Brief report

# Multidisciplinary review to identify patients who could be managed in primary care

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## Abstract

**Objectives: Primary care teams have the potential to deliver much of the care currently provided by specialist services. The aim of this review was to determine from patients' clinical records and multidisciplinary team discussions, those that may be suitable for discharge back into primary care.**

**Methods: A retrospective review of the clinical notes of all patients attending a psychiatric outpatient clinic was carried out by all members of the multidisciplinary team to determine the appropriateness of continuing to provide psychiatric services in a specialised psychiatric clinic rather than in a primary care setting, taking into account the patients demographic and clinical variables.**

**Results: It was recommended that 60% of all the patients needed to continue attending the local mental health service, 35.2% could be discharged back into primary care for continuing management whilst the remaining 4.8% could be managed jointly between primary care and the community mental health service. The bulk of the patients recommended for discharge into primary care had a diagnosis of anxiety disorder or depression and all of them had been stable on their treatment for more than six months.**

**Conclusion: Regular multidisciplinary team review has a potential to identify patients who could be discharged back into primary care.**


**Key words:** Primary care; Mental health; Specialised psychiatric services.

## Introduction

The delivery of mental health services present several important challenges to health systems. Community mental health services usually come under financial pressure and there are significant constraints hampering the effective management of the volume of consumers under their care. There are usually long waiting times for access to psychiatric services, causing concerns among general practitioners (GPs) and the community generally.[1] There is often confusion and bewilderment in GPs when faced with difficult mental health problems for which they could not easily access support from specialist care.[2]

Liaison between primary and secondary care is often poor and many services provided in hospitals could be provided more appropriately in primary care.[3] Internationally, there is a re-emergence of interest in using primary care to provide mental health services.

In the last several years, a number of studies have identified roles for general practice in mental health care.[4,5] However, some barriers to more integrated care across the primary/secondary care interface have also been identified, including the paucity of formal training in mental health for GPs.[6]

In Ireland there has been limited integration between primary care and specialist mental health services.[7] The Department of Health statement of strategy 2008-2010 emphasises that the proportion of care needs met in the community should be maximised with a shift from hospital system to primary care setting.[8] Periodic multidisciplinary team-based focused review of the clinical notes of patients' attending specialised psychiatric services would help identify patients who could be managed solely in primary care services as well as those who could be managed jointly with primary care. Such a move would create extra capacity within psychiatric services to help deal with urgent referrals from primary care. In one study, consumers reported no deterioration in their clinical condition while under the care of GPs, and they were largely satisfied with GP care.[1]

This study aims to determine from patients' clinical records and multidisciplinary team discussions, those that may be suitable for discharge back into primary care as well as those who could be managed jointly with primary care teams.

The clinic reviewed by this study provides outpatient mental health services for patients living in Ringsend, a small suburb in Dublin 4 with a population of 30,000. Patients living in other parts of Dublin 4 receive mental health services from the same mental health team in a different clinic and were not included in this study.

## Methodology

A retrospective review of the clinical notes of all patients attending a psychiatric out-patient clinic in Baggot Street Hospital in Dublin was carried out by all members of the multidisciplinary team to collect demographic and clinical variables, such as their diagnosis, medication, community nurse or allied health professional input and length of time stable on their treatment, which were considered relevant to the objectives of the study.

Each review was followed by a 10-15 minute team discussion regarding the appropriateness of continuing to provide psychiatric services in a specialised psychiatric clinic rather

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than in a primary care setting, taking into account the patients demographic and clinical variables. No formal criteria were set prior to the review regarding suitability for discharge into primary care and cases were discussed on their individual merits. The multidisciplinary team included three psychiatrists, a social worker, occupational therapists, a psychologists and a community psychiatric nurse. The review was chaired by the consultant psychiatrists on the team and decisions regarding continuing care were generally achieved by consensus. Where any member of the team raised any concerns about the transfer of care of a patient into primary care, the team agreed to allow the patient to continue attending the specialised mental health clinic until such a time that such concerns could be addressed. The results of the study were compiled an analysed using descriptive statistics with the Statistical Package for the Social Sciences (SPSS) version 17.

## Results

The audit included a review of 145 outpatient charts with the age of the patients ranging from 18-83 years with a mean age of 47.9 years (standard deviation of 14.8 years). Patients had attended the clinic between one and 29 years with mean attendances of 8.5 years (SD of 7.25 years). *Table 1* shows the demographic and clinical characteristics of the study population. Of the patients 70.5% were on an antidepressant, 51.4% were on an antipsychotic medication, 43.8% were on a benzodiazepine or sleeping tablets, 10.5% were on a mood stabilizer, and 17.1% were on a depot injection, whereas 18.1% were on other forms of medication including anticholinergics. In all, 65.7% of patents were on a combination of at least two forms of psychotropic medications.

Following the review of patient records and subsequent team discussion of the care of each patient, it was recommended that 60% of all the patients needed to continue attending the local mental health service, 35.2% could be discharged back into primary care for continuing management whilst the remaining 4.8% could be managed jointly between primary care and the community mental health service. The relevant clinical characteristics of the patients, based on the recommendations made regarding their care are as shown in *Table 2*.

