“Primary Care Mental Health”

Research Program in General Practice

Professor Jane Gunn

PRIMARY CARE RESEARCH UNIT DEPARTMENT OF GENERAL PRACTICE

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Acknowledgements

Research funding provided by

Australian Government

National Health and Medical Research Council

Australia (Victoria)

Over 20 million resident population in Australia

Almost 5 million resident population in Victoria

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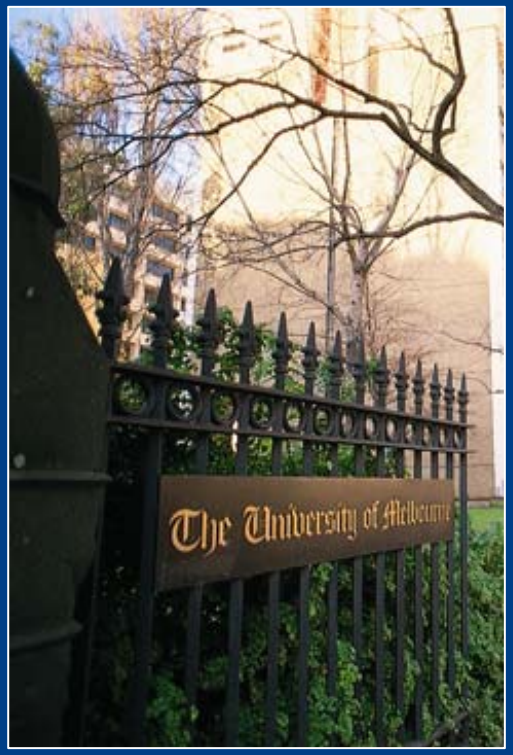

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Program Areas

Mental Health

Chronic Disease

Young People's Health

Setting up a practice-based research network

C. Hutton, D. Wilson, C.Hogan, M.A.Hussain, H. van Doorn, J. Gunn, M. Temple-Smith, K. Johnston-Ata'ata

Background

The Victorian Primary Care Practice-Based Research Network (VicReN) was established in 2006 by the Primary Care Research Unit at the Department of General Practice, University of Melbourne with funding from the Faculty of Medicine, Dentistry and Health Sciences. This poster aims to explain the process of setting up VicReN over the past year.

What is a practice-based research network (PBRN)?

PBRNs work by bringing primary care practitioners together with academic GPs and other researchers in long-term collaborations to conduct research that matters to practitioners and that makes a difference to the delivery of primary care.

Both sides benefit. Practitioners have the opportunity to develop their research skills and to investigate clinical questions they are interested in, while academic GPs and researchers can access practitioners' expertise and experience, as well as a practice base.

PBRNs make possible research of a scale and quality that would otherwise be beyond the individual practitioner, and help ensure that it is firmly grounded in the reality of day-to-day primary care.

Key lessons from the literature

Lessons learned from establishing and sustaining PBRNs both in Australia and overseas:

1. Find the 'champions' – only work with practices with a genuine interest in and enthusiasm for research.
2. Make research relevant to the everyday concerns of practitioners by ensuring they have input from the earliest stages.
3. PBRNs are not a magic bullet for the problem of recruitment – they can assist but are much more than a list of practices to be contacted by researchers.
4. Building a high degree of trust among network members is critical.
5. When sourcing funding and measuring research impact, think outside the academic box.
6. Stakeholders include the Australian General Practice Network, Divisions, RACGP, government (all levels), patients, advocacy groups, and universities.
7. The core business of the network will be to use research methods to answer questions or solve problems (not to simply "do research").
8. Setting up an effective PBRNs takes time – be realistic and patient.

What's in it...

For clinicians?

Research gives me the opportunity to be an 'agent of change'. It allows me to better understand my patients and their health, shows me the strengths and weaknesses of current interventions, and allows me to direct limited resources more efficiently.

Dr Chris Hogan, Family Medical Centre, Sunbury

Being involved in research has energized my commitment to general practice by giving me confidence in evidence-based medicine. It provides a welcome, and worthwhile, variation in my day to day general practice work.

Dr Cathy Hutton, Margaret Street Medical Clinic, Moonee Ponds

VicReN
Victorian Primary Care Practice-Based Research Network

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For patients?

Our patients like our involvement in research because it gives them the sense that their doctor is linked with state-of-the-art academic findings.

Dr Thomas Mclerny, Pediatric Research in Office Settings (PROS), US

For academics?

Even though VicReN is in its infancy it has already brought a new vitality to our research within the Department. Engaging with a variety of exceptional GPs is inspiring.

Professor Jane Gunn, Primary Care Research Unit, Department of General Practice, University of Melbourne

VicReN is supported by the Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne and the Australian Government Department of Health and Ageing Primary Health Care Research, Evaluation and Development Strategy.

VicReN's Development: A Timeline

2006

July
Foundation Dinner

September
PBRN Coordinator employed

November
- Literature review completed
- Network model developed
- Internal consultations (Department of General Practice)

December
Consultations with potential members

2007

February
First meeting with foundation members

March
Expressions of interest from potential members and collaborators (ongoing)

May
- Second meeting with foundation members
- Marketing material developed
- PBRN becomes VicReN
- Poster presentation at 2007 GP&PHC Research Conference

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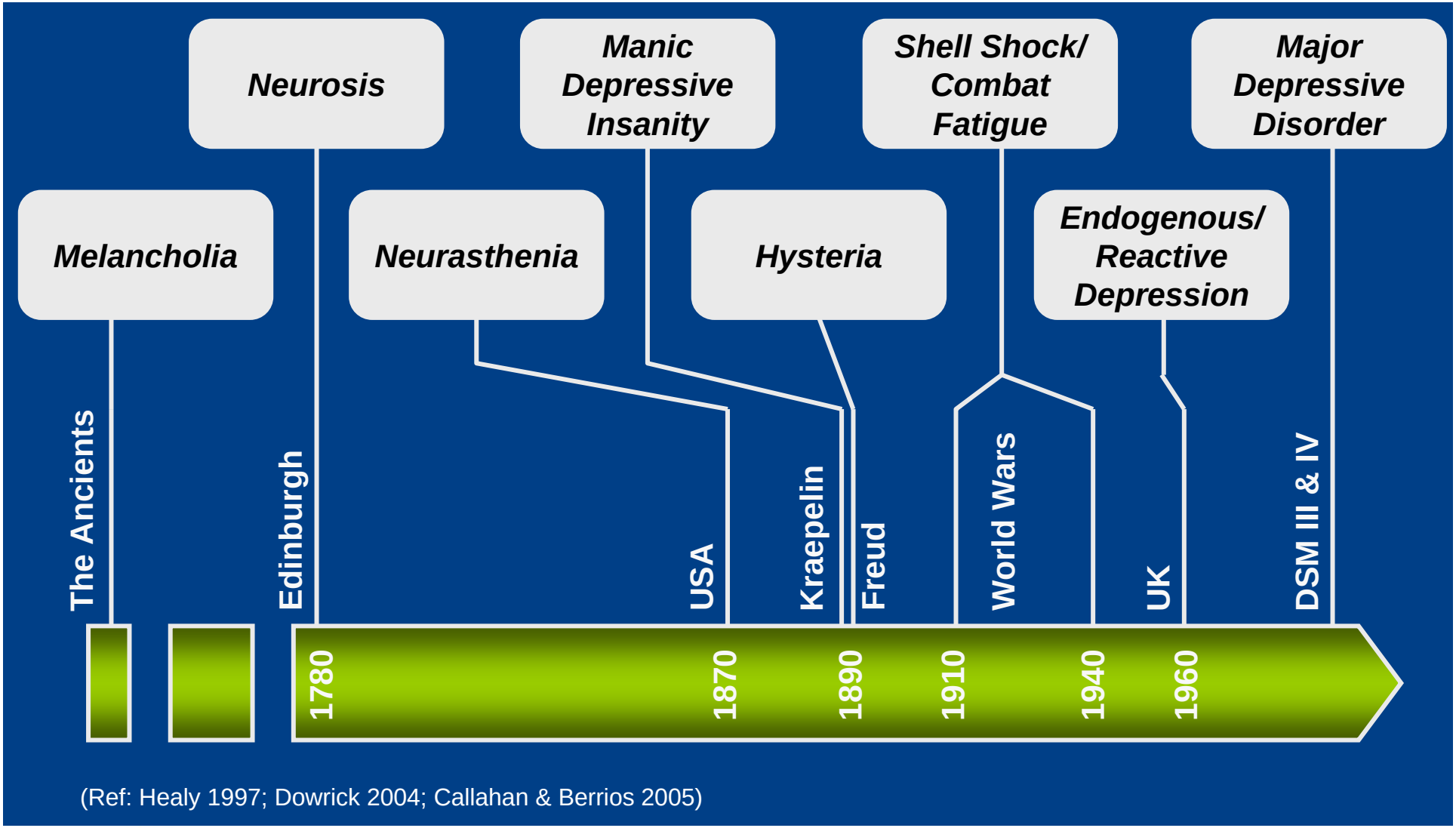
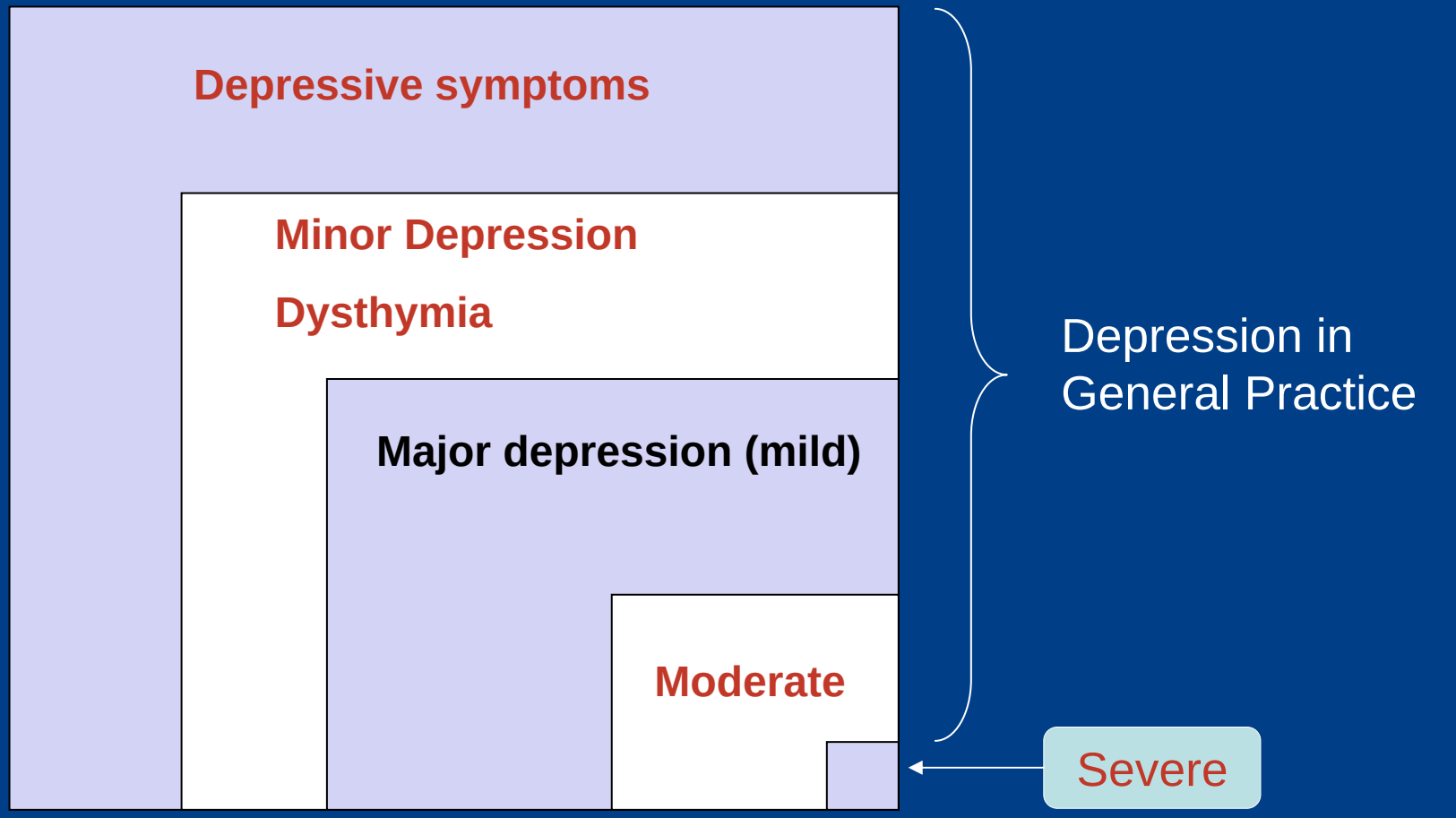
A brief history of the problem of depression



