Filippo Zizzo MD, Psych.
zizzofil@tin.it

27 – The Integration of Mental Health into Primary Care: International Perspectives

Filippo Zizzo MD, Psych.
Psychiatry lecturer at the General Practice Training School, Milan Bicocca University,
Head of Scientific Medical Society SIICP

According to an evaluation in 2012, approximately 38% (1) of the European population suffer from a mental disorder at some time in their life. The WHO predicts that by 2020, significant psychiatric disorders will make a major contribution to the burden of disability and suicide (2)(3). This is even more pertinent with regard to the current economic crisis and the consequent reduction in resources and services. The message delivered to European nations at the Helsinki Conference of 2005 was that there is no health without mental health (3). Nine years later, one wonders if European states have kept their commitment to promote mental health policies with respect to public health, adoption of a life course approach targeting all age groups, making structural changes, community transformation and respect for human and civil rights of people with mental disabilities. If they had, perhaps today's outcomes may have been different. In recent years, the international economic crisis has had an important psychosocial impact on individuals and families through the reduction of available resources. It has resulted in increasing social marginalization, unemployment and higher risk of exposure of the individual to stressful life situations, with negative repercussions through the increased risk of developing psychiatric disorders and by making treatment and recovery more difficult.

In high income countries there remains a lack of social inclusion for those people with mental health problems including a fragmentation of family and social structures, poor housing, lack of employment opportunities and loss of spiritual framework. Against this background;

- Family Physicians are in a position to provide leadership in the health care system (5)
- it is important that this role is supported by national governments.

Family Physicians should be carefully consulted before the development and implementation of new policies and processes in order to achieve the goal of health care cost containment and improvement in the management of mild and moderate psychiatric disorders, in order to avoid the stigmatization of mental health patients with all the negative consequences that this may carry. Family Physicians must have leadership roles in managing the delivery of health services because the Family Physician is one of the medical professionals best placed to demonstrate the full range of qualities necessary to drive change including; (6) trust and doctor-patient relationship, expertise in diagnosis and prognosis, expertise in complex decision-making process, the beginnings of a multidisciplinary approach to health care, professionalism, leadership and management skills in delivering comprehensive primary health care to large populations and skills in the training of medical students and doctors.

In the early 2000s, care delivery to patients with mental health difficulties was driven through a lens of ethics and morals (7). Today the choice is not only based on these ideals but also on the wise use of limited economic resources to deliver quality interventions with a reduction in health care costs.

The vision that I'm proposing, could be interpreted as reductionist but it is better at maintaining quality of care and treatment interventions ethically whilst reducing costs. To achieve this goal, Family Physicians need to become more skilled in the foundations of psychiatric diagnosis and therapy, not to become pseudo-psychiatrists but to play a pivotal function in delivering mental health services to a broader range of the primary care population.
By adopting this suggested approach, the role of the Family Physician becomes the constant filter and support at the primary/secondary care intersection. We might say that there is nothing new under the sun. From my point of view there is a great difference between the former vision and the current situation. In the 1980s there was a simple proposal designed to streamline the psychiatrist's work, making him/her responsible for interventions for the most severe and high-risk cases. The current economic stagnation dictates that there should be less waste and demands that the majority of interventions are delivered in primary care (8). Moreover, it has broadened the horizon to a world of "emerging needs" of mental health for primary care including adolescents and young people who require early intervention, the elderly, people suffering from common emotional disorders or with complex co-morbid somatic conditions and a whole population who attend family practice as the first port of call when faced with medical needs. Alongside the responsibility of delivering more treatment for newly presenting mental health problems, Family Physicians are also expected to sustain the goal of a more inclusive society by supporting the reintegration of patients with severe mental disorders. Family Physicians are called upon to promote societies' ability to understand and tolerate the complexity of individuals and the variety of different ways of being in the world. They are also expected to avoid the temptation to make superficial changes by evading the right but difficult decisions and ignore the evidence base for political expediency and 'short-termism' or by merely attending to the risk associated with mental suffering and disorder.

I would like to propose the following goals:

Mid- term goals:

A reduction in the numbers of people with mental health problems followed up by secondary care mental health services
An increase in the number of patients with mental health problems managed by Family Physicians
More appropriate use of the resources offered by psychiatrists in Secondary Care
More rational use of nursing resources to address mental health problems

Long- term goals:

An improvement in the quality of interventions offered in mental distress
Evidence based and appropriate consultations
Evidence based clinical and therapeutic interventions
Evidence based nursing interventions
A decrease in hospital admissions
A decrease in relapse rates
Efficient management of resources

In my view this is the future challenge for the Family Physician who, as a result of the nature of the role, deliver assessment and treatment to large numbers of the population within a defined geographical area, and in a broader social context, informed by the Family Physician's depth of knowledge of the family and social contexts of his/her individual patients. Therefore, the Family Physician remains the pivotal figure of future health systems.

Take Home Messages

- Family Physicians encounter covert and sub-clinical psychiatric disorders
- Family Physicians manage psychiatric disorders with reduced costs
- The stigma related to mental disorder is decreased in the general practice context
- Family Physicians are in a unique position to provide comprehensive management of the patient's mental and physical disorders
- Family Physicians also implement social interventions for their patients

Original Abstract

http://www.woncaeurope.org/content/cw18-integration-mental-health-primary-care-international-perspectives

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