

COMMON MENTAL DISORDERS AND CHRONIC MEDICAL CONDITIONS: HOW CAN WE IMPROVE THE EXPERIENCE OF MENTAL HEALTH CARE FOR PATIENTS?

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1. Statement of the Problem

- Patients with chronic physical diseases have an increased prevalence of common mental health disorders such as depression and anxiety disorders.¹⁻²
- Mental health issues 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.
- Improving the quality of services and the health status of primary care patients is possible through the implementation of complex intervention strategies.⁶
- To improve primary care services for vulnerable patients with chronic disease and mental health conditions, research must focus on new models of care, and actively involve all those concerned to define research goals.

Goal

- 🧩 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.

2. Materials and Methods

Design

- Descriptive qualitative study.

Setting and participants

- 3 Family Medicine Units (FMU) in Quebec, Canada.
- Physicians (n = 10), nurses (n = 6) and mental health professionals (n = 2) who provide care to patients with chronic diseases.
- Patients (n = 10) aged 18 years or older, with co-occurring chronic diseases and anxiety disorders and/or depression.

Data collection

- Sociodemographic and clinical questionnaires.
- Semi-structured individual interviews. Examples of themes explored:

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

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.

3. Results

Participants	Total (per FMU)	Men	Women	Experience (M, years)	Patients with CD & anxiety disorder or depression (M, %)
Patients	10 (3-5)	5	5	-	-
Clinicians					
Doctors	10 (1-5)	2	8	17	15
Nurses	6 (1-4)	0	6	11	17
Other professionals	2 (0-1)	1	1	-	-

Main themes:

- **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 of 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.
- **Different solutions were set forth, such as interprofessional collaboration (e.g. with psychologists, nurses, pharmacists, social workers).**
 - « You know, when the doctor can work with the nurse clinician plus external support services such as psychologists or paramedical staff, there sure is something to do to help our patients and it will be much easier for their follow-up.» [C004, MD, man]
 - «We should bring all professionals together outside the regular meetings, where all doctors are there with the professionals, I say – we need to create this synergy and then there will be these innovations, this group project.» [C008, social worker, man]
 - «(...)also, two days a week, we have a clinical pharmacist who has an expertise in mental health so, with complex cases, when you want to potentiate or combine antidepressants, and she can also do depression follow-ups.» [C001, MD, man]
- **Other clinical and organizational solutions were also set forth:** more group interventions; coordination of appointments to reduce frequency of patient visits, broadening of nurses' roles, development of case management or nurse navigator functions, improving communication with resources to which patients are referred, placing the patient at the center of care.
 - « (...) I think they should be able to have a nurse navigator or care provider to whom they could refer to when times are more difficult.» [C002, psychologist, woman]

Clinicians

Patients

- **While many appreciate the comprehensive nature of care provided, some 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. If they're feeling sick they're there for that reason. If they're feeling mentally sick they go to the other doctor. But when you go for a physical for the doctor for your physical health, it should only be about that.*» [P003, woman]
- **Patients value the care they receive from nurses** «*Nurses are the primary care givers I'm sorry to say. They are, and they're excellent.*» [P007, woman] **and psychologists** «*Yes it helped me a lot to understand myself, to open up (...)*» [P006, man]
- **Communication and collaboration between clinicians is perceived to be effective by patients.** «*Professionals are talking among themselves now. He called my psychiatrist immediately (...)*» [P009, man]
- **Patients mentioned different factors limiting their access to services, such as availability of adequate resources or financial considerations.** « *And sometimes it costs money, so sometimes it's well this one here and this one there are good, but they're going to cost you a couple hundred dollars. If you're on welfare, welfare's not going to pay for it.*» [P007, woman]

4. Discussion



This research was conducted in the context of the Université de Sherbrooke's Practice Based Research Network (PRRN) which involves researchers, clinicians, health care managers and patients who collaborate to produce and apply knowledge pertaining to best practices in primary care.

- The results of this project highlight a number of barriers affecting the care provided to patients by clinicians, and 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.

The project has allowed to:

- Better understand the needs and care experience of patients;
- Obtain the perspective of clinicians concerning issues relating to services and to improvement opportunities;
- Create new partnerships between researchers and FMU managers, clinicians and patients.

Our next steps:

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

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