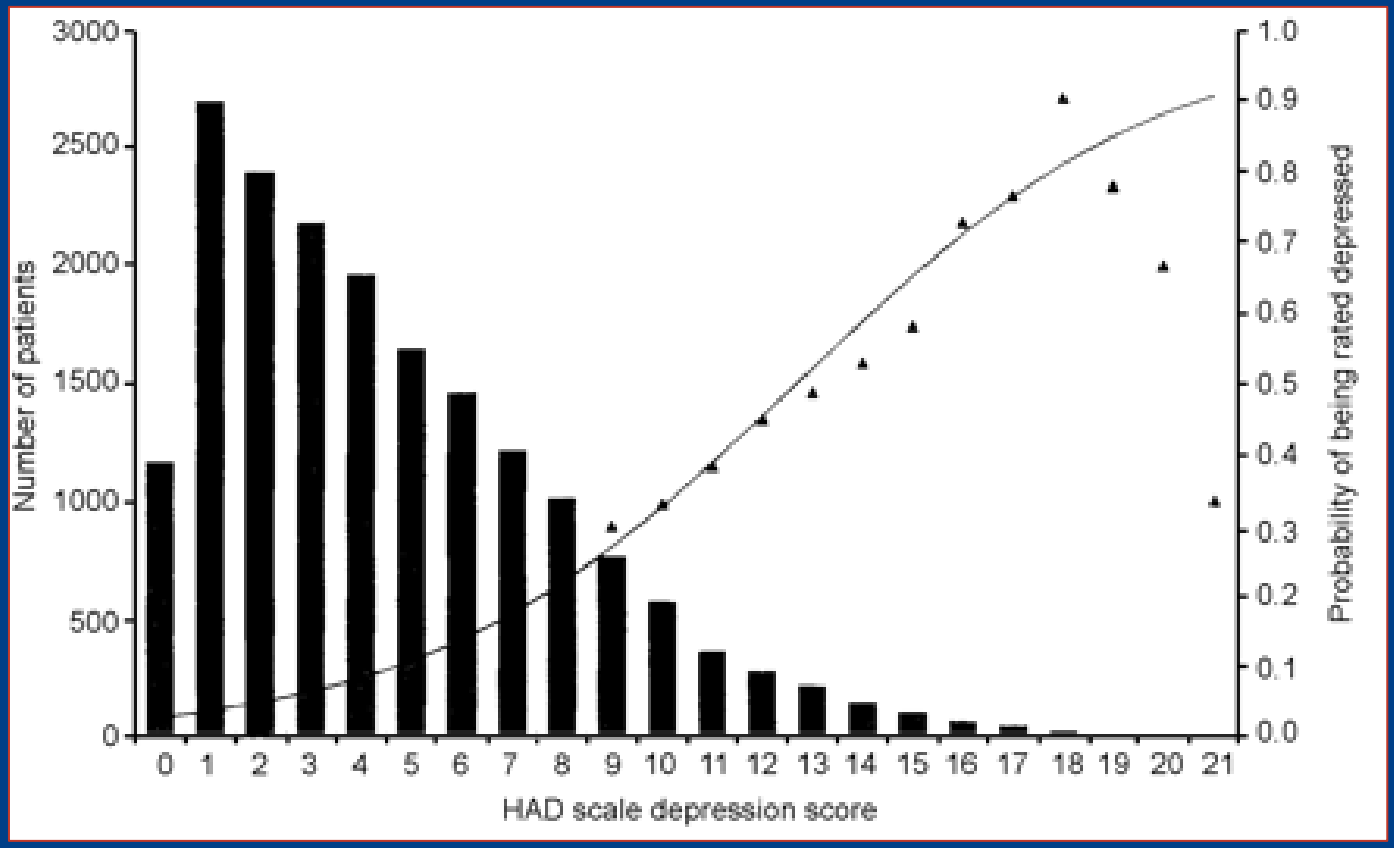
(Ref: Healy 1997; Dowrick 2004; Callahan & Berrios 2005)

What do we mean by depression?



(Ref: Simon G. Long-term prognosis of depression in primary care. *Bull WHO* 2000; 78(4):439-445)

Hampshire Depression Project



Thompson C, Ostler K, Peveler R, Baker N, Kinmonth AL. Dimensional perspective on the recognition of depressive symptoms in primary care. *British Journal of Psychiatry* 2001;179:317-323

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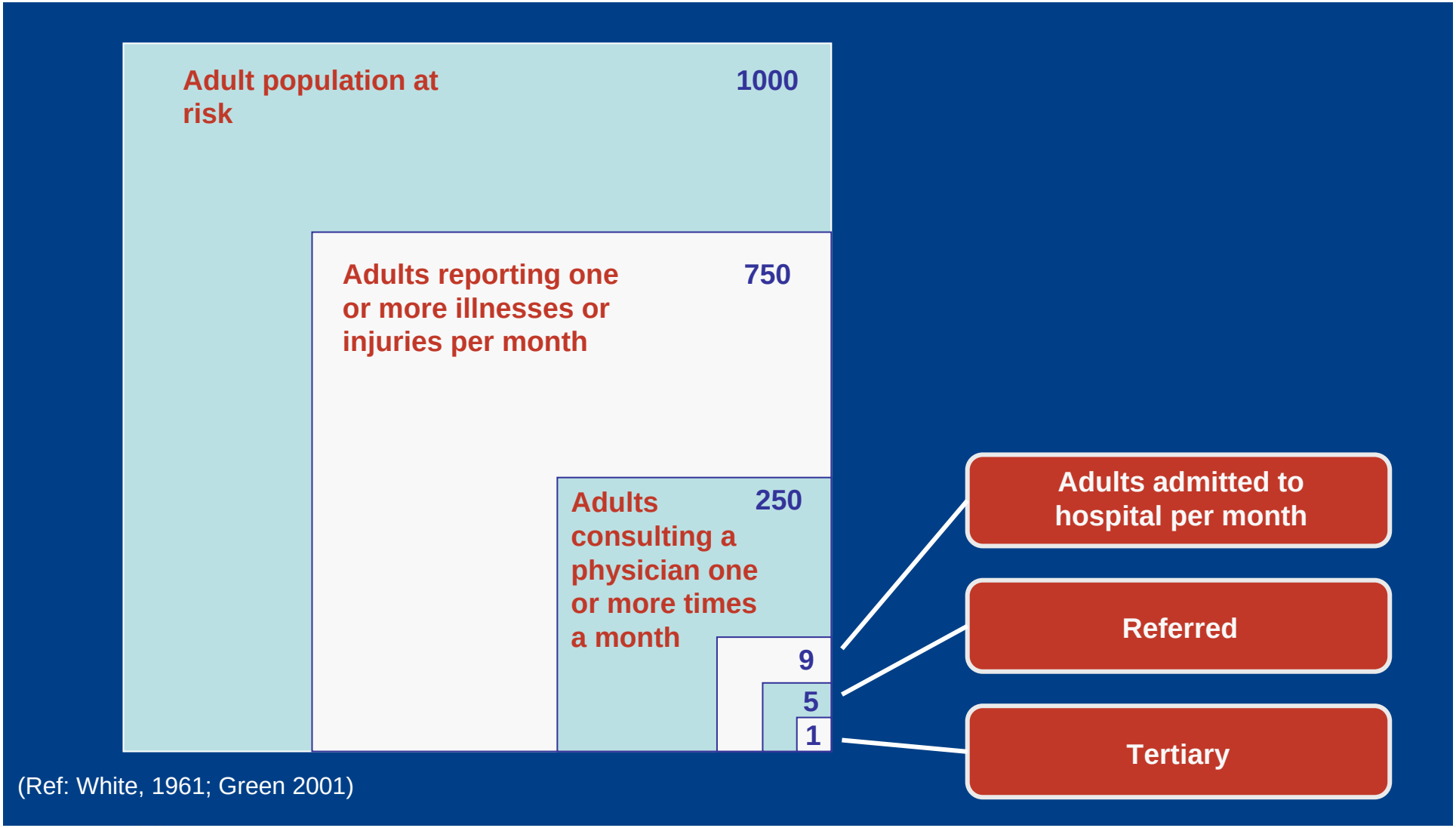
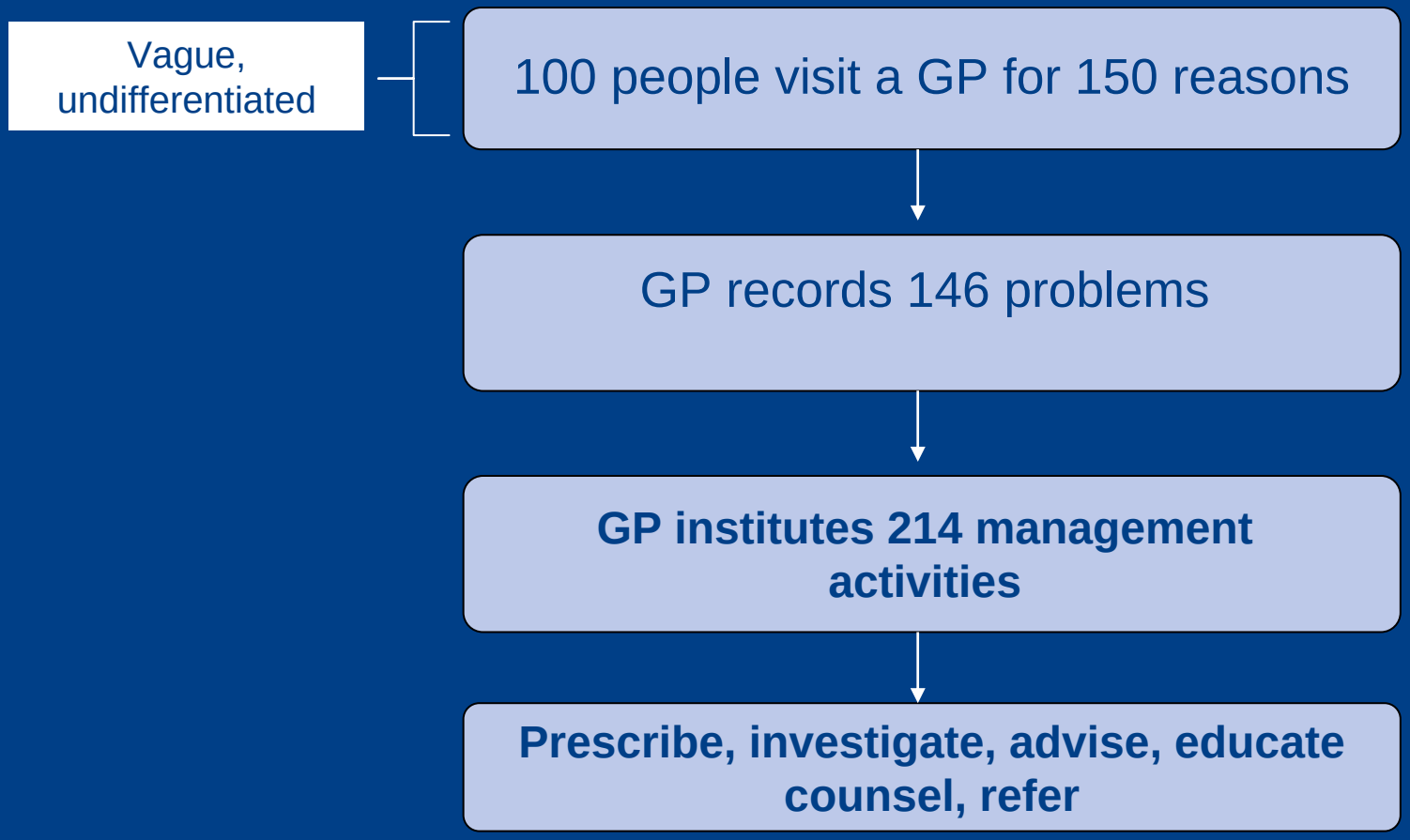
The ecology of medical care



(Ref: White, 1961; Green 2001)

Australian General Practice



Ref: Australia's Health 2006, AIHW

Research Program in Depression

Re-organising care for depression and related disorders in the Australian primary health care setting.

