

Marrying Family Medicine and Mental Health – *Care collaborations between Sengkang Health (SKH) Family Medicine (FM) and Institute of Mental Health (IMH)*

By Medical team, Department of Family Medicine, Sengkang Health Services

not many are aware that a small team from SKH FM department started providing general medical care to the acute medical and isolation ward in IMH comprising of about 30 beds since January 2017. These two wards serve IMH patients with acute medical needs like uncontrolled diabetes mellitus, asthma, hypertension, stable cases of pneumonia, cellulitis, electrolyte disturbances and poor oral feeding associated with depression or even anorexia nervosa. For some time, IMH have engaged various part time general and family medicine physicians to manage these medical cases but this is the first time IMH is engaging a team from a general hospital.

A typical ward round in the acute medical wards comprise of multidisciplinary team of a psychiatrist,

ward medical officer, advanced practice nurse, pharmacist and SKH FM team. They are supported by allied health services including dietician, speech therapist, occupational and physiotherapist as well as basic laboratory and imaging facilities. Besides managing patients in the acute medical wards, SKH FM team is involved in a mobile TCU clinic to review hospital appointments for their long stay inpatients with a purpose of decreasing the number of appointments and managing stable chronic diseases in IMH itself. In addition, senior physicians from SKH FM were invited to start teaching sessions for Advanced Practice Nurse in training. College Mirror (CM) speaks to the Medical team of SKH FM department to understand the role of FM in IMH.

College Mirror (CM):

It is interesting that SKH FM has started collaborations with IMH. Can you share how these came about?

Medical Team:

For a long time, patients in IMH had their predominant psychiatric issues well sorted out, but their existing medical issues required care elsewhere outside IMH. Such patients usually have to see the various polyclinics and hospital specialist outpatient clinics for their multiple outpatient visits, or be admitted to an acute hospital when they run into exacerbations or acute complications. By virtue of the anticipated close proximity in 2018, the senior management of IMH and SKH came together to try to resolve this situation as part of a regional health system. The strategy arising from the discussion would be for SKH FM to provide medical care in-house to the inpatients in IMH, so that timely, appropriate and consolidated care can be delivered to such patients without having to shuttle them between IMH and the various polyclinics and hospitals. This also allows closer interaction between our SKH FM team and the psychiatrists in IMH, to formulate comprehensive and holistic care plans that intervenes at not only the psychiatric front, but also the medical front. Since then, we have been steam-rolling ahead with such a collaboration, and we are indeed seeing some of the fruits of our labour.

CM:

Did your FM physicians have concerns when asked to support SKH FM-IMH collaboration? Were they worried, anxious?

Medical Team:

Needless to say, we had our initial concerns about whether their psychiatric conditions would affect the disease presentation of their medical conditions, as well as whether we could work with the psychiatrists on the collective management plans. But we have made tremendous headway in terms of communications and collaborations between the two services, and care delivery to the patients in IMH have improved over the months that have passed. Looking back, our worries and anxiety were more perceived than real as our psychiatry colleagues in IMH have proven to be most supportive in this collective endeavor that helps IMH patients.

CM:

Can you share some of your stories and experiences with us from your collaboration? How do you cope with psychotic patients?

Medical Team:

I vividly recall several cases of pneumonia and cellulitis which we have confidently managed well, and these patients have made good recovery as expected. The psychiatrists have shared with us that these cases would have been sent out to other hospitals in the old days but we have managed them well in-house, and this has significantly boosted the confidence levels on both sides and brought our working relationships closer together. Our medical team has also learned a lot from the psychiatry teams regarding the assessment and management of psychotic patients, and through a collective effort to manage them together, such

patients demonstrated favorable outcomes, often without the need for admission to other hospitals. Our medical team often finds it a challenge to differentiate delirium from psychosis especially in this pool of patients with existing psychiatric issues, and the psychiatrists who know their psychotic patients best have helped us hugely on this front, such that our medical team was able to deliver timely and appropriate care, even in psychotic patients who may not be cooperative in history taking and subsequent assessments. Suffice to say that such tough times have brought our working relationships and friendships closer together.

CM:

What are your personal feelings about this collaboration? Has it providing you any learning value or broaden your perspective?

Medical Team:

I think most of us would not have expected to cross institution borders to deliver care, as delivery of clinical

services traditionally reside within institutions. But seeing the great need in another institution so close to home, we were spurred to move out of our comfort zone and try to work with other specialties (in this case, psychiatrists) so that we can bring together management plans from various specialties to the care of that particular patient. While this has been taxing, all of us have felt that it was for a worthy cause and we believe that the hard work will certainly pay off in the short term for each and every patient, as well as in the long term for the regional healthcare system as a whole. Such patients will be managed better, suffer from less complications and disability, and enjoy better quality of life. It was an eye-opening and humbling experience for us and the quote that springs to mind would be that by world-renowned explorer Christopher Columbus which says "You can never cross the ocean unless you have the courage to lose sight of the shore"!