**Table 1: Demographic and clinical characteristics of study population**

| Variables | Percentage |
|---|---|
| **Age (%)** | |
| < 35 | 19% |
| 36-45 | 23% |
| 46-55 | 24% |
| > 55 | 34% |
| **Marital status** | |
| Single/divorced/separated/widowed | 60% |
| married/co-habiting | 40% |
| **Employment status** | |
| Employed/student | 25% |
| Unemployed/retired | 75% |
| **Accommodation type** | |
| Live alone or in hostel | 32% |
| Live with family or friends | 68% |
| **Primary diagnosis** | |
| Depression | 40% |
| Bipolar disorder | 7% |
| Schizophrenia/schizoaffective disorder | 28% |
| Anxiety disorder | 7% |
| Alcohol dependency syndrome (ADS) | 11% |
| Other | 7% |
| **Secondary diagnosis** | |
| Depression | 13% |
| Anxiety disorder | 14% |
| Other | 14% |
| None | 59% |
| **Community psychiatric nurse (CPN) input** | |
| Yes | 25% |
| No | 75% |
| **Allied health professional input** | |
| None | 89% |
| Social worker | 7% |
| Psychologist | 4% |
| **Length of time mentally stable** | |
| Zero to six months | 36% |
| More than six months | 64% |

## Discussion

Primary care teams have the potential to deliver much of the care currently provided by specialist services. However, realising this potential will require better integration between secondary and primary care services.[9]

Our results indicate that it was recommended that 32.5% of all the patients could be managed in primary care. Providing good generalist care which addresses both mental and physical health needs is recognised internationally as one of the benefits of primary care service involvement in the care of patients with mental health difficulties.[10] Again some studies have reported that some mentally ill patients found it more acceptable to receive psychiatric care from primary than from specialised psychiatric services.[11] The multidisciplinary review of the cases allows the team as a whole to develop a sense of ownership and responsibility to the clinic. This enhances co-operation within the team to the benefit of patients.

The bulk of the patients recommended for discharge into primary care had a diagnosis of anxiety disorder or depression and all of them had been stable on their treatment for more than six months. Consistent with these recommendations, studies of GPs' contribution to mental health care have focused mostly on patients with anxiety disorders and depression.[12,13]

If these recommendations are implemented, then the community mental health clinic could concentrate scarce resources on the neediest patients. It would also create extra capacity within community mental health teams which would help reduce waiting time for new patients to access such specialist services.

However, concerns are often raised by some patients that primary care teams may not be well trained to manage their mental health problems.[1] One study found that only one third of GPs had received any mental health training in the previous five years, while 10% expressed concerns about their training or skills needs in mental health.[14]

Other studies have identified challenges which cause some service users deemed to have relatively low clinical



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**Table 2: Primary Diagnosis and length of time mentally stable versus recommendations regarding the on-going care of patients**

| Recommendation | Primary diagnosis | | | | | | Length of time mentally stable | |
|---|---|---|---|---|---|---|---|---|
| | Depression | Schizophrenia/ schizoaffective disorder | Bipolar disorder | Anxiety disorder | Alcohol dependency Syndrome | Other | Six months or less or unwell | More than six months |
| To continue attending local psychiatric services | 61% | 93% | 86% | 29% | 0% | 29% | 95% | 40% |
| Could be discharged back to primary care | 37% | 7% | 14% | 71% | 67% | 71% | 0% | 55% |
| Could be managed jointly with primary care | 2% | 0% | 0% | 0% | 33% | 0% | 5% | 5% |

needs to remain within the specialist psychiatric service.[15] Some evidence also suggests that GPs are willing to take responsibility for physical healthcare[16,17] but do not perceive themselves as involved in the mental health or overall care of people with enduring mental illness.[16,18]

To achieve optimal outcomes for people with the common mental disorders discharged back into primary care, it is essential that primary care teams have training in good practice guidelines on assessment, diagnosis, management, criteria for referral, and methods of shared care if necessary.[7] Community mental health teams could collaborate effectively with primary care teams in their catchment areas by providing such practice guidelines. Discharge summaries on patients should also contain clear and explicit guidelines to aid primary care in the management of patients discharged into their care. GPs have consistently complained that their role in delivering mental health care could be enhanced if psychiatric services were more accessible and if support was more readily available.[19]

## Conclusion

This study has added evidence to support the need for closer integration of community mental health services and primary care as well as the need for a comprehensive database for community mental health clinics. Demographics, diagnosis, medication, major changes in management plan and note of communication with primary care and other health professionals could be recorded. This would allow for improving ease of identification of patients whose care could be transferred or jointly managed with primary care services. Since this review, this database has been started in the clinic under study

This study is also important as it adds to the limited body of research exploring the possible role of general practice in the continuing care of patients with mental health difficulties from a multidisciplinary team perspective. One important limitation to this study is that the decisions to transfer the care of some patients into primary care was made by members of the treating team and were therefore unblinded. The study therefore lacks demonstrable qualities of external reliability or validity. The team review did not also take into account patients preferences regarding their continuing care nor did it take into account the opinion of the patients' GPs, both of which could serve as obstacles to the implementation of the decision regarding the transfer of care. Despite these limitations, this study has demonstrated that multidisciplinary team review has a potential to identify patients who could be discharged back into primary care.

Declaration of interest: None

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