Connecting Care : a Primary Care perspective.



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The purpose of Connecting Care ?

- Ensuring that mental health and addiction service consumers receive continuous quality care between providers
- Understand and improve the experience of transitions between providers
- From DHB specialist services to DHB community teams
- From DHB specialist services to primary care and/or NGO services
- From youth to adult services.



Magpie Research Group. The nature and prevalence of psychological problems in New Zealand primary healthcare: a report on Mental Health and General Practice Investigation (MaGPie). New Zealand Medical Journal 2003; 116 (1171)



The world of Primary Health Care

- 90 95% of all organised health care
- 50-70 % of mental health care
- Common mental disorders "the 30%"
- Unmet need FSUCLS
- A and D
- Child and Youth
- The 3%

Transitions – the starting point

- Many transitions work well
- A good starting point for further enhancements to care
- When things don't go well
- Not because of malice
- Usually a systems issue



Transitions

- Referral to other services because of change in previously managed primary care scenario
- Always important
- Most common referral and transition to other primary care service / NGO
- Uncommon
 - Immediate response to acute crisis
 - Referral of complex problems
 - Support for those with severe and long term problems
 - Specific response areas
 - Maternal mental health

The beginning of conversations

- "Kia ora you have reached If this is an emergency hang up and ring 111 and ask for an ambulance."
- " Are you saying that alcohol is now the main problem rather than the Bipolar? "
- "We don't seem to have a record of the last contact with the service
 - Are you sure it was with community mental health here ? "
- Patient "I rang and they said I should talk to you first "
- GP "I think because of the problems you had in the last pregnancy, yes we should get you referred back to Maternal mental health"

On going conversations

- Patient "I'm still waiting for that review appointment you made"
- "They said to keep on the tablets you thought needed changing I can't face feeling crap on them"
- "Look its going well the bad thoughts and voices are under control and I'm getting a lot of support from Pathways"

Broader Challenges

Patient "It's not going to happen is it "

(Bi-polar patient – well stabilised, community reduction in medications, Qualified with BA in the last 2 years – after applying for 41 jobs)

Challenges to effective transitions

- Generalistes--psychiatres: amis ou ennemis?
- even if the collaboration between general practitioners and psychiatrists is considered important, it remains very difficult and conditioned by numerous preconceived ideas.

Philippe, P. Revue Medicale de Liege. 66(2):92-101, 2011 Feb.

- Lack of knowledge of each others working lives
- Professional isolation
- Work pressures in all settings
- Difficulties of agreeing priorities and roles across the interface
- Lack of appreciation of service user needs / perspective

Good Transitions

- Working from existing strengths
- Acknowledging complexity
- Teamwork and Time
- Keeping service users at the centre of everything



Stepped Care



Adapted from: Dowell A, Morris C, Dodds T, McLoughlin B. Psychological interventions in primary care mental health. In: Companion to Primary Care Mental Health .Eds Ivibjaro G. 2012. Radcliffe Publishing. London.

Much current activity is embedded in linear thinking?

Linear thinking is often appropriate and helpful



BUT

• Traditional Linear thinking and science may not work for more complex problem solving

The way things are









Figure 1: High-level maps of the discharge process





Co-design Partners in Care case study

From ward to community – an all-inclusive perspective: MH&AS discharge experience (Bay of Plenty District Health Board)



Mental Health Model



Taking a life course approach



Support for 'optimal' primary mental health care



Teamwork and protected time



• Time

Improving Communication

- Clear agreement about communication content and purpose
- Clear agreement about communication formats
 - Face to face
 - Specific time
- Electronic
 - Shared electronic platforms and records
- Access to / control by service users

3D HealthPath	Wairarapa, Hutt Valley and Capital & Coast District Health Boards	Subscribe to New Pathway Notifications	About HealthPathways Using HealthPathways Contact Us Disclaimer
Search Home Da Localised Pathways Da Localised Pathways Date of the search date of the se	onset depression or as a baseline if medication is being sta 6. Grade the severity of the depression to help with management. Di levels of functional impairment and disability are more important Management Use a stepped care model, starting with the most effective and least inter- sesmital. 1. Communicate the diagnosis: • Explain the diagnosis and provide patient information. • Discuss the effectiveness of treatments and communicate h • Basel hysion • Basel hysion • Basel hysion • Discuss the effectiveness of the severity of the depression: • Mild or subthreshold • Severe Request • If high concern about risk of suicide, significant psychotic sympton • Seek mental health advice if required. • Consider requesting non-acute mental health assessment if: • Sinficant but not immediate risk to self or others. • treatment resistance. • no substantial improvement after 2 antidepresants and ve • (w grade psychotic symptoms (delusions or halucinations) • suspected new onset bipland disorder. • comorbid medical condition that impacts on antidepressant	nope. No not rely on a symptom count to ass rusive interventions first. A good 💽 t rusive interventions first. A good 💽 t Nope. Nope. Nope. Nope. See Health Navigator – Alcohol and M or unpaid work. ms, or severe self neglect, request ac nlafaxine trialled. N	ental Health <i>\$</i> .

Practically

- Build on current strengths
- Communicate
 - Get to know
 - Use all available channels
- Acknowledge unpredictability
 - Individual local contexts
 - Surprises are opportunities
 - Collectively learn and adapt during transitions
- Foster new relationships where needed
- AND

Activity











Whatever it takes

Pathways provides community-based mental health, addiction and wellbeing services throughout New Zealand





We all face challenges to our mental health. Depression and anxiety changes the way we think, feel and deal with tough times. Well done for taking the first step. You can follow other people's journeys to wellness below or explore the site to find your own way to a

There are small steps towards wellness you can take today







Thank you