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Shaping the Future of Health Care

"I never see mental health problems in my practice"

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Outline

- Incidence and Prevalence of Mental health Problems in Ambulatory Practice
- Some Hard to Diagnose Problems
- Role of the Family Physician/shared care

Morbidity

- 26.2% age 18 or over have diagnosable mental disorder (U.S.)

- % of non-institutionalized adults with serious psychological distress in past 30 days = 3.1 (2004, U.S.)

U.S. Ambulatory Utilization (2003)

- Number of visits to office-based physicians for mental disorders= 46 Million
- Number of hospital emergency department visits for mental disorders= 3.7 Million
- Number of ambulatory care visits for mental disorders= 51.7 Million

Impact on Patients with Mental Illness

Undetected mental illness

- 72% no treatment over the course of a year → 81% of these visit *only* their family physician[1]
- Decreased functional abilities[2]
- Increased morbidity and mortality[3]
- Increased health care costs[4]

1. Parikh SV et al. *Can J Psychiatry* 1997;42(9):929-34.
2. Wells KB et al *JAMA* 1989;262(7):914-9.
3. Marshall et al *New Eng J Med* 1993;301(5):613-18.
4. Simon G et al *Am J Psychiatry* 1995;152(3):352-7.

Impact on Patients with Mental Illness

Mental illness detected:

Significant mental health problem treated by primary care provider without psychiatric consultation has poorer outcome[1,2,3,4,5]

1. Smith et al *Arch Gen Psychiatry* 1995;52(3):238-43.
2. Sturm R. et al *JAMA* 1995;273(1):51-8.
3. Lin EH et al *Arch Fam Med* 2000;9(10):1052-8.
4. Katon W et al *JAMA* 1995;273(13):1026-31.
5. Katon W et al *Arch Gen Psychiatry* 1999;56(12):1109-15.

U.S. Ambulatory Care Visits (2003)

- Depression 21M
- Schizophrenia and other psychoses 8.5M
- Anxiety 6.2M
- Related to drugs or alcohol 2.8M
- Attention Deficit Disorder 5.4M

Hong Kong Statistics?

Identification of common mental disorders by GPs in Taiwan

- Checklist completed by physicians vs. Chinese Health Questionnaire and CIS-R
- More than 85% missed (n=990)
- Better identification in higher SES, no physical illness, psych problems at presentation, more serious mental disorders, longer duration of illness

“Hidden” Mental Health Problems

- Personality Disorders
- Family Violence
- Eating Disorders in Adolescents
- Mild Cognitive Impairment (MCI)
- Atypical Depression in Older Adults
- Post-Traumatic Stress Disorder (PTSD)

Borderline Personality Disorder

CASE EXAMPLE

Borderline Personality Disorder in Family Practice

- May be difficult to recognize
- Victim: Rescuer: Persecutor triangle
- Need clear boundaries for access/office visits
- Attention-seeking scary behaviour
- Don’t be afraid to ask for help

Family Violence

CASE EXAMPLE

Family Violence

- May present as depression in women, conduct disorder in adolescents
- Unexplained injuries in women and children
- Risk of acceleration in severity of attacks
- Pregnancy high-risk situation
- Legal responsibility to protect children
- Moral responsibility to counsel adults with respect to safety plan

Eating Disorders in Adolescents

CASE EXAMPLE

Eating Disorders in Adolescents

- Third most common chronic illness in adolescent girls (incidence of up to 5%)
- Anorexia/Bulimia/EDNOS
- Physical signs and sx of weight-control behaviours and malnutrition
- Potentially irreversible –growth retardation, loss of dental enamel, structural brain changes, pubertal delay or arrest, impaired peak bone mass

Eating disorders in adolescents

- Threshold for intervention should be low -listen to parents and classmates
- Need nutritional and mental health intervention, including family-based treatment
- Interdisciplinary
- Hospitalization for severe malnutrition, physiologic instability, severe mental health disturbance, failure of outpatient treatment
- Costs of treatment

Eating Disorders Increasing?

- Websites promoting eating disorders (pro-ana and pro-mia)
- High risk – skaters, dancers, gymnastics
- Untoward effects of attention to childhood obesity – focus on increasing exercise, rather than diets for children

Minimal Cognitive Impairment

CASE EXAMPLE

Office Diagnosis of MCI

- subjective complaint of cognitive impairment and some objective evidence on standardized cognitive testing (Folstein MMS; neurologic consult – 1-2 SD below the mean)
- No significant impairment in ADL
- 10-15% risk of developing dementia as compared to
- 1-2% of general population >65
- Therapeutics? (donepezil?)

Atypical Depression in Older Adults

CASE EXAMPLE

Atypical Depression in Older Adults

- Under-diagnosed and under-treated
- Under-reported symptoms
- Clues: anxiety and worry; somatization; physical illness; memory complaints; pseudo-dementia; hopelessness; lack of adherence to treatment; change in functioning not otherwise explained
- Risk factors: functional impairment; illness; medications; psychosocial factors

Post-Traumatic Stress Disorder

CASE EXAMPLE

Post Traumatic Stress Disorder

- Under-diagnosed and under-treated
- Under-reported symptoms
- Clues: anxiety and worry; depression; somatization; memory problems
- Risk factors: history of sexual assault/abuse; other traumatic events
- Imaging in diagnosis

Role of Family Physician

- Diagnosis
- Appropriate referral
- Shared care models

Collaborative Mental Health Care (CMHC): A Working Definition[1]

- Process of collaboration between family physician and mental health professional

- Enables responsibilities for care to appointed according to:

  (a) Treatment needs of the patient

  (b) Respective skills of mental health professional and family physician

1. Collaborative Working Group on Shared Mental Health Care. Ottawa: Canadian Psychiatric Association and College of Family Physicians of Canada, 2000.

Role of Family Physician

- Continue to see cases
- Regular contact with Mental Health Clinician
- Prescribe
- Collaborative planning
- On-going care
- Need to adjust to new model

Role of Patient

- Center-of-care
- Self-management emphasized
  - including facilitating use of high quality sources of patient-targeted information and technological resources)
- Health promotion emphasized

Transition into Primary Care Psychiatry