Our vision: *'A primary care system that promotes emotional well-being and provides people experiencing depression with accessible, responsive and effective management options to assist recovery and maintain well-being.'*

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PROGRAM OF WORK

DATA SYNTHESES

- Review of system interventions
- Review of longitudinal studies
- Review of guidelines for primary care
- Lay concepts of depression
- Resilience

RESEARCH METHODS

1. Data synthesis & literature reviews
2. Cohort study & Stakeholder input
3. Putting complexity into practice
4. Analysis and dissemination

DIAMOND

DIAgnosis, Management and Outcomes of Depression in Primary Care

Research funding provided by
Australian Government
National Health and Medical Research Council

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AIMS

1. Map the pathways of care experienced by patients with depressive symptoms in primary care

2. Describe the relationship between health outcomes and
   - *GP characteristics*
   - *Patient characteristics*
   - *System factors*

3. Describe the impact of phase and severity of depression and treatment factors on health outcomes

4. Investigate the facilitators and barriers to management and recovery of patients

5. Assess costs of managing depression in primary care

Recruitment locations

Total Km Travelled

3 3 1 7

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GP recruitment

30 GPs recruited
(randomly selected)

7668 patients (aged 18-75 years) screened

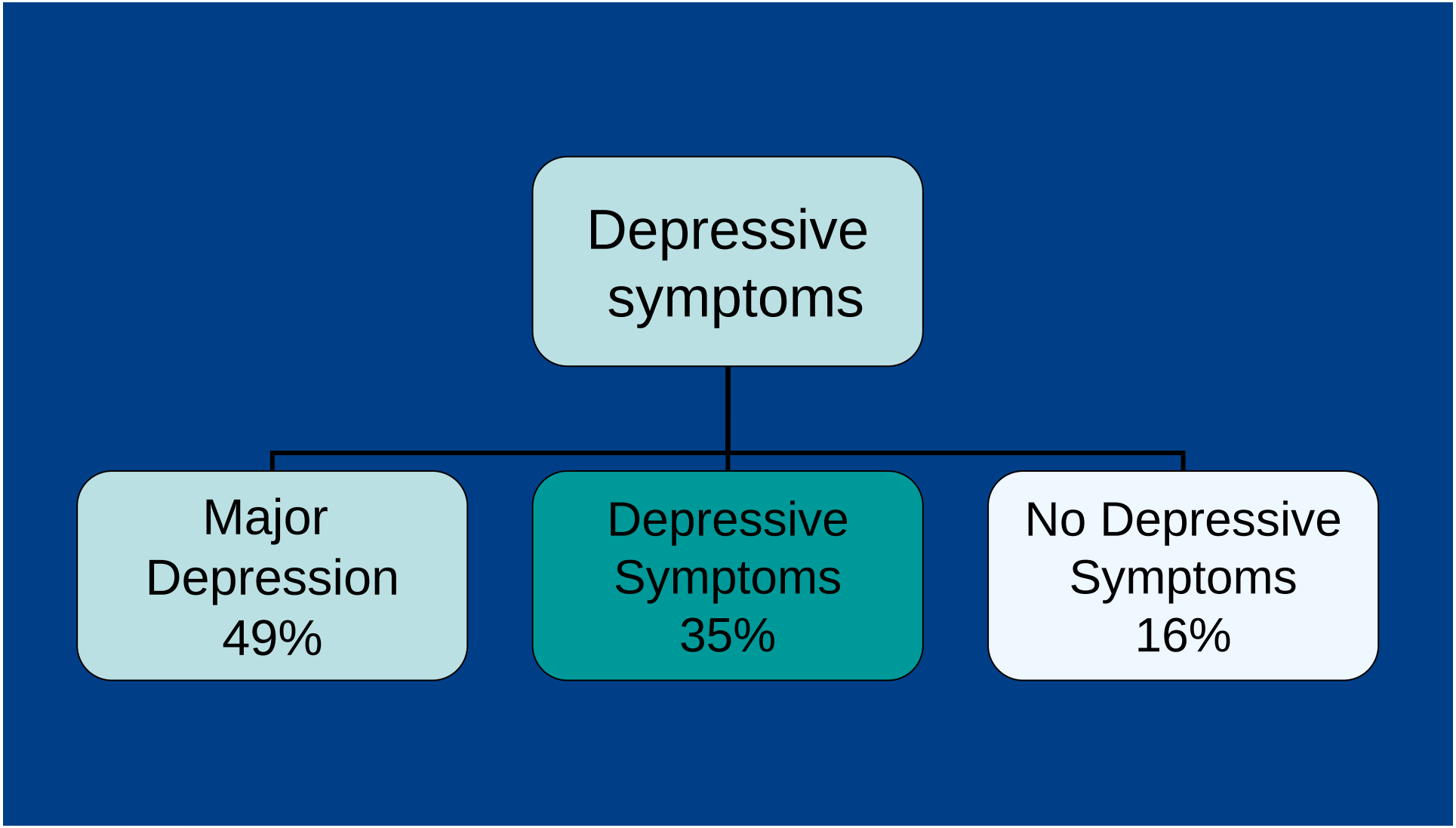
790 patients with depressive symptoms recruited

