

TEN YEARS OF SUCCESSFUL COLLABORATION BETWEEN PSYCHIATRISTS, A MENTAL HEALTH INSTITUTION AND GENERAL PRACTITIONERS IN PRIMARY CARE

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ABSTRACT

This paper gives an overview of what the GP Partnership Programme (GPPP), an integrated care programme, has achieved over a span of ten years, since its implementation in 2003 by the Institute of Mental Health, a tertiary mental health institution in Singapore. The GPPP is a collaboration between the GPs and IMH, for the care and management of stable patients with mental illness in the community and primary care setting. Since 2003, more than 1300 patients have been referred through the GPPP to a team of 51 GP-Partners for continued care within the community.

Keywords: general practice, GP, primary care, mental health, collaboration, community engagement

SFP2013; 39(1): 19-21

INTRODUCTION

Following the recent surge in global attention given to mental healthcare over the last decade, one of the main initiatives was an attempt to alleviate the strain and burden that treatment of mental disorders put on a country's tertiary and specialised health services¹. To achieve this, the idea of community-based health care and the integration of mental healthcare with primary healthcare was mooted². Likewise in Singapore, this initiative was quickly adopted as it complemented the healthcare landscape. General practitioners (GPs) are multiskilled primary care providers supporting 83% of all primary medical care in Singapore³, and are often the first point of contact for a patient with mental illness⁴. This placed the GPs at a crucial role in detecting, treating and/or referring a patient presenting with a mental illness. In addition, services provided by GPs for patients with mental illnesses were deemed to be more accessible, convenient, and less costly, as compared to specialised care⁵. The ease of access as well as the less stigmatising environment at the primary care level provided for a platform for regular follow-ups and co-management of other physical health conditions. One of

these initiatives of collaboration with GPs, implemented by the Institute of Mental Health (IMH) since 2003, is known as the GP-Partnership Programme (GPPP). The GPPP is an integrated mental health service aimed at engaging GPs in the detection and management of mental illnesses⁵. This paper serves to give a brief history to the establishing of the GPPP as well as to give an update of what has been achieved over the past ten years.

GP-PARTNERSHIP PROGRAMME

In 2003, the GP-Partnership Programme was formed with four pioneer GPs. The programme began with the initial intent of getting GPs involved with the care and management of stable patients experiencing early psychosis. Following the formulation of the National Mental Health Blueprint (NMHB) in 2007, which stated that Singapore's health care was moving towards a policy of right-siting, the GP Partnership Programme was formally announced as one of its Integrated Mental Health programmes. The strategy of the programme was dual-pronged. It aimed to provide a value-added, decentralised and high quality of service to patients suffering from psychiatric disorders that would be affordable, de-stigmatised and convenient, through the right-siting of care within the GP community. In addition, the programme also aimed to have in place an integrated network of collaboration between mental health workers and GPs for the management of patients with chronic major psychiatric disorders as well as individuals with minor psychiatric disorders.

To prepare the GPs involved, a detailed training programme was formulated. This provided the GPs with additional skills and theoretical knowledge crucial in caring and managing patients with mental illness. The training programme included an induction course and was followed by regular refresher workshops and dialogue sessions which provided the GPs with up-to-date information on various aspects of mental healthcare. The GPs were also given the opportunity to meet IMH's psychiatrists with whom they attended ward rounds and were also attached to specialists' clinics. Given the importance of early detection and management of certain mental illnesses⁶, and acknowledging that GPs may possibly be the first point of contact with mentally ill patients, lectures were given to the GPs to provide them with relevant clinical skills such as mental state examination, pharmacological treatment of mental illness and management of psychiatric emergencies.

Under the GPPP, patients identified by psychiatrists as suitable and fulfilling the agreed upon referral criteria by both the specialist team and the GP partners, were referred to the GPs with initial support from case managers when required.

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PROGRAMME TO DATE

As of 2013, the programme has successfully grown its pool of GP-partners to 51 and has referred more than 1300 patients to their care since the inception of the programme in 2003 (see Figure 1). Since 2007 a total of 18 trainings have been conducted for the GPs, including Introductory Training (for new GP Partners) and Refresher Courses (for existing GP Partners). As the programme has progressed through the years, there has been a need to refine various aspects of the GPPP to ensure continued improvement. One of which was a further tightening of the referral criteria (see Figure 2) in 2009 which excluded most patients who were on benzodiazepines. While this may have contributed to a sizeable reduction of suitable patients for the programme, it also lowered the possibility of default thus increasing the chance of each new referral remaining longer in the GP's care and within the community. In line with continued improvement, the GP Partnership Programme has conducted annual "GP Satisfaction" and "Patient Satisfaction" surveys (see Figure 3). As compared to our previous update in 2010⁷, our latest survey for (GPs FY/2011) continued to show high levels of satisfaction with the programme (82.1%). In addition more than three quarters of GPs agreed (78.6%), with none disagreeing, that they would recommend this programme to their GP colleagues. As a result of these annual surveys, several new initiatives have been launched. Some of these initiatives include visits to GP clinics to update GPs, streamlining of the referral process, increasing training activities for GPs and improving of process for requisition of drugs from IMH Pharmacy.

