

GENERAL PRACTITIONERS IN MENTAL HEALTH PROMOTION AND PREVENTION – PSYCHOSIS AS A MODEL

Dr Jimmy Lee

ABSTRACT

With the initiation of the national mental health blueprint in Singapore, emphasis has been placed on early detection and intervention, reduction of stigma, research, as well as to engage the GPs to build up a network of support in the community. In this article, schizophrenia will be used as an example to illustrate how the GP can fit into the blueprint puzzle. Schizophrenia is a serious mental illness with a lifetime prevalence of about 0.7%. The Early Psychosis Intervention Programme (EPIP) was launched in 2001 with the specific goals of raising awareness of early signs and symptoms of psychosis, reducing stigma associated with psychosis, and establishing a network with primary healthcare providers to facilitate timely review of referrals.

SFP2010; 36(4): 12-14

HYPERTENSION

With the intimate knowledge of the community they serve in, general practitioners (GPs) have several roles as doctors in the society. In their clinical work, they frequently have to contend with undifferentiated complaints and continuously keep themselves updated of the latest in medicine. They also have public health roles in surveillance, watching out for beginnings of epidemics, as well as roles in health promotion and primary prevention. Some GPs also participate in research, to find ways to improve health outcomes in primary healthcare.

With the initiation of the national mental health blueprint in Singapore, emphasis has been placed on early detection and intervention, reduction of stigma, research, as well as to engage the GPs to build up a network of support in the community. In this article, schizophrenia will be used as an example to illustrate how the GP can fit into the blueprint puzzle.

SCHIZOPHRENIA

Schizophrenia is a serious mental illness with a lifetime prevalence of about 0.7%.¹ It often develops in adolescence, and has a heterogeneous presentation characterized broadly by positive (hallucinations, delusions and disorganised thinking), negative (apathy, blunting of affect and alogia) and cognitive

(attention, memory and executive functioning) symptoms. Diagnosis of schizophrenia is based on criteria met and 2 commonly used references are the American Psychiatric Association's Diagnostic and Statistical Manual for Mental Disorders (DSM-IV-TR) or the World Health Organisation (WHO) International Classification of Diseases (ICD-10). This disorder tends to run a chronic course and results in marked disability and has been ranked as one of the top 10 causes of disability worldwide.²

The mainstay of treatment in schizophrenia lies in medication, with the equally important psychosocial strategies augmenting the treatment process. However, what is often neglected in management of schizophrenia, or most mental disorders for that matter, is prevention.

EARLY PSYCHOSIS INTERVENTION PROGRAMME

The Early Psychosis Intervention Programme (EPIP) was launched in 2001 with the specific goals of raising awareness of early signs and symptoms of psychosis, reducing stigma associated with psychosis, and establishing a network with primary healthcare providers to facilitate timely review of referrals.^{3,4} The eventual goal is to improve the outcome of those suffering from psychosis, as well as alleviate potential caregiver burden. The outreach strategies that the EPIP employed included training of GPs in private and public practice, counselors in the community and schools, as well as public forums to raise awareness. The EPIP has been successful thus far in achieving these goals and managed to reduce the duration of untreated psychosis (DUP) from a mean of 32 months to 13 months, with a third of its referrals from GPs.⁵ However, this success begs another question - can we detect and intervene earlier?

THE PSYCHOSIS PRODROME

Clinicians have long been aware that most patients diagnosed with a psychotic disorder experience a pre-psychotic phase of illness, otherwise known as a prodrome. Unfortunately, this phase is characterized by non-specific symptoms such as insomnia, mood changes, increased anxiety and social withdrawal, and is currently not a diagnosable mental disorder.⁶ In addition, the concept of prodrome is a retrospective one and can only be definitively labeled after the development of a diagnosable psychotic illness.

Researchers in the past decade have developed assessment scales to identify patients potentially in this phase of illness, prospectively identified as the at-risk mental state (ARMS).

JIMMY LEE, Associate Consultant, Research Division & Department of General Psychiatry 1, Woodbridge Hospital/Institute of Mental Health

Patient with ARMS typically are aged 14 to 30, and could experience (a) attenuated psychotic symptoms, (b) a brief limited intermittent psychotic symptoms, or (c) have a first degree family member with psychosis and a drop in recent functioning.⁷ Follow up studies of patients with ARMS from other centers reported about 14% to 35% develop a diagnosable psychotic illness in 12 months.⁸⁻⁹

With this encouraging first step in identification of ARMS came intervention studies which demonstrated that a relatively benign supplement such as fish oil, could lead to a significant drop in transition to psychosis.¹⁰

Recognizing this gap in service, the Institute of Mental Health initiated the Support for Wellness Achievement Programme (SWAP) in 2008 to cater to the clinical needs of individuals with ARMS.

LONGITUDINAL YOUTH AT RISK STUDY (LYRIKS) – A COMMUNITY-ENGAGED RESEARCH

LYRIKS is an observational study led by Associate Professor Chong Siow Ann from the Institute of Mental Health with the objective of identifying risk factors associated with the development of psychosis. Recruited participants will be followed up for 2 years, and undergo regular clinical and neuropsychological assessments, as well as neuroimaging and blood sampling. It is one of the 3 projects funded under the Neuroscience Translational and Clinical Research (TCR) grant to study vulnerability, disease progression and treatment in schizophrenia-related psychoses.

Although the study has important scientific aims to achieve, it has another more immediately relevant aim – that of engaging the community. Due to the non-specific nature of the symptoms and the stigma associated with mental illnesses, most people with ARMS will not think of consulting a psychiatrist. Therefore, it is important for the research team to raise awareness of ARMS and the best approach would be to engage frontline people or organizations in a systematic manner. Till date, the research team has conducted workshops for counselors in schools and in the community, as well as providers of mental healthcare in other organizations. The objectives of these workshops are to impart up to date knowledge on ARMS, as well as to inform the participants on how they can manage an individual with ARMS. Part of this community-engaged approach involves fostering an ongoing collaboration with these community partners to address an important mental health issue.