+

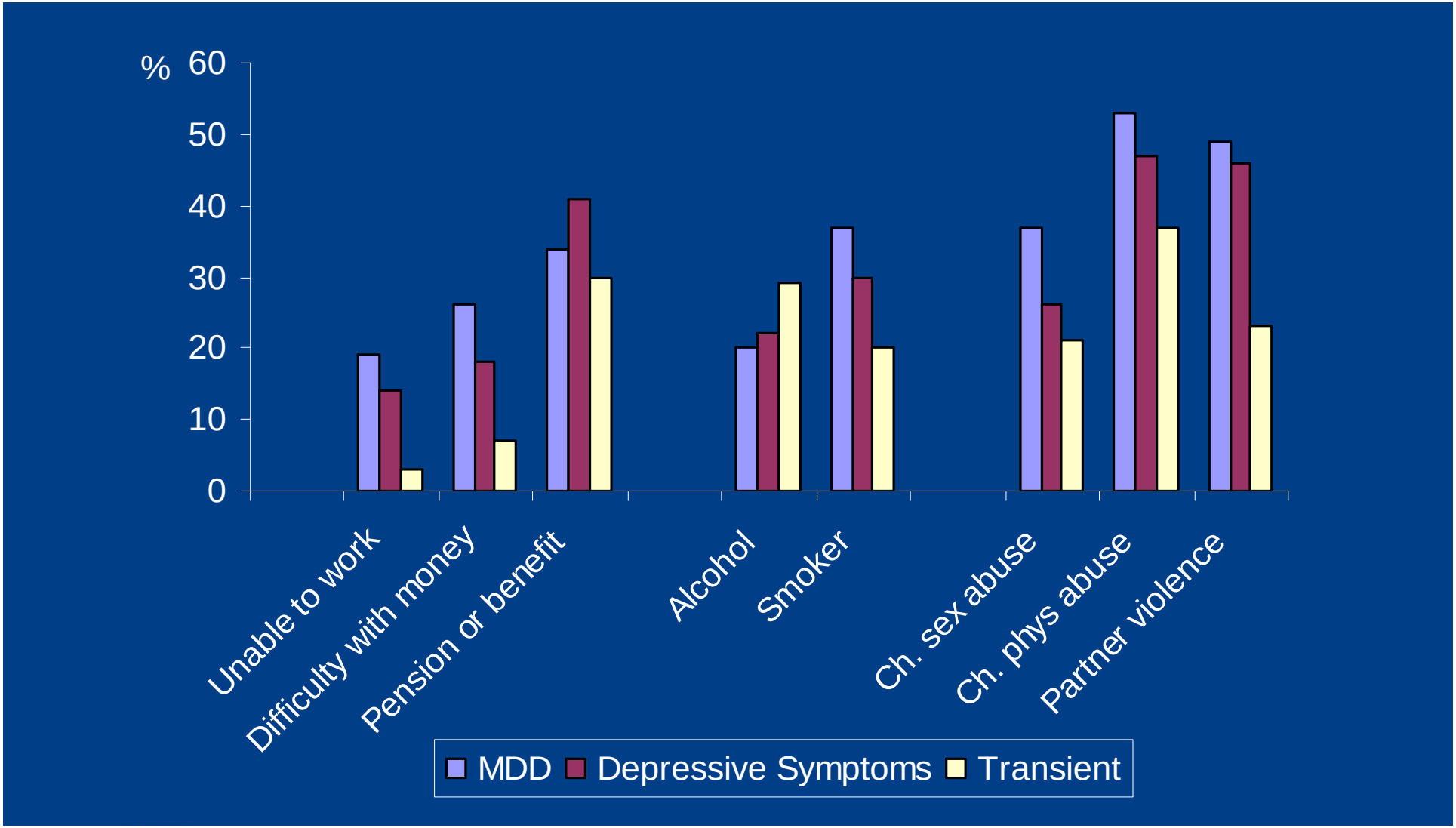
FOLLOW UP

3 mth → **6 mth** → **9 mth** → **Yearly**

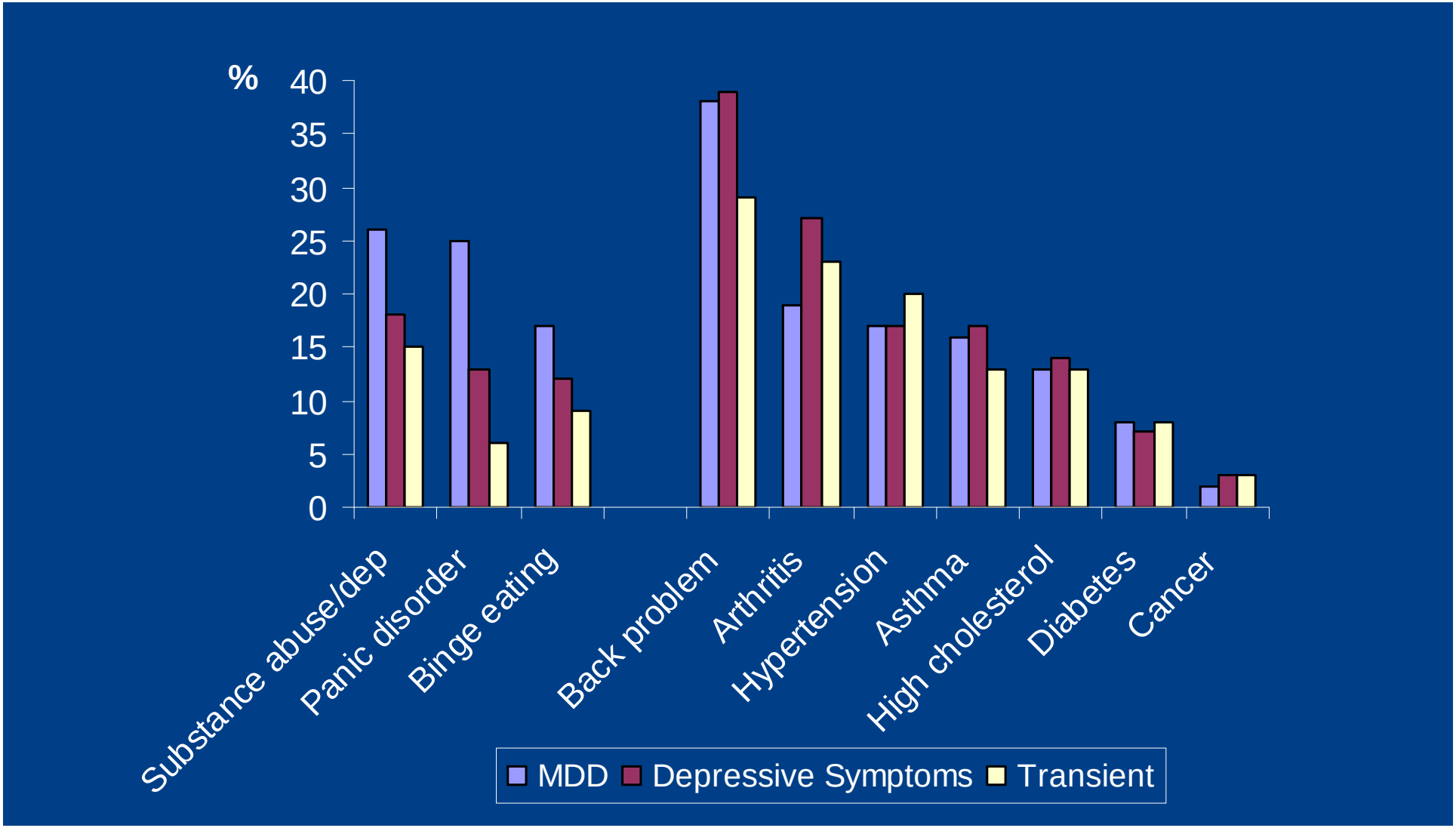
Change in depression scores at baseline



Social and lifestyle factors



Psychiatric and physical problems



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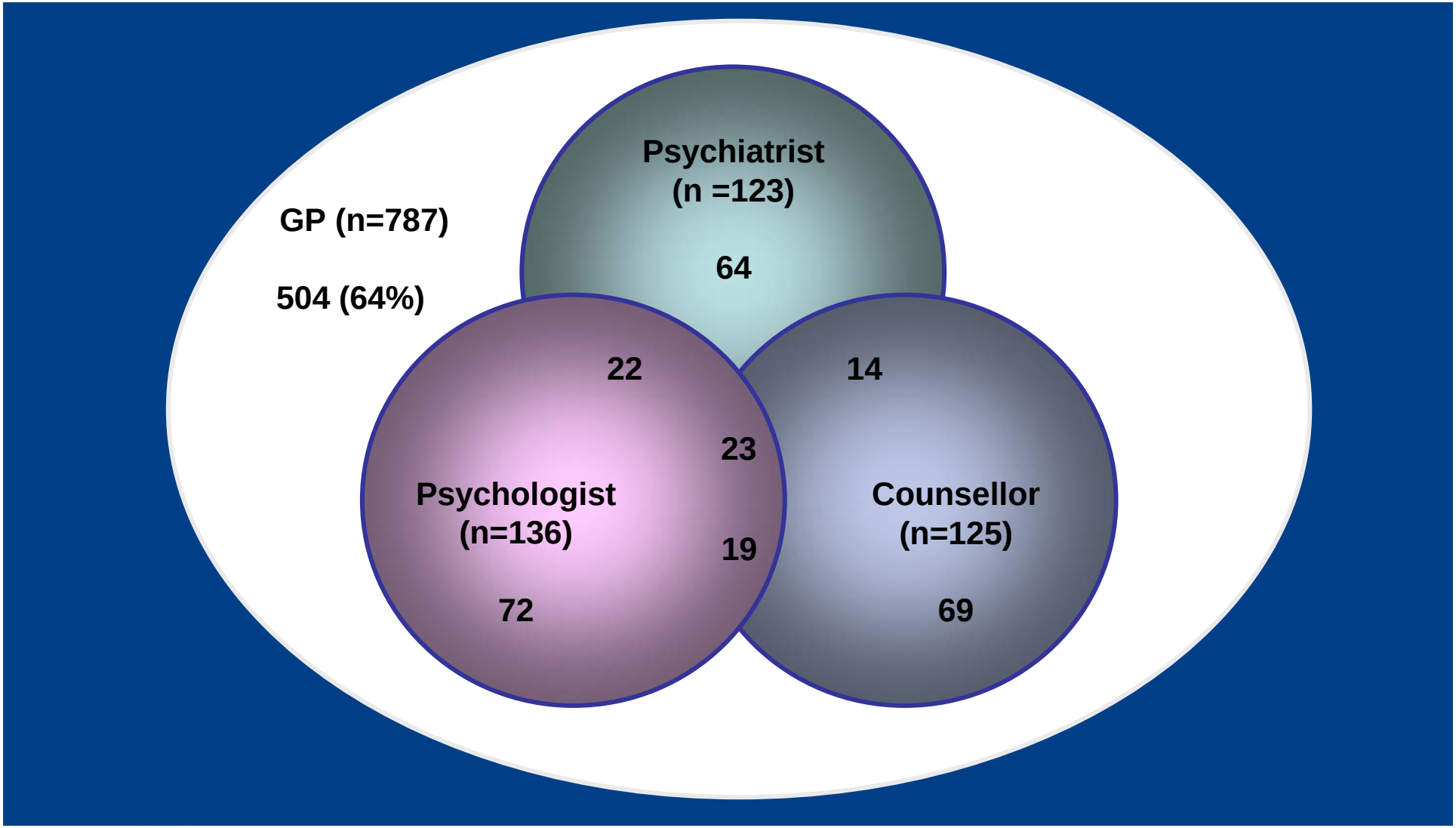
Forms of help received from GP for emotional well-being

Mental health service provision



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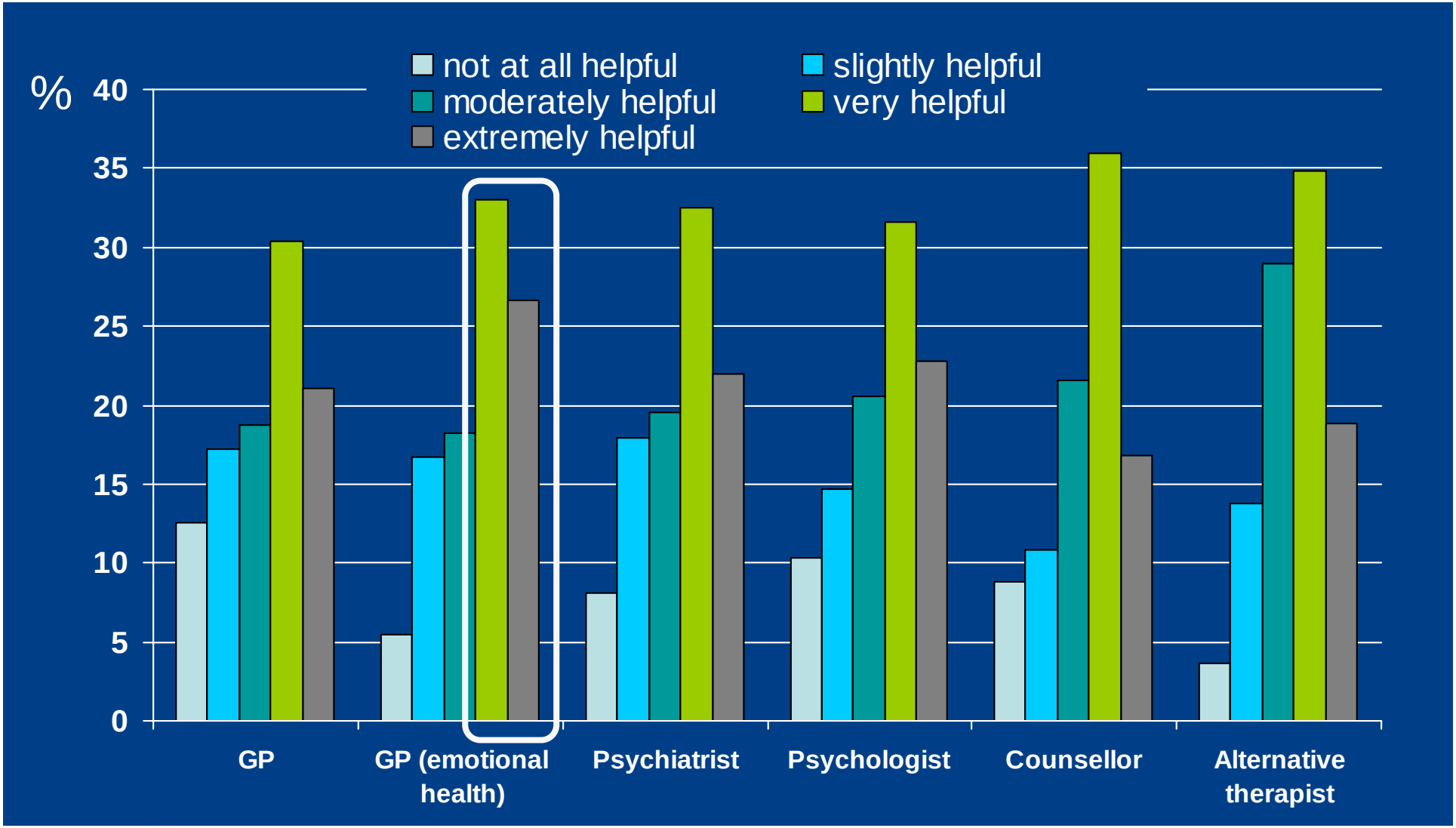
Helpfulness of health professional in addressing emotional well-being in past 12 months