A MATURED PROGRAMME FOCUSING ON SUSTAINED CARE

The GP-Partnership has matured with most of the first-tier immediately-suitable patients from IMH's existing pool already right-sited, the programme's on-going screening efforts for identifying suitable patients for right-siting has shifted to either existing patients who have stabilised enough to be eligible or first-time patients who already fulfil the criteria. A significant portion of its current workload now focuses on providing sustained care to the existing pool of patients in the programme. Case-tracking has become increasingly crucial as a portion of these patients have been in the community for two years or more, thus the programme has had to manage more complex problems from this group of patients. This has also lead to a need for more support to be given to the programme's GP-partners. More effort is now focused towards addressing their concerns, troubleshooting any problems that arise, as well as to coordinate and ensure that all of them are updated on new policies. In addition the GP Partnership Programme will be looking towards further collaboration with other departments in IMH, as well as with partners in other hospitals, polyclinics and mental healthcare providers.

Figure 1: Yearly Patient Referral into GPPP

S/N	FY	Total Patients Referred	Remarks
1	2003-06	164	Prior to NMHB
2	2007	241	
3	2008	181	
4	2009	187	
5	2010	251	
6	2011	196	
7	2012	140	Latest data until Dec 2012
Total:		1360	

Figure 2: Referral Criteria

Inclusion Criteria

- Patients who are stabilised and requiring just maintenance medication, i.e. under the same medications for the past 3 months with preferably minimum or no dosage adjustments
- Patients not hospitalised within the past 6 months
- Patients who are employed, hence requiring flexibility of timing
- Patients who are prepared to pay the slight price difference for continuation of treatment at GPs

Exclusion Criteria

- Substance use and/or forensic history
- Disruptive personality disorder
- Suicide and aggression risk
- Clozapine prescription
- Formal psychotherapy
- Financial assistance
- Benzodiazepine-only prescriptions (added in 2009)

Figure 3: Continued Improvement Surveys

1. GP Satisfaction Survey

The GP Satisfaction Survey designed to gather feedback on five main aspects of programme.	(1) Programme Objective (2) Coordination of Care (3) Level of Support from IMH (4) Overall Satisfaction (5) Willingness to Recommend	GPs were asked to rate each aspect as (a) Strongly Agree, (b) Agree, (c) Neutral, (d) Disagree, or (e) Strong Disagree
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2. Patient Satisfaction Survey

The Patient Satisfaction Survey aim to gather feedback on three main aspects.	(1) Knowledge and Skills of GP (2) Coordination of Care (3) Willingness to Recommend	Patients were asked to rate each aspect as (a) Strongly Agree, (b) Agree, (c) Neutral, (d) Disagree, or (e) Strong Disagree
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CONCLUSIONS

As the GPPP marks ten years of collaboration, the potential and benefits of community engagement and collaboration is evident. Hence, despite having already referred more than 1300 patients through its programme and building up its current team of GP partners to a healthy size of 51, the GPPP will continue

to identify suitable patients for right-siting as well as recruit more GP-partners. However, with a matured programme, there is also a need to focus intently on providing sustained care to existing right-sited patients and continued support to the GPs managing their care. Case-tracking has become increasingly crucial and it has also become more labour intensive. Moving forward, there will be a need to explore the possibility of tapping into technology to aid the GPPP in managing the ever increasing data. This is imperative as patients in the programme are expected to grow yearly.

REFERENCES

1. Medscape Education Psychiatry & Mental Health. Management of . Investing in Mental Health. Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. Geneva, Switzerland. World Health Organisation, 2003.
2. WHO/Wonca: Joint report: Integrating mental health into primary care – a global perspective. Geneva, Switzerland: WHO publication data; 2008.
3. Emmanuel SC, Phua HP, Cheong PY. 2001 survey on primary medical care in Singapore. Singapore Med J 2004;45:199-213.
4. Ng TP, Fones CS, Kua EH. Preference, need and utilization of mental health services, Singapore National Mental Health Survey. Aust N Z J Psychiatry 2003;37:613-9.
5. Lum WMA, Kwok KW, Chong SA. Providing integrated mental health services in the Singapore primary care setting – the general practitioner psychiatric programme experience. Ann Acad Med Singapore. 2008;37(2):128-31.
6. Chong SA, Mythily, Lum A, Chan YH, McGorry P. Determinants of duration of untreated psychosis and the pathway to care in Singapore. Int J Soc Psychiatry. 2005 Mar;51(1):55-62. doi: 10.1177/0020764005053278
7. Lum WMA, Chew J, Lim BL. The successful collaboration between psychiatrists, a mental health institution and general practitioners in primary care. The Singapore Family Physician Vol 36(4) Oct-Dec 2010: 19-24.

LEARNING POINTS

- **The GP Partnership Programme (GPPP) is an integrated care programme implemented since 2003 by the Institute of Mental Health, a tertiary mental health institution in Singapore.**
 - **The GPPP is a collaboration between the GPs and IMH, for the care and management of stable patients with mental illness in the community and primary care setting.**
 - **Since 2003, more than 1300 patients have been referred through the GPPP to a team of 51 GP-Partners for continued care within the community.**
 - **Case-tracking has become increasingly crucial and it has also become more labour intensive.**
 - **Moving forward, there will be a need to explore the possibility of tapping into technology to aid the GPPP in managing the ever increasing data.**
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