Integrating Mental Wellbeing and Long Term Conditions

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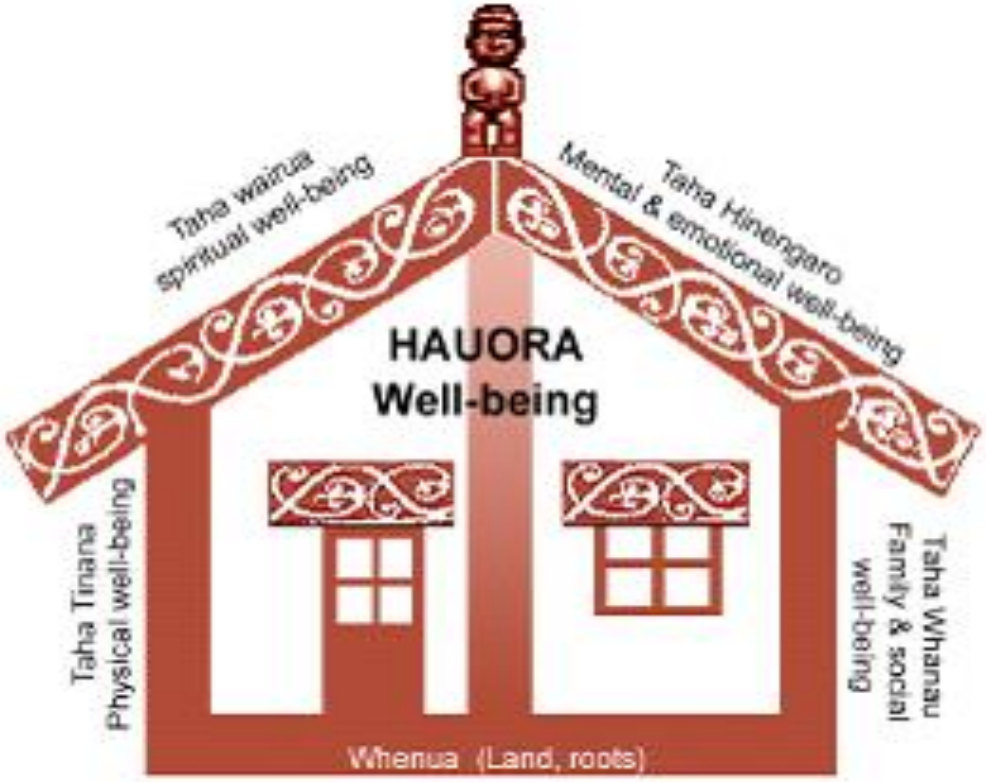
Outline

- Mental wellbeing is an integral part of long term conditions management
- What do we know about the impact of LTC and mental health issues?
- Different solutions , examples
- Need for structured approach
- This presentation more about primary care
- Subsequent presentations a broader DHB approach

Whare tapawha (Durie, 1994)



Mental disorders are prevalent in primary care settings

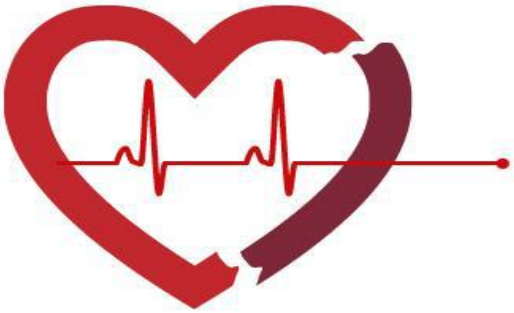
- Prevalence up to 60%
- Principal mental disorders presenting in primary care settings:
  - Depression (5% to 20%),
  - Generalized anxiety disorder (4% to 15%),
  - Harmful alcohol use and dependence (5% to 15%), and
  - Somatization disorders (0.5% to 11%).
- Special groups/issues
  - Children (20 to 43%) Elderly people (up to 33%)

Mental wellbeing and LTCs

- ✓Depression correlated with hospital admissions in people with a chronic physical illness
- ✓People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds. **The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities.**
- ✓Co-morbid mental health conditions have a greater effect on quality of life than physical co-morbidities (Kings Fund)
- ✓People with enduring mental illness have poor health outcomes (Equally well)

The facts

New Zealanders with a serious mental illness and/or addiction have:



Life expectancy reduced by up to 25 years. The most common causes of death being cancer and cardiovascular diseases

More than twice the mortality rate of the general population, three times for people with a psychotic disorder[1,2,3]

1 Includes people with a primary diagnosis of substance use.
2 Mortality rate is a measure of the number of deaths in a popu
scaled to the size of that population, within a unit of time.
3 Cunningham et al, 2014

What to take into account

- Long term mental illness –medication and risk management, comorbidity
- Other mental health issues that impact long term conditions

Eg anxiety, depression, ADHD, addiction

- The impact of physical impairment on mental wellbeing
- Health literacy
- Mental wellbeing essential to living with long term conditions and effectively self managing
- The impact of poverty, locations, access to services on wellbeing

