

# Cross Cultural Newsletter

## “Primary Secondary Interface - the Asian Perspective”

17<sup>th</sup> June 2014

Dear Members,

This is again to report that we had a very successful meeting last night, the first one to use IT technology to provide videoconferencing with a speaker in Wellington. More than 40 of our members attended. Unfortunately, only a few GPs came as we have been unable to widely publicize this meeting amidst the family doctors. However, those who participated contributed significantly to the subsequent discussions.

The topic for the evening was **“Primary secondary Interface: the Asian perspective”**. The speakers included **Dr Gary Cheung** (Psycho-geriatrician); **Dr Dong Mei Zhang** (Family physician) and **Molly Morriss** (Primary Care Liaison Co-ordinator ADHB Services). A consumer speaker was sick and unable to participate. The talk was followed by a panel discussion with panel members comprising of: **Kitty Ko** (CMDHB), **Sue Lim** (Manager of Asian Services WDHB) and **Dr Debbie Antcliff** (ADHB Community Mental Health Services Clinical Director) serving as moderator. Many issues were brought up such that it is not possible for me to record them in detail within the confines of this newsletter. For those interested in the proceedings, please send for the DVD.

**Dr Gary Cheung**, harking from Wellington where he was attending his professional business, first gave an introduction to an ideal and evidence based model of **primary and secondary care**. This was followed by **Dr Zhang who presented three cases illustrating the issues of managing mental health patients from the primary care perspective**; and lastly, **Molly Morriss** reported on the **ADHB Pilot Project, a practical approach to address the problems**. Panel discussants **Kitty Ko** and **Sue Lim** then discussed briefly the models for **CMDHB** and **WDHB** respectively, followed by discussions from the floor moderated by **Dr Antcliff**.

**Dr Gary Cheung presented a collaborative model of Primary Mental Health Care** which has stood the scrutiny of various researches. He said that the present system entails two disparate services namely the primary care and the secondary care services, the interface between them are far from ideal. The gap in communication and management coordination compromise much of the comprehensive care a patient would need. Patients would only be cared for during their acute phase but discharged back to GP for long term care. However, to reduce the gap in the interface and hence improve patient management, **the collaborative model proposes a new team comprising of the care manager and a specialist consulting psychiatrist**. The consulting psychiatrist works alongside the GP and a case manager who acts not only as a coordinator between secondary services, the specialist psychiatrist and GP, but also ensures adequate provision of supplementary psycho-social services that are often not available to the family doctors. The specialist psychiatrist's role is more flexible in that he/she could have the ability to provide direct and indirect care as circumstances dictate. **Such a model has proven to be cost effective**. Dr Cheung further showed a video illustrating how such a model would look like in actual practice.

**Dr Zhang** then **presented 3 cases** all serving to illustrate the current difficulties that GPs experienced in managing mental patients. Asians trust their GPs and could easily engage with the latter. On the other hand, GPs know more intimately about their patient's social and family background. Often, patients are reluctant to attend a secondary service which is perceived as alien. Unfortunately, GPs, often lacking the specialised knowledge, are left with little resources and supports to deal directly with their often rather complex needs. **A closer liaison between primary and secondary sectors is called for**.

**Ms Morriss** then discussed **the ADHB pilot project** in breaching the gap in the interface. She said that the current problem is the lack of information, communication and funding. Having a boundary between GPs and secondary services creates issues caused by transfer of care and need for close cooperation, resulting in patients bouncing back and forth, creating havoc in patient management. **The ADHB project first started by consulting the various sectors to clarify what they want i.e. the consumers, the GPs and secondary services.** Consumers ask for better care co-ordination, more information, home management, more extensive physical and mental health investigations and for those with chronicity supportive residential care in the community. On the other hand, **GPs are clear about the need for improved communications, education and funding to provide comprehensive care.** Funding and easy access to consultation and crises team are other issues voiced. Secondary service expect excellent referrals from GP quoting the reasons for referral; an improved Service abilities to handle these referrals; establishment of thresholds of complexities for these referrals and to deal with the reluctance of clinicians to discharge patients back to GP because of the concern about relapse after transfer of care.

Armed with this knowledge, the **ADHB** has tried to establish a pilot project to attend to these multiple needs. **The aims are to focus on improving the experience of consumers; reinforce GPs role in supporting mental health patients and ensure the availability of support from secondary services to GPs.** The pilot project started in some key areas in which there are high needs. It provides GPs with added services such as consult liaison and case discussions. The expected outcomes are the improvement in communications, ability to target the consumers with high needs and provision of funding for consumers with complex mental health needs. So far, existing issues are related to satisfying the need for up-skilling of staff in the primary sector; the establishment of easy access to comprehensive information and availability of specialist consultation.

The presentations were followed by the Panel discussants' highlighting how the gap between primary and secondary care could be reduced in their respective sectors. There were too many issues raised by the audience to be included in this newsletter. **Please refer to the DVD.**

The discussion went well into the night and the meeting did not finish until after 8.30pm.

Thank you again for your support.

For Cross Cultural Interest Group

S Wong

#### **HIGHLIGHT OF NEXT TWO SESSIONS**

In September, **Dr Nada Baba-Milkic** will give us an overview on her experience of EPI Services in Singapore. Late September or October **Dr Aram Kim** will give us an update on developments in the field of psychopharmacology for Asians.



***The Dragon Boat Festival is also known as the Duanwu Festival in China.  
It is celebrated on the fifth day of the fifth month on the Chinese lunar calendar (2<sup>nd</sup> June 2014).***

For a more accurate rendition of the presentation, please request the DVD from Diane Evans at [dianee@adhb.govt.nz](mailto:dianee@adhb.govt.nz)  
(please send \$2 stamps to help cover costs)

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link  
[http://adhb.intranet/Mental\\_Health/Resources/CrossCulture.htm](http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm)