“There is no health without mental health”…
(\textit{WHO annual report 2001})

What we at ProCare are doing about this

April 2008
IPAC Conference
ProCare Mental Health Programme
ProCare Context

- 3 PHOs;
- 519 GPs;
- 450 PNs;
- 177 Practices;
- PPS teams;
- CHC teams;
- CCM Nurses;
- HP team;

ProCare Enrolled Population

Total: 653,075

- Maori: 59,147
- Pacific: 72,644
- Quintile 5: 466,549
- Other: 54,735

Maori/Pacific
Over 130k
35% of GP attenders have a significant MH condition (MaGPIe data)

Most common conditions (MaGPIe data):
- Depression (18%)
- Anxiety disorder (22%)
- Alcohol/Drug condition (11%)

Common MH conditions highly disabling (WHO 1999, 2001)

40% NZ sickness beneficiaries on benefit >1yr – common MH conditions (WINZ data)
ProCare Primary Mental Health Programme - Background

- Only 5% of GP attenders present with psychological symptoms (MaGPIe data)
- Most MH conditions present with physical symptoms
- Most common presentation of depression in primary care (US and UK data):
  - Pain
  - Having 3 or more physical symptoms
- Multiple barriers to recognition of MH issues
ProCare Primary Mental Health Programme - Development

- Programme commenced in 2001
- Aim - to support/enable General Practice to better manage patient MH needs
- Literature review and GP focus groups:
  - Primary care workforce deskilled wrt MH issues
  - Lack of access to psychiatrist phone consult/assts
  - Time/cost barrier - central issue to be addressed
  - High level of confidence in Rx interventions
  - Counseling/therapy/CBT – lack of understanding, confidence, & trust in providers
ProCare Primary Mental Health Programme - Development

- Programme developed based on this info - three core strands:
  - Ongoing GP/PN upskilling in MH issues
  - Funded extended GP/PN consultation ("Engage")
  - Ready access to brief psychological intervention, funded where possible ("ProCare Psychological Services" - PPS)
Evolving funding over the years:

- Recognition that time/cost to GP, and cost of psychologist/CBT, were significant barriers
- Initially funded from “Referred Services Savings” (this funding withdrawn from 2006)
- 2003/4 “Services to Improve Access” funding – recognition that unmet MH need was a huge issue for “high needs” popn’s
- 2005/6 “Ministry of Health Primary MH Innovations and Initiatives funding” – extend access beyond “high needs” popns
The “extended primary care team” in mental health – flexible menu of options:

- Core of service provision, and care coordination, remains the GP/PN, assisted by:
- PPS Psychologists/psychotherapists
- ProCare Community Health Coordinators – practical support, cultural/social issues, linkage - key to engaging Maori and Pacific popn’s into all aspects of programme
- Health Promotion team – starting to engage in MH promotion/prevention at a local level
Ongoing education re MH topics:
- GP/PN monthly cell group education mtgs
- Outset of any new programme to register
- Annually to remain registered with programme

Psychiatrist phone consultation re patients
- Generally only have to field one call from any GP re a particular issue or problem...

One-off psychiatrist assessment/advice
- Generally only have to undertake one consult asst for any GP re a particular issue of problem...
Ongoing education re MH topics: The shifting focus of Cell CME

- First 2 years – **recognition and mgt of depression, anxiety, etc** – helped GPs realise they already knew what to do for common conditions...

- Second 2-3 years – **skills in engaging patients in shifting the focus from physical symptoms to MH issues** – the real challenge...

- Currently - **Common Complex Mental Health Presentations in Primary Care**
  (Or what the PPS Psychiatrist gets to see a lot of...) – Adult ADHD, atypical depression, severe anxiety, treatment non-responsive depression
“Engage” and “PPS” – Gathering analysing and using performance data

- PPS - built into operations from the outset –
  - Includes measures of patient engagement, outcome, and satisfaction; and staff productivity
  - All patient measures segmented by ethnicity
  - Used in indiv. performance mgt, and QI activity
- Engage – integrating use of Kessler-10
  - Initially many GPs disgruntled, some stopped using programme – “more bureaucratic paperwork”
  - HOWEVER with use anecdotal reports suggest GPs find the ability to objectively track change useful!
- Plan to use Engage data in GP peer review
Extended Consultations - “Engage” activity over time

Total Number of Engage Consults

<table>
<thead>
<tr>
<th>Year</th>
<th>Consultations</th>
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<td>2007</td>
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<td>2008</td>
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</table>
Extended Consultations - “Engage” Consult Numbers

Combined ProCare Network Auckland & ProCare Network Manukau
Total Engage Consultations Dec 07 - Mar 08

Number of Engage Consults Provided

- Initial Engage Consult
- Engage with 1 Follow-Up
- Engage with 2 Follow-Ups
- Engage with 3 Follow-Ups
- Engage with 4 or more Follow-Ups
Extended Consultations - “Engage” Consults by Ethnicity

Percentage of Population vs Percentage of Engage Consults delivered

- Maori
- Pacific Island
- Other

- Percentage of Total Population
- Percentage of Engage Consults Delivered
Engage Kessler-10 Data

- K-10 promoted by MoH for use in tracking outcome in Primary MH Initiatives
- General measure of “psychological distress” – taps into anxiety/depression
- Primarily for screening NOT outcomes
- Scoring – level of anxiety or depression:
  - 10-15 – Low or no risk of disorder
  - 16-29 – Medium risk of disorder
  - 30-50 – High risk of disorder
Extended Consultations – Kessler-10 Ratings Initial vs Follow-up