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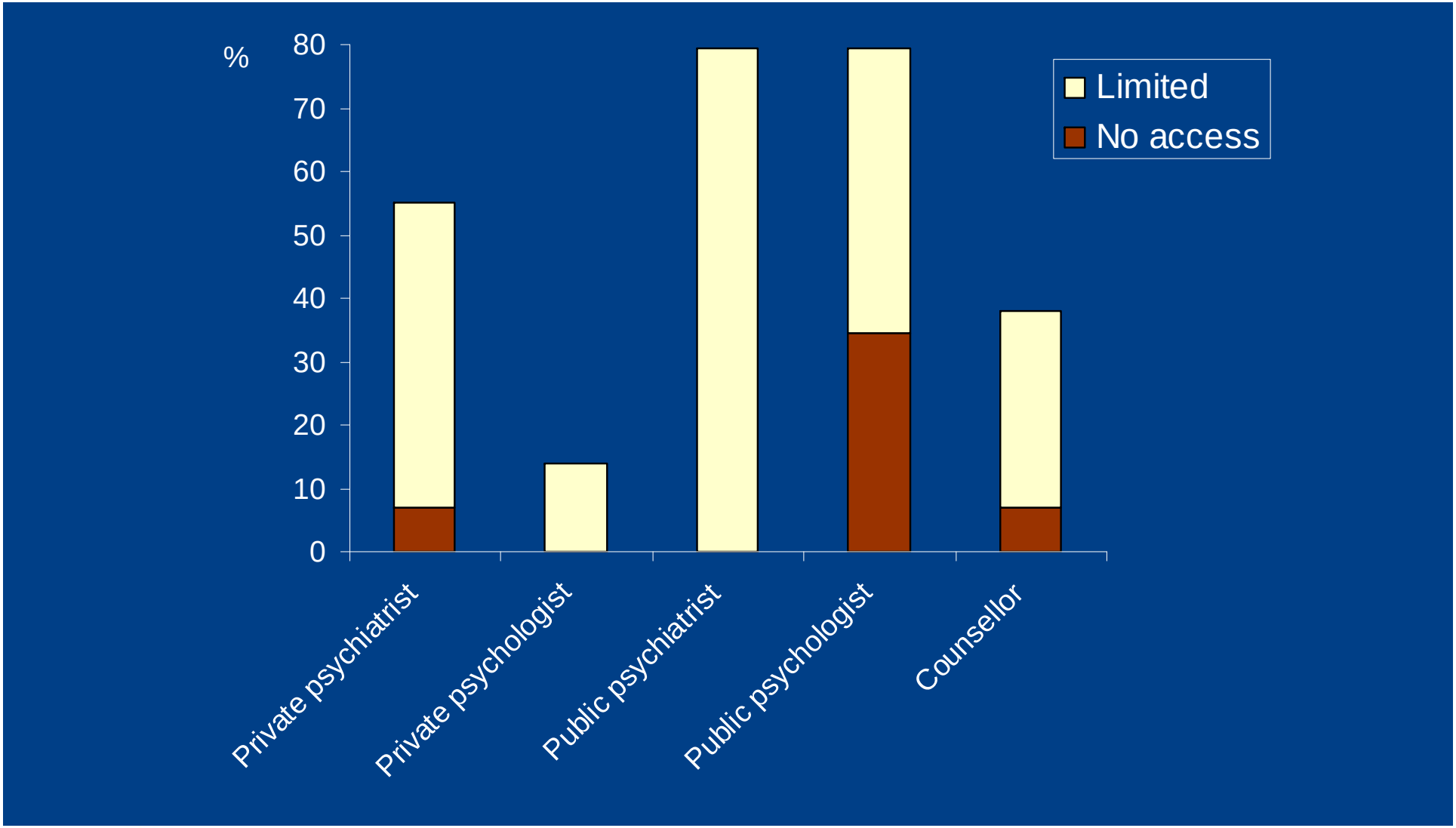
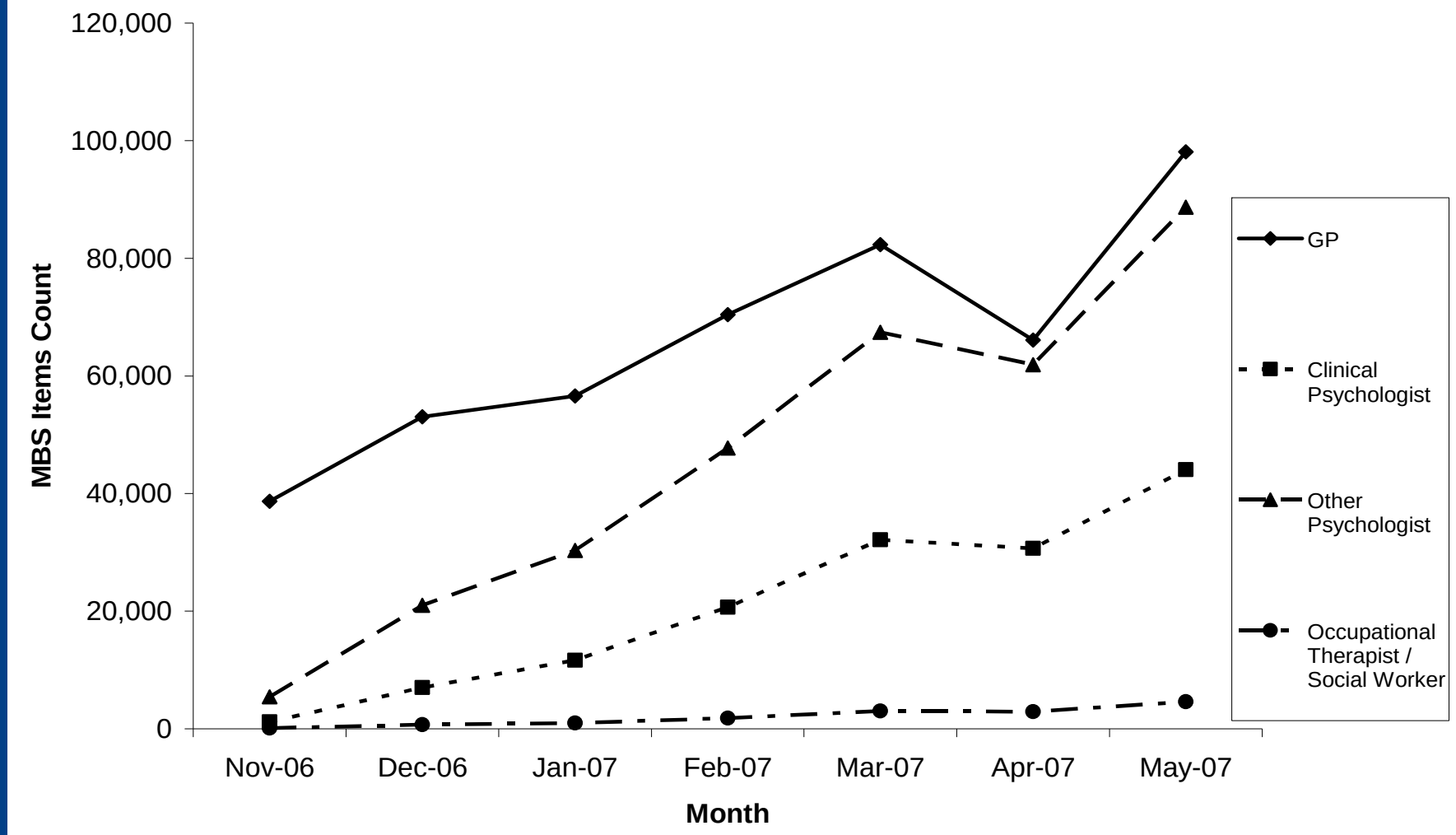
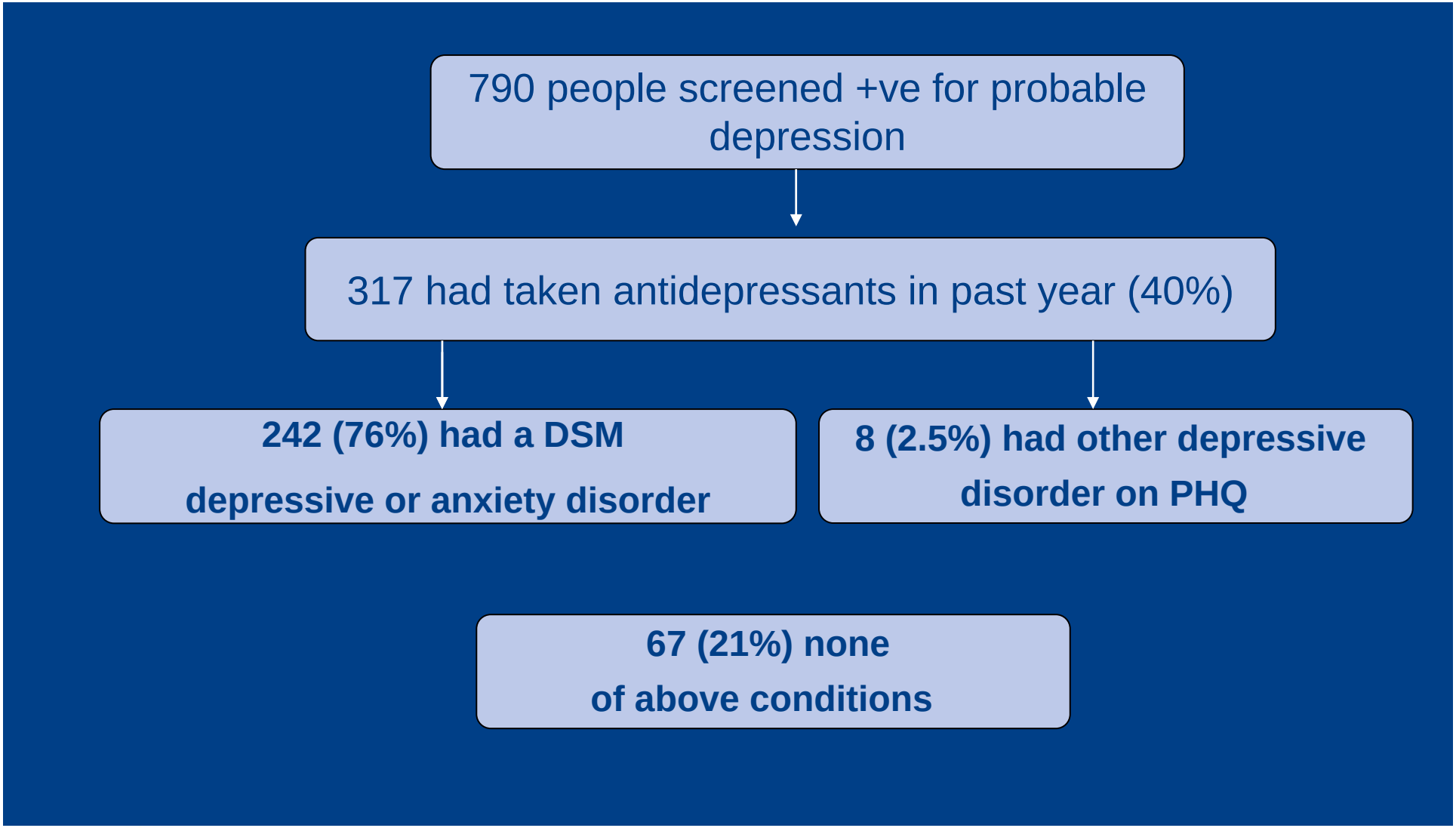
Access to mental health specialists (2005)