Example: Mental wellbeing and diabetes

- ✓In primary care patients with Type 2 diabetes who screened positive for depression, investing more resources in collaborative care yielded the most cost-effective strategy.
- ✓In the context of mental-physical multimorbidity, collaborative care can facilitate access to depression care in ways that overcome stigma and enhance the confidence of multidisciplinary health teams to work together. However, such **care models need to be flexible and patient centred** to accommodate the needs of patients for whom their depression may be independent of their LTC

Need for effective primary care based LTC programmes

Improving long term mental health problems

Primary mental health care has a role to play in supporting people with severe mental health and/or substance use disorders

- Addressing access barriers
- Addressing barriers to change e.g living where it is not safe to exercise, no money for walking shoes, cost of medication
- Managing the physical and psychological care of people with stable conditions, or when new issues arise
- Long term conditions management programmes, so that health can be monitored
- Support for self management, healthy lifestyle
- Nurse led clinics
- Regular audits of care

PHO /DHB examples

For people with enduring mental health problems:

- Free primary care visits
- Regular feedback to practices of audit with patient lists for improvement (similar to diabetes example)

For populations:

✓ Continuity of care
✓ Primary mental health initiatives (limited access)
✓ Use of navigators/Kaiawhina to support problem solving and provide a link with the clinicians – speak to people in their own 'language'
✓ Self management support (physical and mental wellbeing)
✓ Peer support and varied support groups, other agencies
✓ Training, tools and resources

Compass Health example- merging mental health with Long term conditions

Primary secondary liaison programme – since 1997

- ✓ all visits free
- ✓ intermittent audits, restricted programme, some shared care

Support for *Equally Well,* 2016– providing practice based feedback on the care of people on antipsychotic medication as part of "Portal"

Practice based flexible funding can include free visits to support people and ensure structured approach – evolution from "Care Plus"

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etabolic Monitoring Missing Patient List

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e following list contains patient-level Metabolic Monitoring data gathered from all sources available to Compass Health. The data is limited to funded patients in the latest arter who have been prescribed Anti-Psychotics in the last year and is updated on a weekly basis.

e List is based on the following medications: Amisulpride, Aripiprazole, Chlorpromazine, Flupentixol, Fluphenazine, Haloperidol, Olanzapine, Paliperidone, Pericyazine, polthiazine, Quetiapine, Risperidone, Trifluperazine, Ziprasidone, Zuclopenthixol.

y patient prescribed Clozapine is excluded from the list. Refer to 3D Health pathway "Clozapine Monitoring".

tients highlighted in red fall into the 'High Needs' criteria.

ou spot any discrepancies or have any queries regarding the data below, please send a detailed query to analysis.requests@compasshealth.org.nz as your feedback will be valuable for improving the accuracy of this report.

HI	Surname	First Name	Ethnicity	Provider	Metabolic Monitoring	Medication	BMI	HbA1c	Lipids	Blood Pressure	Smoking Status	Brief Advice Given	CVRA
[redacted]	[redacted]	[redacted]	Asian	Dr Helen Rodenburg	✗	Risperidone	Missing	36	Yes	Missing	Never-Smoked	N/A	5
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✗	Quetiapine	22.2	30	Yes	120 / 80	Never-Smoked	N/A	Missing
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✓	Aripiprazole	42.4	38	Yes	120 / 80	Never-Smoked	N/A	6
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✗	Amisulpride, Olanzapine	27.4	Missing	Missing	130 / 70	Current Smoker	Yes	Missing
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✗	Quetiapine, Risperidone	13.4	Missing	Missing	90 / 60	Never-Smoked	N/A	Missing
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✗	Chlorpromazine	25.9	Missing	Missing	120 / 80	Never-Smoked	N/A	Missing
[redacted]	[redacted]	[redacted]	Asian	Dr Helen Rodenburg	✗	Aripiprazole, Quetiapine	Missing	Missing	Missing	100 / 70	Ex-Smoker	N/A	Missing
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✓	Aripiprazole, Quetiapine	48.0	39	Yes	140 / 84	Never-Smoked	N/A	1
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✓	Quetiapine, Risperidone	25.1	25	Yes	128 / 80	Never-Smoked	N/A	1
[redacted]	[redacted]	[redacted]	Maori	Dr Helen Rodenburg	✗	Quetiapine, Risperidone	Missing	Missing	N/A	Missing	N/A	N/A	N/A
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✗	Quetiapine	50.4	29	Missing	120 / 80	Never-Smoked	N/A	Missing
[redacted]	[redacted]	[redacted]	European	Dr Helen Rodenburg	✓	Aripiprazole, Quetiapine	33.4	47	Yes	110 / 80	Never-Smoked	N/A	1
[redacted]	[redacted]	[redacted]	European	Dr Helen	✗	Aripiprazole	34.3	Missing	Yes	124 / 88	Never-	N/A	Missing

Summary

- *The solution is to provide excellent primary health care that:*
- *supports self management*
- *has a structured approach (includes secondary outreach to enhance connectivity)*
- *Is delivered by a team*
- *Is accessible (continuity) competent caring*
- *Varies the team and skill set depending on the person's needs and includes non-clinical roles*
- *Considers community and whanau context*

There are many examples to share and learn from