K10 Score Rated Initial Consult vs Follow-up

Number of Engage Consults

PNA - High Needs Pts | PNA - Non-High Needs | PNM - High Needs Pts

Initial Engage Consult with a K10 Score | Most Recent Engage Consult

0 | 500 | 1000 | 1500

Extended Consultations – Kessler-10 Ratings Initial vs Follow-up
Extended Consultations - “Engage” Kessler-10 Data

Average K10 Score Initial vs Most Recent - All Data

Average K10 Score

PNA

PNM

Initial K10 Score

Most Recent K10 Score
Extended Consultations - “Engage” K10 Data by Ethnicity

Average K10 Scores Initial vs Most Recent by Ethnicity

Maori | Pacific Island | Other
--- | --- | ---
Initial K10 Score | Most Recent K10 Score
Brief Psychological Intervention – Sessions per episode of care

Patient session distribution

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<th>Number of Sessions</th>
<th>No. of Patients</th>
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ProCare DNA rates by Ethnicity

Patients Referred vs DNA

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<th>Ethnicity</th>
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<td>Other</td>
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Brief Psychological Intervention – Kessler-10 data Jan-Mar 08 (N=144)

Histogram of kessler scores

Kessler Range

Count

pre
Post

0 to 10
11 to 15
16 to 20
21 to 25
26 to 30
31 to 35
36 to 40
41 to 45
46 to 50
Brief Psychological Intervention – Kessler-10 Data Jan-Mar 08 (N=144)

**PPS Kessler-10 Pre and Post Data**

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<tr>
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<th>Time</th>
<th>Kessler Score</th>
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<tr>
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<td>post</td>
<td>Manukau 21</td>
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<td></td>
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<td>Epsom 20</td>
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Brief Psychological Intervention – Kessler-10 data by ethnicity (N=144)
New Programmes – “Clipped on” to the three core strands

- Post Natal Depression screening
- CCM-Depression – trial of using CCM methods to improve mgt of depression
- “Back to Action” – implementing the ACC Acute Low Back Pain guideline (ACC funded pilot – not continued beyond pilot period)
- Primary-Secondary Integration pilot (currently in implementation phase)
Accumulating studies showing very poor outcomes for children of mothers with PND

Only 2% of claims from ProCare Mental Health Programme were for post natal depression

Studies world wide indicated the prevalence of post natal depression to be between 12-15%
Figure 1. Timing of mother’s depression and boys’ and girls’ mean IQ scores (CI) at 11 years.

Figure 2. Timing of mother’s depression and boys’ and girls’ mean adjusted IQ scores (CI) at 11 years.
Figure 4. Children whose mothers had been depressed at 3 months postpartum and at least once thereafter were most likely to fight frequently, as reported by teachers on the Strengths and Difficulties Questionnaire, and to use weapons in their confrontations, as reported by children and mothers on the Child and Adolescent Psychiatric Assessment.
PND Screening - Programme Components

- Incorporation of Screening tool (EPDS) and electronic claiming templates into Practice Management Systems
- Development of evidence based guideline for management options (safety and efficacy of antidepressant therapy and psychological interventions) following a positive screen
PND Screening - Programme Components

- ‘Incentive’ Payment: Practice is eligible for $10 payment for every screen undertaken regardless of result

- Schedule of screening... carried out twice at either the 6/52, 3/12 or 5/12 immunisation visit
PND Screening - Alignment with Mental Health Programme

- Ability for eligible patients with a positive screen to have a funded “Engage” consultation with GP for assessment and treatment options under existing Mental Health Programme

- Ability for high needs patients who screen positive to access free psychological services
PND Screening - Results

- Number of practices participating: 101 i.e. 55%
- Total number of screens undertaken 14,127
- Total number of “possible positive” screens (EPDS score >/= 12) = 2401 (17%)
- Total number of “positive” results (EPDS score >/= 13) = 1695 (12%)
% Ethnicity screened vs ProCare Population
(n=14127)
Positive screen rates by ethnicity (n=1695)

- NZ European
- NZ Maori
- Pacific Island
- Asian/Indian
- Other

- % of ProCare Population population
- % > or = 13
Management plans for patients scoring \( \geq 13 \):
\( n=1695 \)
Removal of General Practice from all aspects of maternity care has created a large hole in the diagnostic net for PND.

There is a pressing need to compensate for this by instituting a screening programme.

Screening alone does not improve outcomes. Screening plus effective treatment AND follow up improves outcomes.

The involvement of the Practice Nurse is integral to the success of this intervention/programme.
CCM-Depression Programme

- Partnership between CMDHB and 5 PHOs
- Basis of programme is 3 core strands:
  - Training and support for GPs and PNs
  - Extended GP consults – up to 12 in 18 mths
  - Access to brief psychological intervention/CBT
- Applies “best practice” in management of depression by GP “team” (incl access to CBT)
- Strong focus “self management”, and PN role
- Electronic decision support and data capture
CCM-Depression Programme

- Large group training followed up by on-site:
  - Overview of programme/update re depression
  - Behavioural mgt skills incl phone support, brief problem solving, activity scheduling, self management

- Data capture tracks both patient outcome (PHQ-9), and programme performance – especially the self-management aspects of the programme

- Overall review of the data shows a high level of adherence to “best practice”, and overall good patient outcomes
CCM-Depression Programme – Enrolments by Ethnicity

Percentage of Population vs Percentage of Patients participating in the CCM - Depression Pilot
(1 March 07 to 31 October 07)

- Maori
- Pacific Island
- Other

Legend:
- % of Total Population
- % of Patients participating in the CCM - Depression pilot
CCM-Depression Programme – Outcome by Ethnicity

CCM-Depression - Average Entry PHQ-9 score vs Average Exit PHQ-9 Score

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Average Entry PHQ-9 Score</th>
<th>Average Exit PHQ-9 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maori</td>
<td>Purple</td>
<td>Red</td>
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<tr>
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