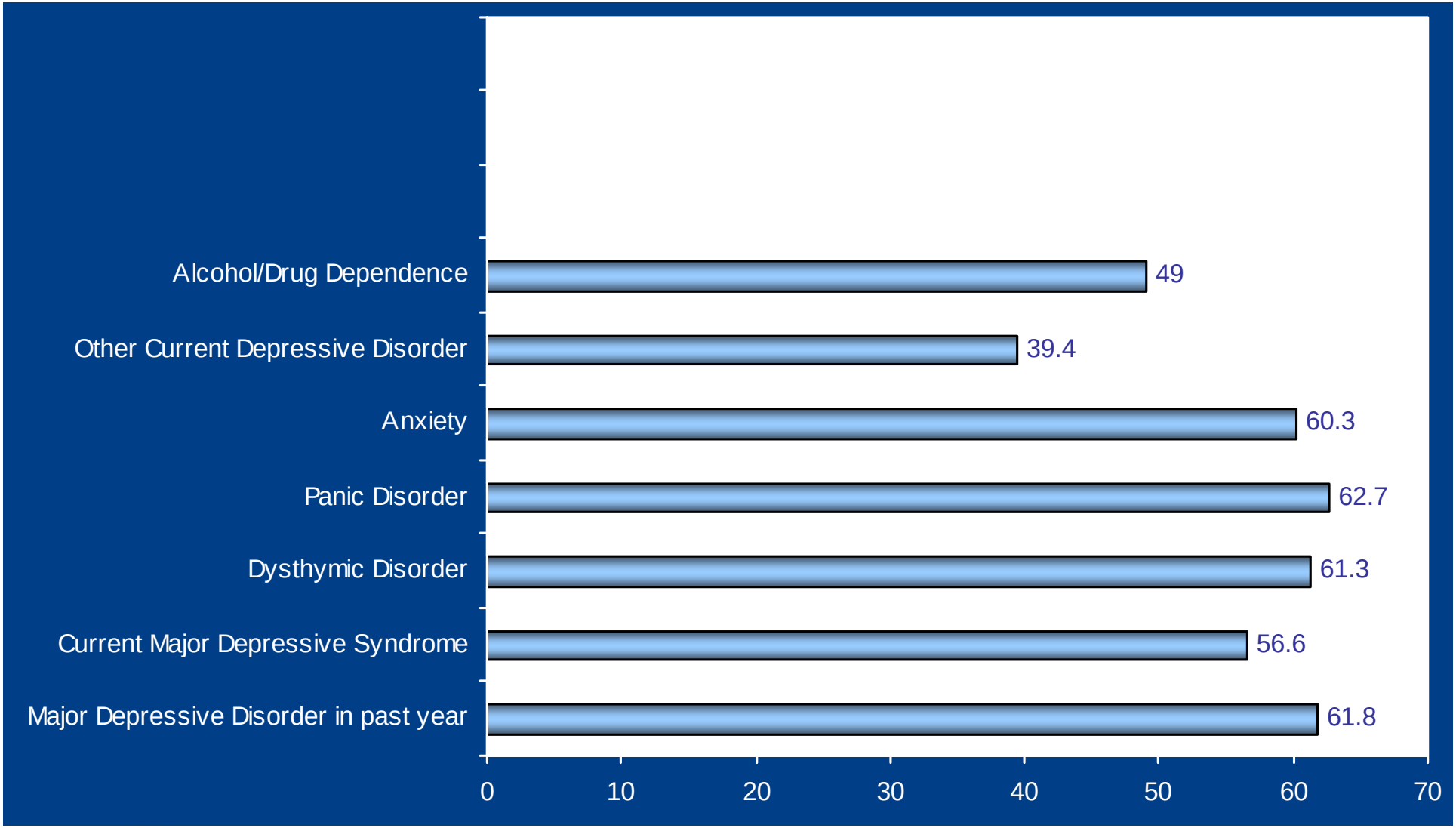
Uptake of the Better Access Program



Antidepressant use



Antidepressant use by psychiatric diagnosis



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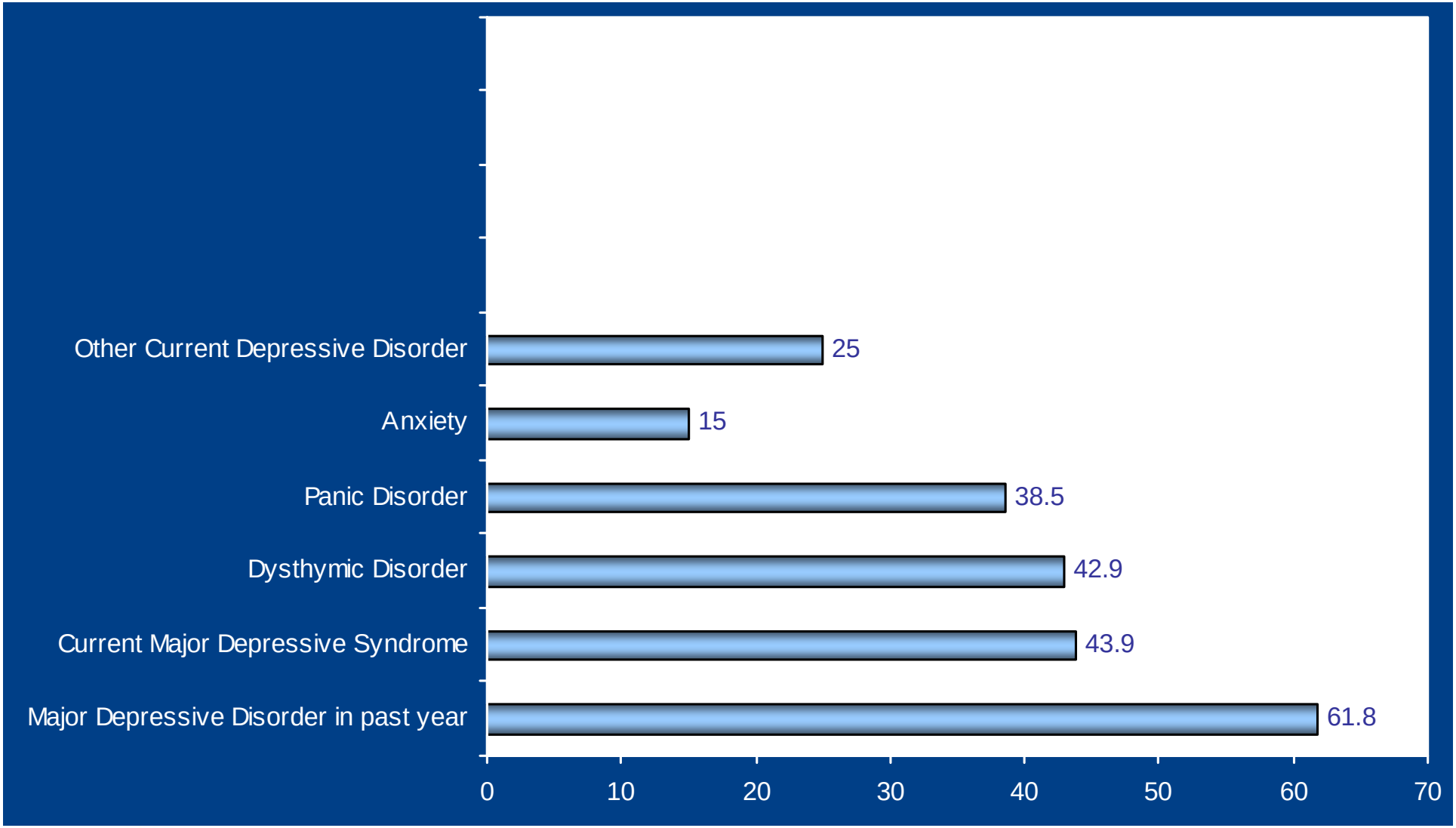
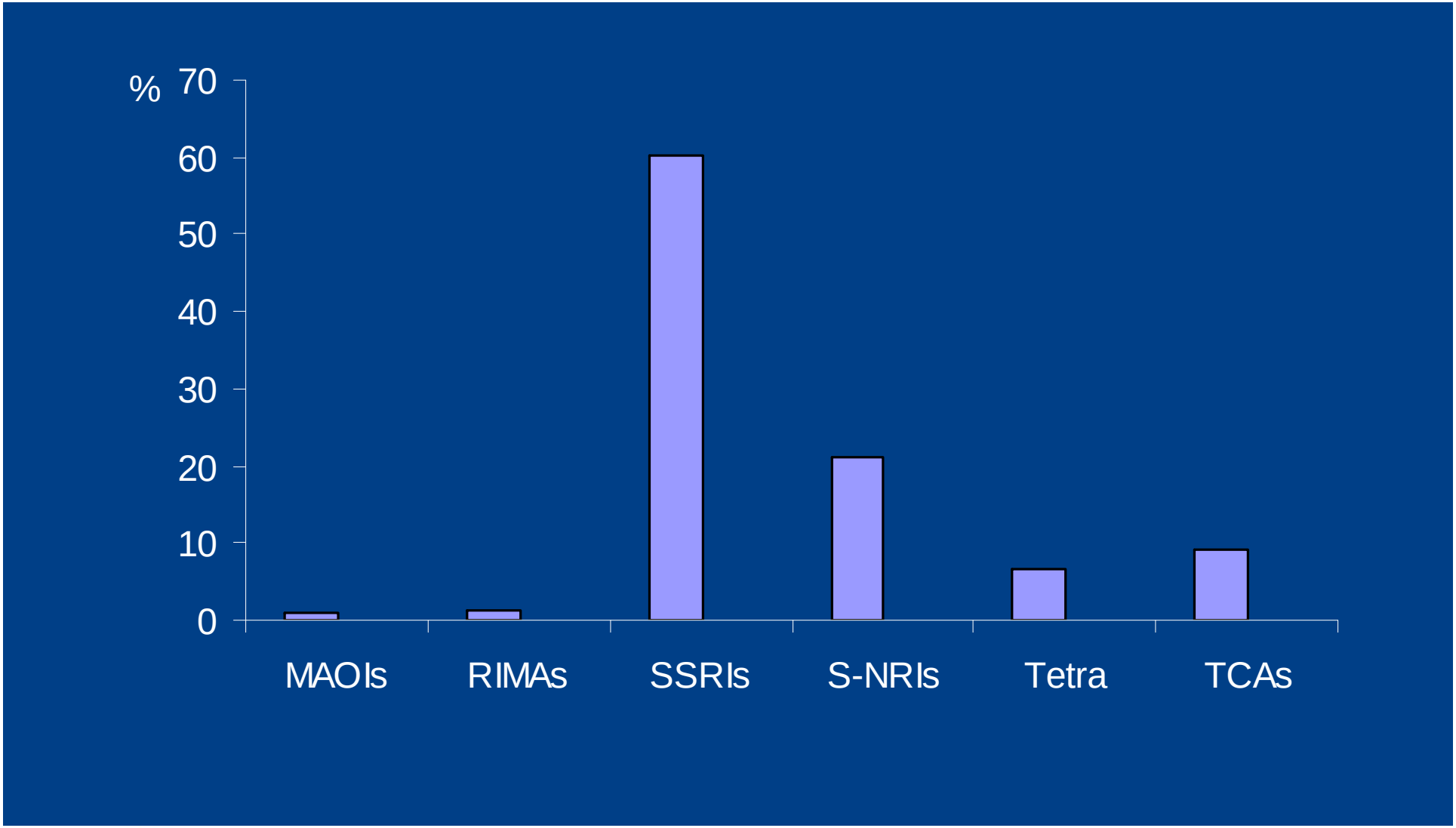
Antidepressant use by psychiatric diagnostic hierarchy



67 participants taking antidepressants without DSM diagnosis

- 3 said depression never been a problem
- 7 met criteria for somatoform disorder
- 8 reported substance dependence
- 21 said depression had been problem in past
- 35 said depression currently a problem
- 38 had persistent depressive symptoms

Antidepressant use



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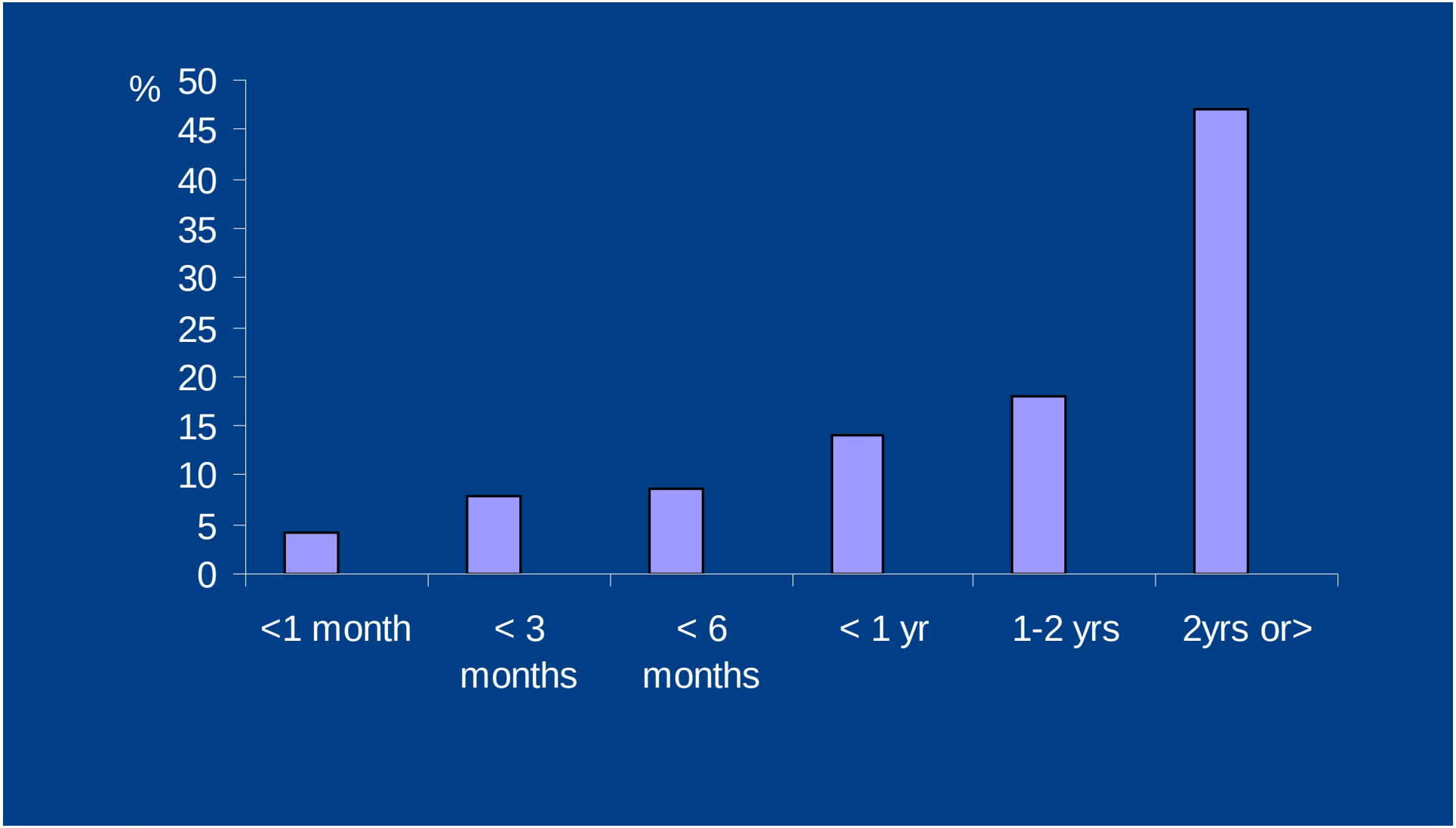
Length of antidepressant use (1 antidepressant group)



