

Common mental disorders and chronic medical conditions: How can we improve patients' mental health care experience?

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Statement of Potential Conflicts of Interest

Relating to this presentation, there are no relationships that could be perceived as potential conflict of interests.



Common mental disorders & chronic medical conditions

- Patients with chronic diseases have an increased prevalence of common mental health disorders.¹⁻²
- Depressive and anxiety disorders increase the burden of symptoms, disability, health service use, and worsen the prognosis of chronic diseases.³⁻⁵
- Clinical practices do not keep pace with the ever-growing knowledge regarding optimal anxiety and depression management.
- Concerted effort is required to further knowledge on the implementation of evidence-based practices.

1. Katon et al, 2011 2. Roy-Byrne et al, 2008 3. Kroenke et al, 2011
4. Teesson et al, 2011 5. Vogel et al, 2007



Improving the experience of care

- Improving the quality of services and the health status of primary care patients is possible through the implementation of **complex intervention strategies**, particularly the components of the collaborative care model.⁶
- Research must actively involve all those concerned to define priorities, including patients, general practitioners, nurses and other health care providers.

➤ Start-up project of the University of Sherbrooke *Practice Based Research Network (PBRN; Réseau-1 Québec)* in primary care.

6. Gilbody et al, 2003



Objectives

The goal of this research is to study the perceptions of clinicians and patients regarding the delivery of mental health services for depression and anxiety disorders in patients suffering from chronic diseases.

Specific objectives

- To explore the needs and challenges perceived by clinicians;
- To examine the facilitating factors and barriers associated with the adoption of evidence-based practices;
- To study the needs and challenges perceived by patients.



Methods (1/3)

Design

- Multiple case study

Participants

- Family physicians, nurses and other mental health professionals who provide care to patients with chronic diseases.
- Patients aged 18 years or older, with co-occurring chronic diseases and anxiety disorders and/or depression.

Recruitment

- 3 Family Medicine Units (FMU) in Quebec, Canada.



Methods (2/3)

Data collection

- Sociodemographic and clinical questionnaires.
- Semi-structured individual interviews (45-60 minutes): validated by patients and clinicians.

Examples of the themes explored in the interview guides:

Clinicians	Patients
clinical practices; CPG use; improvement of care; barriers & facilitators; training; access to psychotherapy; interprofessional collaboration	access to care & services; needs & preferences; challenges of managing CD & depressive or anxiety symptoms; communication with professionals



The stepped care model⁷

Focus of the intervention	Nature of the intervention
STEP 4: Severe and complex ⁴¹ depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care
STEP 3: Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care ⁴¹ and referral for further assessment and interventions
STEP 2: Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychosocial interventions, psychological interventions, medication and referral for further assessment and interventions
STEP 1: All known and suspected presentations of depression	Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions



Methods (3/3)

Data analysis

- Recording and transcription of interviews.
- Data coding by two independent reviewers using NVivo 10.
- Thematic analysis and integration of emerging themes.
- Data triangulation.



Results

Participants	Total (per FMU)	Men	Women	Experience (M years; SD)	Patients with CD & anxiety disorder or depression (M %; SD)
Patients	10 (3-5)	5	5	-	-
Clinicians					
GPs	10 (1-5)	2	8	16.7 (13.4)	14.8 (7.4)
Nurses	6 (1-4)	0	6	11.7 (4.8)	18.3 (12.1)
Other professionals	2 (0-1)	1	1	-	-



Results - clinicians (1)

Clinicians reported that provision of care to patients with chronic disease and depression and/or anxiety disorders is their daily practice, especially among older or vulnerable patients. They highlighted different barriers to provision of care:

- ✓ Difficulty finding clinical practice guidelines that address chronic diseases with co-occurring mental health disorders.
- ✓ Difficulties accessing psychiatric services outside of emergencies.
- ✓ Difficulties accessing psychotherapy services due to, for example, long waiting lists (public sector) or costs (private sector).
- ✓ Limited time during consultations to discuss and/or prioritize mental health – addressed in the general health check.
- ✓ The main treatment offered is pharmacotherapy, and physicians and nurses reported challenges with polypharmacy and patient adherence to treatment.



