



Service Priorities and Programmes Electronic Presentations

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What can we do for the common mental disorders in Primary Healthcare?

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Introduction

According to the most recent Hong Kong Mental Morbidity Survey 2010 the weighted prevalence of adult population suffered from depressive and anxiety disorders was 13.3%. In primary care setting, depression and anxiety are the two most common mental disorders (CMDs) being diagnosed. It is also common that both depression and anxiety co-exist. The establishment of Integrated Mental Health Program (IMHP) in October 2010, as managed by the Department of Family Medicine and Primary Healthcare of HKWC, has greatly enhanced the care of patients with CMDs in GOPC setting. This programme involves close collaboration among key worker (Occupational Therapist), family medicine specialists, clinical psychologist and liaison psychiatrist. With this multidisciplinary healthcare, we provide individual counselling, group therapy and drug therapy to patients suffering from CMDs, i.e. depression, dysthymia, adjustment disorder, generalised anxiety disorder, panic disorder, and non-organic insomnia. The expected duration of intervention by this program is around 6 months.

Objectives

-Exploring the characteristics of patients recruited into IMHP. -To estimate the change of symptom frequency and severity of CMDs at the by couple of monitoring tools, i.e. the Patient Health Questionnaire (9 items) (PHQ-9) and General anxiety disorder q

Methodology

At the Centres of Central and Western, and Southern Districts, the details of recruited patients were analysed. All the patients were stratified by filling in the same questionnaire of PHQ-9 and GAD-7 at the beginning and after the programme. The data was analysed by paired-t test and summarized.

Result

During April 2014 to March 2015, there were 385 patients recruited into IMHP. The female to male ratio was about 3:1. The medium of age was 54 years old. There were 239 patients with outcome documentation at that period of time. When comparing pre-

and post- score difference, there were 82.8% and 82% of patients showed improvement in PHQ-9 and GAD-7 scores. The mean score of pre- vs post- PHQ-9 scores = 14.3 vs 7.8 The mean score of pre- vs post- GAD-7 scores = 12.9 vs 7.2 The results were shown significant difference in PHQ-9 ($p < 0.001$) and GAD-7 ($p < 0.001$). The number of non-response group (both shown no improvement in both scores) was 19/239, 7.9%. There was a bit more female, 78.9%, 15/19. The medium of age was a bit young, 50 years old. There were more in divorced status, 26.3%, 5/19 (improvement group, 3.4%, 8/220) The common encountered stressors in non-response group were as follows: -Relationship problem, 42.1%, 8/19 (that of improvement group, 25.3%, 59/220) -Physical illnesses, 36.8%, 7/19 (that of improvement group, 24.5%, 57/220) -Work employment problem, 36.8%, 7/19 (that of improvement group, 20.2%, 47/220) Primary healthcare is an important and effective provider for majority of patient with CMDs. Concerning the characteristics of non-response group, we could develop corresponding and specific treatment modalities/ class to manage those patients when their symptoms are mild.