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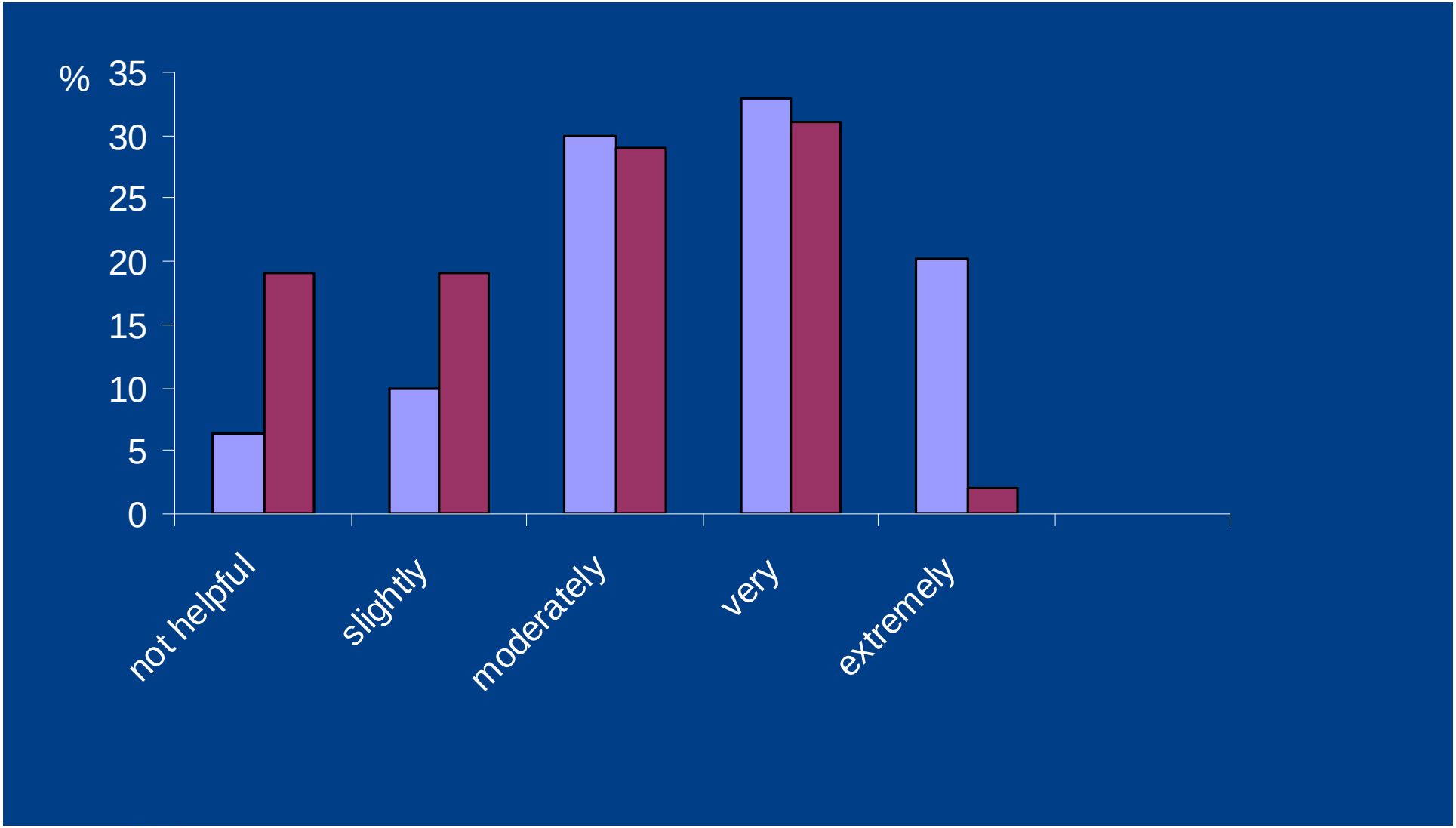
Helpfulness of antidepressants (1 antidepressant group)



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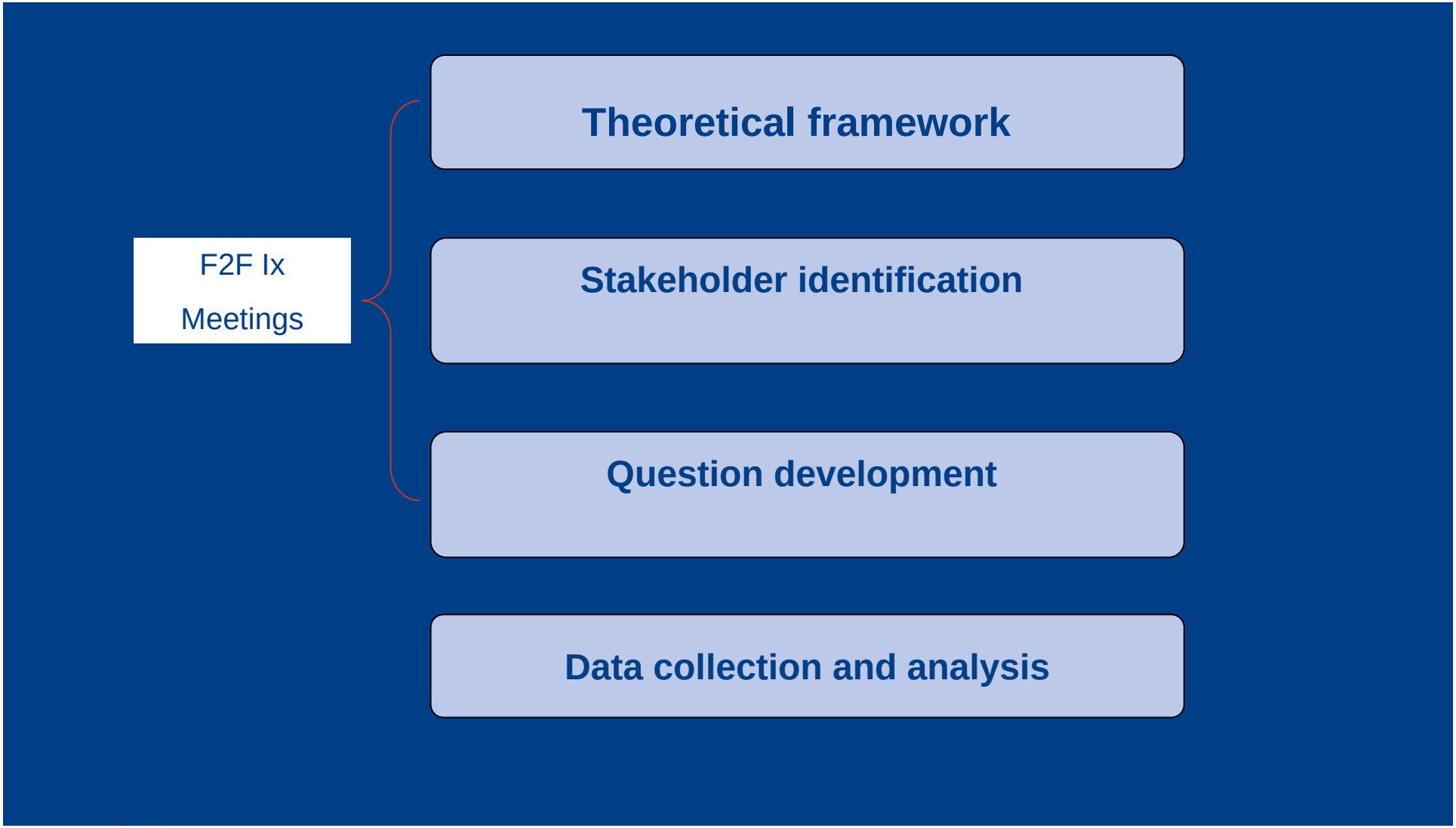
What should GPs be doing for depression care?

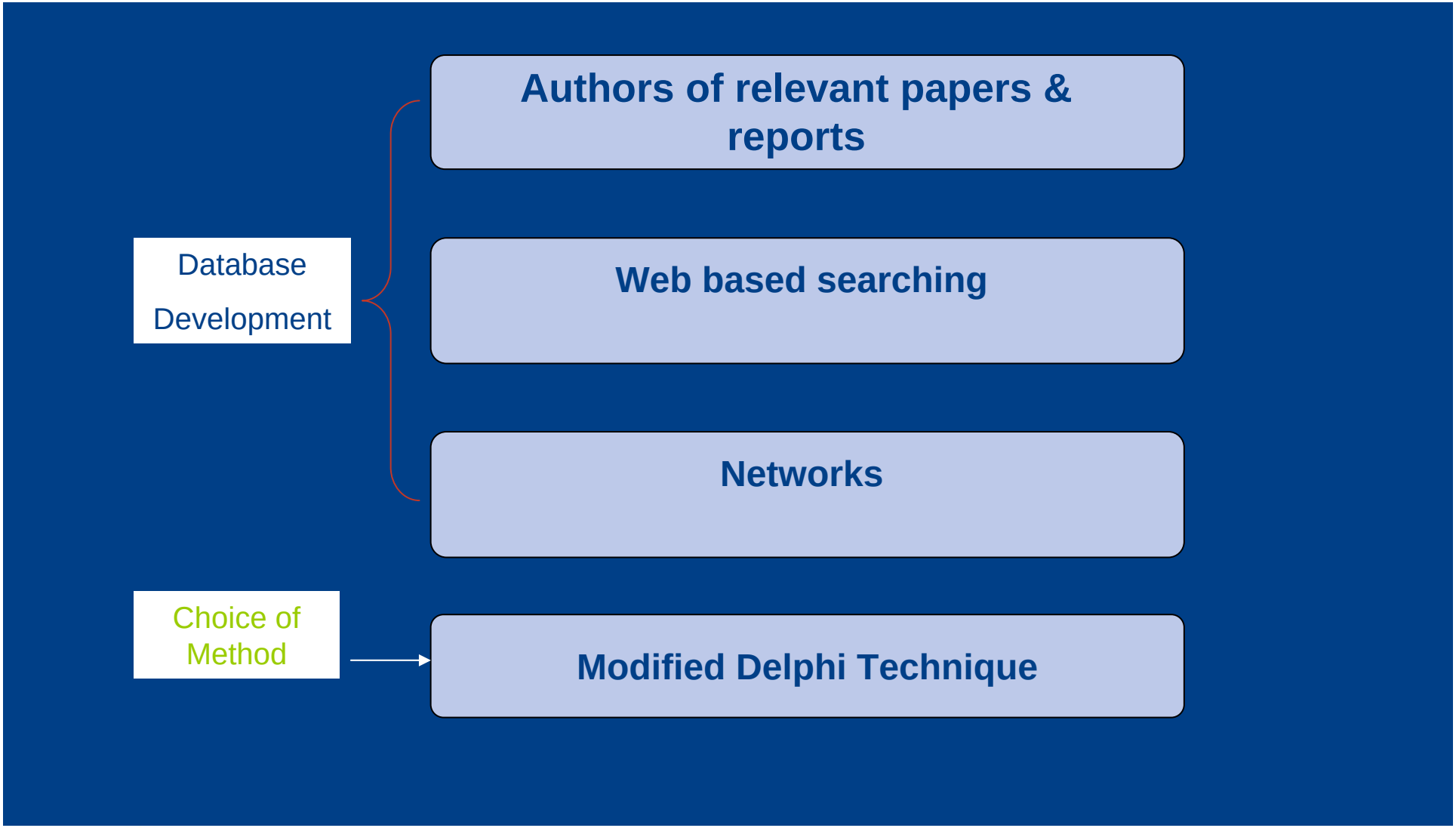
RE-ORDER Stakeholder Consultation

Re-organising care for depression and related disorders in the Australian primary health care setting.