CM:

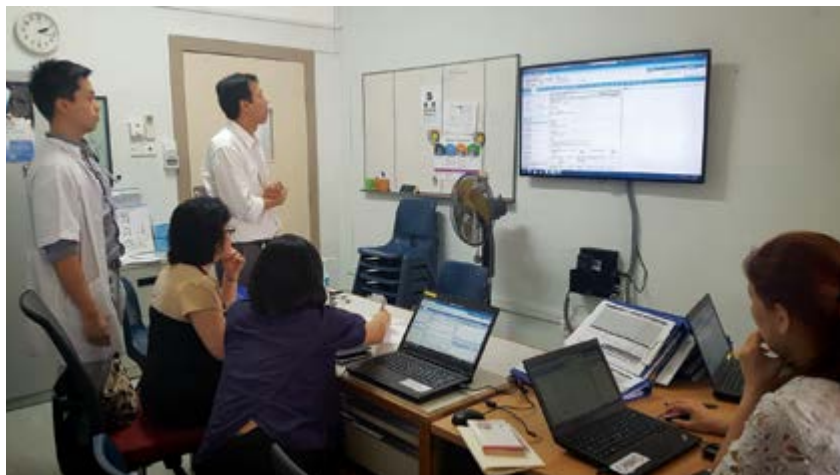
The "consultation" is a key component of Family Medicine, has there been challenges in taking a history from mental health patients? Can we apply the same biopsychosocial principles?

Medical Team:

One of our greatest challenge is in getting a proper and detailed history from the patients with psychiatric afflictions. The history given is sometimes piecemeal and

not as reliable, but we have had good corroborative history from the staff in IMH, including nurses who take close care of them and psychiatrists who know them well, and this has helped tremendously in allowing our medical team to reach reasonable differential diagnoses and managing them appropriately.

Most of our daily ward rounds are multi-disciplinary in nature, involving medical, nursing and pharmacy. Recently, we have started multi-disciplinary meetings involving the medical social workers and therapists as well, so that has aided us in developing better insight into the patient's bio-psycho-social issues.



Multi-disciplinary team discussion of patients in IMH

Image courtesy of SKH FM

CM:

Has there been diagnostic challenges in the assessment of mental health patients with somatisation and conversion disorders? How do you overcome them?

Medical Team:

The psychiatrists have been instrumental in

this, as we consult with them on some of the symptoms surfaced by the patients, and they have helped us in filtering the relevant information out. Coupled with appropriate investigations, we have managed to tease out most of the real problems in such patients. This is yet another display of strength arising from the close collaboration of the specialties, coming together for the care of the patients in IMH.

CM:

Do you think SKH FM has contributed to improved medical care of IMH patients? Any feedback from IMH management? How else can SKH FM team contribute to IMH?

Medical Team:

The results from the collaboration has been encouraging.

On the outpatient follow-up front, our SKH FM mobile TCU team managed to significantly reduce the follow-up appointments of IMH inpatients to the other polyclinics or hospitals, and we are able to better coordinate care, and develop a better appreciation of these patients as we plough through their medical records, assess and manage them individually at ground zero in IMH. This would not have worked well if such IMH patients came to us at SKH specialist outpatient clinics (SOC).

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(continued from Page 23: Marrying Family Medicine and Mental Health)

On the inpatient front, we have increased the care capabilities in the IMH medical wards and are delivering more medical care in-house in IMH, thus reducing the need to send them to other hospitals for admission and inpatient management elsewhere.

We are currently looking at how to allow IMH patients to have direct access to specialized scans and scopes in SKH, and this will probably bear fruit and take place in a scalable and more meaningful way when SKH starts operating in the region of Sengkang. From now till then, these are still works in progress but our team is certainly excited to be at the forefront of such cross-institution collaboration, braving all challenges that inherently arises from such collaborations and contributing to better care of patients in IMH.

CM:

It looks like FM can be relevant in a diverse settings. Do you foresee any stumbling blocks along the way?

Medical Team:

FM being generalist in nature of training and diverse in settings, allows us to be the SEALS of the medical arena, competent in Sea, Air or Land settings, figuratively speaking of course. However, we are plagued by short numbers of expert family physicians who have completed their training up to the fellowship level, which is the current benchmark of competence for us to be comfortable to manage complex cases in both the community and the hospital. This shortage stems from many reasons, and one major reason is that someone who has completed fellowship training in family medicine is not recognized as a specialist in Singapore, and does not garner the usual recognition and prestige that is accorded to other specialists. Many junior doctors who are looking for specialist recognition may not see FM to be as “prestigious” in that sense. Hopefully with changing mindsets, the future of family medicine can start to look better.

CM:

Any wise words for budding FM trainees? How should they prepare themselves?

Medical Team:

Family medicine is not just another specialty. Good family physicians share a kindred spirit of family medicine and strive to manage the patient as a whole across organ systems, regardless of whether it is in the patient’s home, in office or clinic, or in the hospital. A truly committed family physician has the commitment to train to the highest expert level, to be equipped with the necessary knowledge and skill sets to allow him to practice at the top of the license in any setting that he chooses to work in. Such family physicians will also be working with other family physicians in other settings, as well as specialists, because they believe that optimal and value-based care stems from a concerted team effort, and not a one-man-show.

If a physician did not empower such a spirit, he would be cherry picking patients because he does not feel adequate to manage the patients with complex conditions. Such physicians will also define clear boundaries and practice settings of family medicine because he does not feel confident to manage patients in another setting.

So my advice to budding FM trainees – don’t just train in family medicine’s knowledge and skills, but embrace and empower the true spirit of family medicine. Just like how the Japanese samurai of old not only sought to hone their fighting skills, but also embodied the code of honor and morals that came with bushido. Prepare not only your body and minds, but also your hearts, for the true spirit of family medicine.

■ CM

**FAMILY MEDICINE
COMMENCEMENT
CEREMONY 2017**

**COLLEGE
46TH AGM**

**29 July 2017 (Saturday)
2.00pm**

College of Medicine Building
Auditorium (Level 2)
16 College Road Singapore 169854

**Family Medicine
Commencement Ceremony 2017**
2.00 - 3.30pm ♦ Auditorium (Level 2)

Tea Reception
3.30 - 4.00pm ♦ Function Room (Level 1)

College 46th AGM
4.00 - 6.00pm ♦ Auditorium (Level 2)