Through this collaboration, community partners feel equipped with up-to-date knowledge on the subject to better identify an individual with ARMS, be aware of the challenges and how to manage this individual, as well as to be aware of how and when to seek further assistance if required. At the same time, the community partners are better able to refer potential participants to LYRIKS.

PREVENTION IN MENTAL HEALTH: PIVOTAL ROLE OF GP

As outlined in the introduction, GPs play an important role in the overall provision of healthcare in Singapore, and now they have an opportunity to make a further impact in mental health. Mental health plays an integral component in the holistic approach a GP would take toward any patient.

Schizophrenia is such a devastating disorder that preventing its onset becomes an attractive goal for psychiatrists. However, if a youth experiences any of the non-specific prodromal symptoms, they are more likely to approach a GP than a psychiatrist. This is where the GP that has specialty knowledge would aid in prevention of schizophrenia. Their rapport with the individual and sometimes their family, and their experience in handling poorly differentiated complaints, are crucial in performing this role. Equipping themselves with knowledge of the psychosis prodrome will lead to earlier detection and intervention, and potentially deflect a young individual from a trajectory that leads to a chronic disabling mental disorder. With deeper understanding of psychosis, GPs can serve a further role in destigmatizing the condition and remove an important barrier of care.

RESEARCH IN MENTAL HEALTH

Collaboration with LYRIKS might serve a few objectives and benefit the GPs, the research team, and most importantly – the patients. Through LYRIKS, GPs receive updated knowledge on ARMS and enjoy continuous updates from the research team. Through the training and continued partnership, GPs get equipped with knowledge on ARMS and become more confident in identifying and managing individuals with ARMS. If the individual participates in LYRIKS, the individual benefits from regular assessments and close monitoring of their mental health state, and with the participants' consent, the GPs are provided additional information from the research team to aid the holistic composition of their management plan.

This collaboration with LYRIKS also serves to keep GPs engaged in meaningful research and provides an opportunity for GPs to contribute towards mental health research involving the Singapore population.

CONCLUSION

The role of GPs in the community cannot be over-emphasized. They form the first layer in the overall healthcare system and look after the health of individuals and their families. It is also precisely the skills that come with this role that makes them well-poised to deliver preventive mental health care. This article has highlighted schizophrenia as an example of how GPs can make a positive impact in the prevention of such a devastating mental illness as well as participate in mental health research.

This win-win collaboration between mental health services and primary healthcare will lead to better integration of our healthcare system with the aim of delivering better healthcare to our patients.

REFERENCES

1. McGrath J, Saha S, Chant D, et al. Schizophrenia: a concise overview of incidence, prevalence, and mortality. *Epidemiol Rev* 2008; 30:67-76.
2. Murray CJL, Lopez AD. *The Global Burden of Disease*. Boston: Harvard University Press, 1996.
3. Chong SA, Lee C, Bird L, et al. A risk reduction approach for schizophrenia: the Early Psychosis Intervention Programme. *Ann Acad Med Singapore* 2004; 33:630-5.
4. Chong SA, Verma S, Lee C. Psychosis - everyone's concern: the Early Psychosis Intervention Programme (EPIP) in Singapore. *The Singapore Family Physician* 2001; 27:49-52.
5. Chong SA, Mythily S, Verma S. Reducing the duration of untreated psychosis and changing help-seeking behaviour in Singapore. *Soc Psychiatry Psychiatr Epidemiol* 2005; 40:619-21.
6. Yung AR, McGorry PD. The initial prodrome in psychosis: descriptive and qualitative aspects. *Aust N Z J Psychiatry* 1996; 30:587-99.
7. Yung AR, Yuen HP, McGorry PD, et al. Mapping the onset of psychosis: the Comprehensive Assessment of At-Risk Mental States. *Aust N Z J Psychiatry* 2005; 39:964-71.
8. Cannon TD, Cadenhead K, Cornblatt B, et al. Prediction of psychosis in youth at high clinical risk: a multisite longitudinal study in North America. *Arch Gen Psychiatry* 2008; 65:28-37.
9. Ruhrmann S, Schultze-Lutter F, Salokangas RK, et al. Prediction of psychosis in adolescents and young adults at high risk: results from the prospective European prediction of psychosis study. *Arch Gen Psychiatry*; 67:241-51.
10. Amminger GP, Schafer MR, Papageorgiou K, et al. Long-chain omega-3 fatty acids for indicated prevention of psychotic disorders: a randomized, placebo-controlled trial. *Arch Gen Psychiatry*; 67:146-54.

LEARNING POINTS

- **The Early Psychosis Intervention Programme (EPIP) has a specific goal of raising awareness of early signs and symptoms of psychosis, reducing stigma associated with psychosis, and establishing a network with primary healthcare providers to facilitate timely review of referrals.**
 - **The EPIP's eventual goal is to improve the outcome of those suffering from psychosis, as well as alleviate potential caregiver burden.**
 - **Patient with ARMS typically are aged 14 to 30, and could experience (a) attenuated psychotic symptoms, (b) a brief limited intermittent psychotic symptoms, or (c) have a first degree family member with psychosis and a drop in recent functioning.**
 - **LYRIKS is an observational study with the objective of identifying risk factors associated with the development of psychosis.**
 - **Through LYRIKS, GPs receive updated knowledge on ARMS and enjoy continuous updates from the research team. Through the training and continued partnership, GPs get equipped with knowledge on ARMS and become more confident in identifying and managing individuals with ARMS.**
-