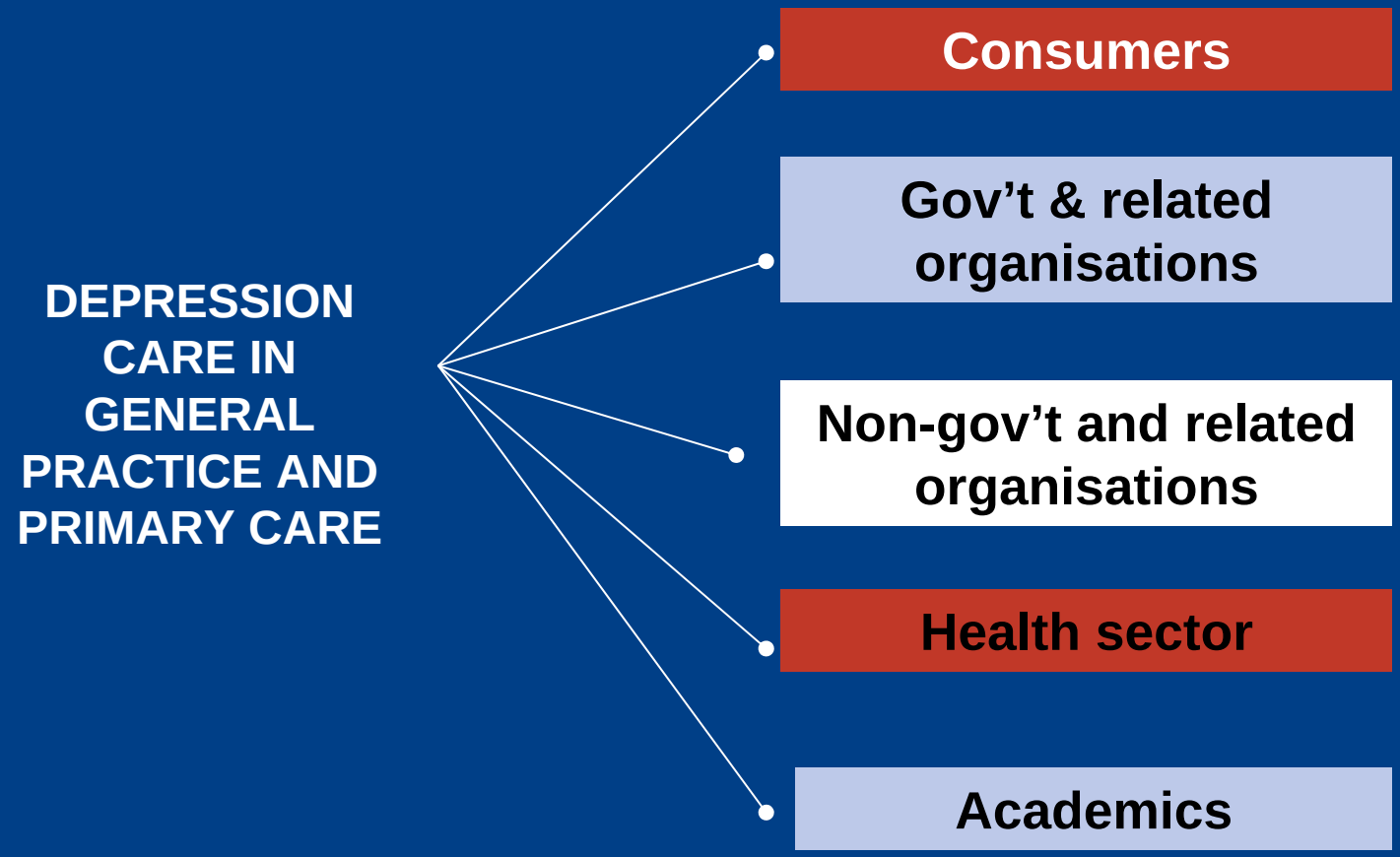
STAKEHOLDER CONSULTATION



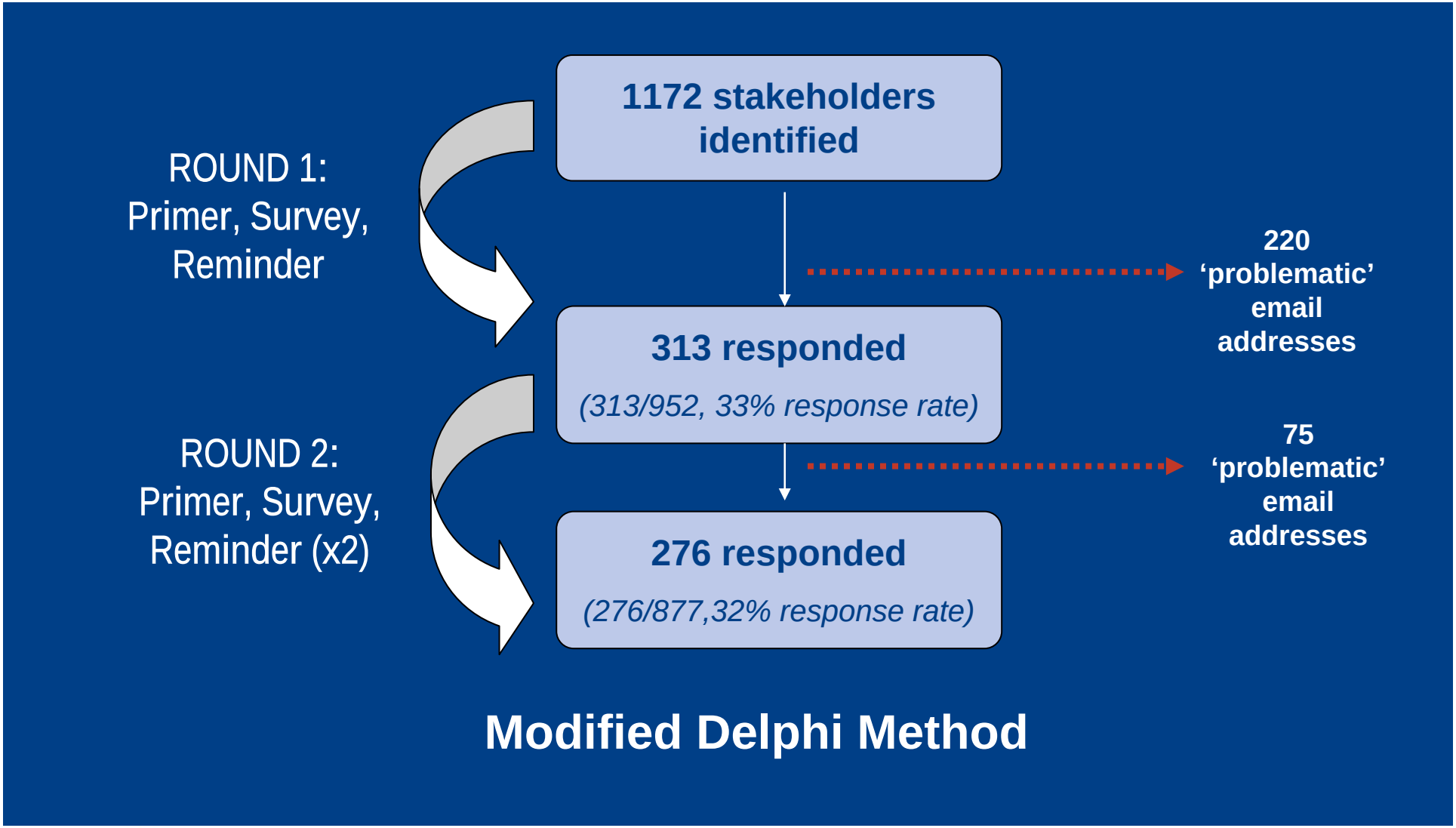
STAKEHOLDER CONSULTATION



WHO IS A STAKEHOLDER?



CONSULTING NON CONSUMER GROUPS



STAKEHOLDER RESULTS 2: OTHER GROUPS

Table 1: Response rate by stakeholder sector

Sector	**n**
Government	62
NGO	80
Health and allied health professional	65
Academic	103
Total	**310**

Delphi Questions

Q. How should general practice/primary care respond to people experiencing depression?

Q. What are the barriers for best practice in general practice/primary care when faced with people experiencing depression?

Q. How would we know if general practice/primary care is meeting the needs of people experiencing depression?

Q. How should general practice/primary care respond to people experiencing depression?

Table 2. Ten most frequently nominated items

No.	Item	n = responses
1	Listening	147
2	Undertaking a thorough diagnostic assessment	136
3	Developing a plan with the patient	120
4	Undertaking an assessment of severity and suicide risk	113
5	Being well trained in depression care	95
6	Tailoring care to individual needs*	92
7	Taking into account social factors*	77
8	Being empathetic*	67
9	Providing longer consultations*	65
10	Offering a range of treatment options*	65

CONSUMER CONSULTATION [1]

Computer assisted telephone interview (CATI)

Q. What do you think are the most important things that general practitioners can do for people experiencing depression, stress or worries?

Q. How should general practice/primary care respond to people experiencing depression?

Ten most frequently nominated items by consumers

No.	Item	n = responses
1	Listen / time to talk	197
2	Appropriate referral	172
3	Follow-up / monitoring	83
4	Guidance	67
5	Give time	63
6	Understanding / empathy	48
7	Support	43
8	Recognition	38
9	Information	37
10	Medication	34

Practice Phase

- Audit, observation,
- Discussion and reflection
- Practice re-organisation
- Review

Underway in Tasmania and Victoria (2007-2008)

Key elements for model for RCT (2009?)

Publications to date

Gunn J, Diggens J, Hegarty K, Blashki G. A systematic review of complex system interventions designed to increase recovery from depression in primary care. *BMC Health Services Research* 2006, 6:88 "*highly accessed status*"

Pierce D, Gunn J. GPs' use of problem solving therapy for depression: a qualitative study of barriers to and enablers of evidence based care. BMC Family Practice 2007, 8:24

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McGarry H, Pirotta M, Hegarty K, Gunn J. General practitioners and St. John's™ Wort: a question of regulation or knowledge? Complementary Therapies in Clinical Practice. 15,142-148

Kokanovic R, Dowrick C, Butler E, Herrman H, Gunn J. Lay accounts of depression amongst Anglo-Australian residents and East African refugees. Social Science & Medicine (Accepted for publication 2007)

Acknowledgements

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beyondblue
the national depression initiative
www.beyondblue.org.au

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