Results - clinicians (2)

Different solutions were set forth, particularly interprofessional collaboration (e.g. with psychologists, nurses, pharmacists, social workers):

- ✓ Broaden the role of nurses in mental health (detection, evaluation, referral, follow up).
- ✓ Better access and training of psychologists in terms of chronic diseases.
- ✓ More group interventions.
- ✓ Planning/coordination of appointments to reduce the number of patients' visits.

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- «I think people with a chronic illness, with mental health problems or not, should be able to have a nurse navigator or professional to whom they could refer to when they have more difficult times.»
- [C02_psychologist_woman]

«To change the nurse-doctor ratio because nurses are very capable of doing a lot of the follow ups for chronic diseases. (...)»
[C05_MD_man]

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Results - clinicians (3)

- ✓ Improve communication and synergy among the professionals within the clinic, as well as with the local services network: family physician, nurse, psychologist, pharmacist, psychiatrist, etc.
- ✓ Improve communication with the resources to which patients are referred, particularly psychologists.

«Collaborative work is what will be the most useful, you know, the idea is to use time without it being only time with the doctor or the nurse, but, when we all do our part, we arrive to the problem more quickly.»
[C04_MD_man]

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Results - patients (1)

- While many appreciate the comprehensive nature of care provided, some patients mention that their depressive or anxiety disorder is seen at the forefront by clinicians when consulting for their chronic disease.

«I don't want to bring those two together. (...) But when you go for a physical for the doctor for your physical health, it should only be about that.» [P03_FMU-3_woman]

«She doesn't just see me as the sick person. Her attitude is that she treats the whole person, not just the symptoms.»
[P07_FMU-3_woman]

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Results - patients (2)

- Some patients reported feeling stigmatised by clinicians, which increases their anxiety and can influence their reporting of symptoms and their choice of treatment.

«People who have psychiatric symptoms do not like to take medication because there's always stigma attached.»
[P07_FMU-3_woman]

- Patients' perceptions of their doctor's availability varies.
- Some find that their family doctor takes the time necessary, while others would like to have more time during consultations.

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Results - patients (3)

- Patients value the care they receive from nurses. They appreciate their complementarity, their availability and their listening skills.
- Patients expressed their desire to involve psychologists in their care and those who consulted a psychologist reported that it had a positive effect on their wellbeing.
- Communication and collaboration between clinicians is perceived to be effective by patients.

«Professionals are talking among themselves now. He called my psychiatrist immediately (...)»
[P09_FMU-3_man]

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Results - patients (4)

- Patients mentioned multiple barriers limiting their access to different services.

« And sometimes it costs **money**. If you're on welfare, welfare's not going to pay for it.»
[P07_FMU-3_woman]

«I meet doctors and often I ask - do you have any **resources** in your community? And doctors don't know.»
[P09_FMU-3_man]

« It's the system in Quebec that is really lacking, **mental health resources are really lacking everywhere.**»
[P07_FMU-3_woman]



Discussion

- The results of this project highlight a number of barriers affecting the care provided to patients by clinicians;
- Various solutions were set forth by clinicians, in particular the fostering of initiatives to increase interprofessional collaboration and access to care.
- These barriers and solutions were corroborated with patients' views concerning, for example the involvement of other health professionals in their care, in particular nurses.



Discussion

- Primary care mental health practices for patients with long-term conditions involve challenges at the levels of detection, diagnosis and treatment.
- Pharmacotherapy was the most frequent treatment. However, psychotherapy is also a key component of evidence-based service delivery for common mental disorders.
- Consideration of patient preferences and their readiness to introduce and adhere to additional psychological or pharmacological treatments is fundamental.
- The project has allowed to better understand the needs and care experience of patients and clinicians.



Conclusion

Study limits

- Selection bias & social desirability bias.
- Over or under-representation of clinician categories in FMUs.

Study strengths

- Involvement of stakeholders throughout the project phases.
- Needs assessment.

Next steps

- Develop and implement strategies tailored to the needs identified in the present research in order to support mental health practices and improve the quality of the care experience of people living with chronic diseases.



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