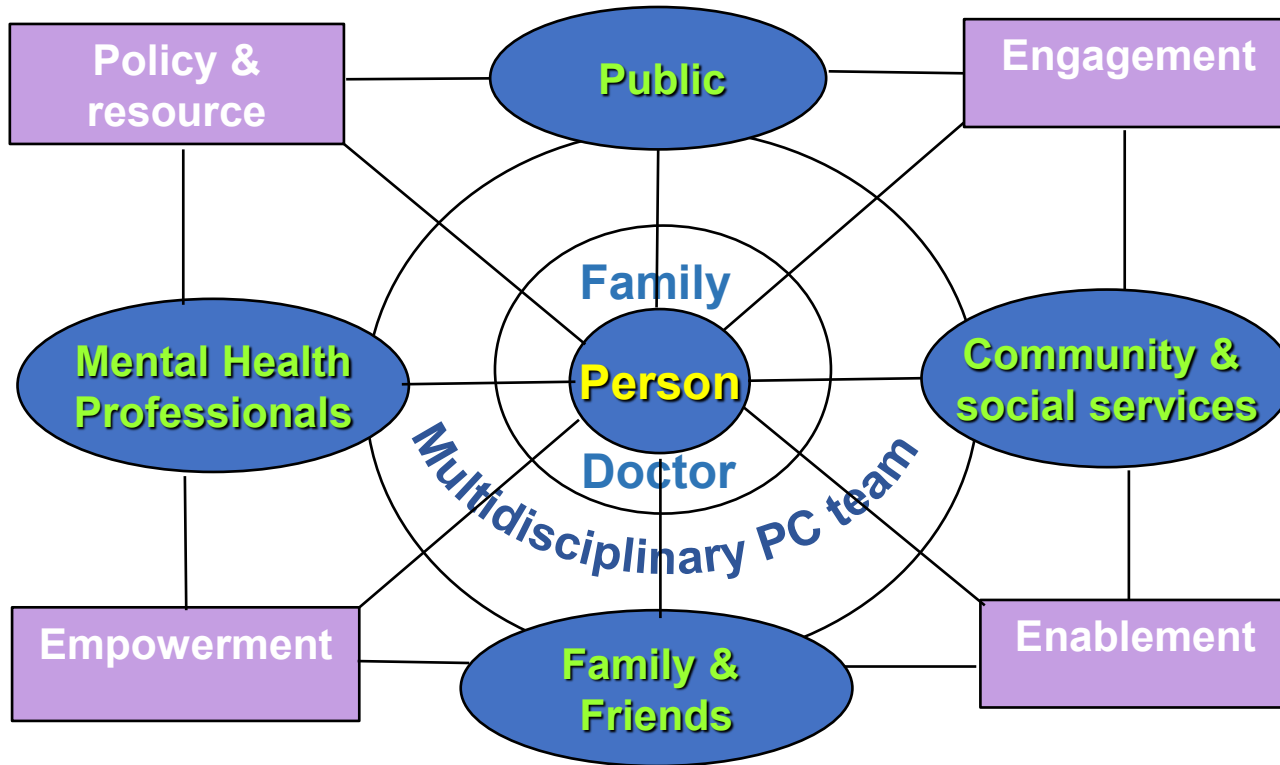


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Integrated Primary Mental Health Care



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Thank You!



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The Statue of Four Animals, Riga, Latvia