
CONFERENCE ABSTRACT

Integrated and Collaborative Care as challenge in Mental Health

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Introduction: Disabling emotional and physical symptoms marks depression: it has a severe negative impact on mental wellbeing, quality of life and social and work-related functioning of those who suffer from it. Depression is associated with increased morbidity, mortality, healthcare use and healthcare costs. The World Health Organization has predicted that depression will be the foremost overall cause of disability by 2030.

Leading to reduce quality of life and impaired social and personal relationships, a depressive disorder may start early in life and the course is often recurrent (Bijl & Ravelli 2000; Barney et al. 2006; Titov 2011). The World Health Organization in 2015 also said that the depression is a treatable pathology but most people with depression do not receive the care and support they need: always more frequently, depression is not recognized and therefore not treated; this exposes those affected at various negative consequences.

In Italy (Italian Ministry of Health, 2013, www.salute.gov.it) only the 29% of patients affected by depression takes to a treatment in the same year in which the pathology appears (Wang et al., 2007).

Theory/Methods: It is necessary improving the collaborative care between the primary and secondary care and give new tools to the patients supporting them in management of their disease. The collaborative care between GPs and Mental Health Professionals has the scope to allow the progressive education of GPs in the identification of first symptoms of depression and give to the primary care the support of highly skilled specialists when required during the treatment of a patient.

On the other hand, giving the specific tools to the patients, the system has the aim to support them in the management of their disease putting in contact with their clinician when necessary.

Results/Discussion: In accordance with the project objectives, the LHA n.9 of Treviso has the aim to create a network between GPs and specialists through the territorial information service and videoconferencing (CCVC), for the early identification of depressive disorder and an effective treatment planning from the first access; and the implementation of a computerized cognitive behavioural therapy (cCBT) for patients with depression.

In most cases, a patient suffering from depressive disorders usually refers to the general practitioner that decides independently how to manage it. Clinicians (GPs and specialists) do not have any kind of contact or sharing of clinical information and the patient goes to the mental health centre only with a prescription of a specialist visit or for their own decision.

In this context, the Local Health Authority n. 9 – Treviso, in the Veneto Region, has implemented a new model of integrated care with the aim to improve the collaborative care between the primary and secondary care and give to the patients the necessary support in the management of the depressive disease. The new model includes two services: the videoconference tool with the possibility to share the information of the patients and a new computerized therapy for the patient, the cCBT (computerized Cognitive Behavioural Therapy), through which patients can monitor their own mood and follow the everyday activities suggested, helping them to manage their own depression and contribute to recover it.

The service of collaborative care through the videoconference is shared between specialists and GPs: the purpose of the dedicated meetings is that the specialist guides the GP in the first clinical evaluation of depression symptoms, to assess together a therapeutic plan or a specific treatment for patients. The GP can use the service as a support to the diagnosis of the disease and, during the follow-up, to share the clinical status of patients and receive immediately a second opinion from the specialist in order to define together the most appropriate path for each individual situation. With the aim to have a real integration of care, LHA n.9 of Treviso has also implemented the integration of the Local Informative System through specialists and primary care, which allows clinicians to share information (about symptoms or drug therapy already in place for example) relating to charged patients, all times, with the goal of providing the most effective care as quickly as possible. A videoconference session is about 30 minutes, but it's possible to use the service for the duration and times that is necessary.

In conclusion, through the videoconference service, LHA n. 9 provides furthermore the possibility to GPs of a continuous education to the identification of this kind of disturbance and a continuous self-upgrade of competence to manage depressive patients, through the discussion and sharing of different cases with the specialists. The purpose, with the regular GPs training, is to give to the GPs the certainty to choose, from the first access, the most suitable clinical pathway.

The second service, the cCBT, is mostly a therapeutic service delivered through online sessions with a secure web-based online treatment platform that provides:

- self-help modules that explain the situation that the patient is living and the relationship between his emotions and his daily life;
- worksheets that actively involve patients according to their moods, experiences, quality of sleep, planning for the future;

The duration of each module is about 30-45 minutes and the patient should complete one module per week. This tool supports the patient to deal with his disease, providing the method

to recognize and change thought patterns, dysfunctional behaviours and perceived feelings, related to depression disease. The activities carried out through the modules and worksheets are intended to increase the capacity of people with depression to prevent relapse of depressive symptoms.

Conclusion: The European project MASTERMIND, started in March 2014 and with 36 duration months, is an observational study, with the aim to implement collaborative care services and cCBT treatment in order to improve the care of people suffering of depression. The services will be tested in 15 European regions, for a total target of over 5280 patients and 141 professionals involved.

At today, 23 clinicians and 54 patients are enrolled and the services presented are implemented and used by all.

During the study, data of the enrolled patients and professionals are collected in a central DB; therefore, at the end of the study, some qualitative analysis could be done related to the organizations that provide the services. These data will be the basis for an HTA analysis (Health Technology Assessment) that will be made at the end of the project with the objective of assessing the impact of organizational, economic and social services proposed, with a view to large-scale deployment services.

Keywords: mental health; ccbt; integrated care; collaborative care; gps
