Primary care psychology: current issues

This symposium will provide an overview of current issues in mental health service delivery in Australia and internationally. It will also canvas latest developments in integrated psychological service delivery in the primary care setting in Australia and the USA. Integrated primary care psychology is a growing area of practice and service delivery, at the core of which lies a collaborative model of mental and general health care involving appropriately trained psychologists working with GPs/family physicians in the general practice setting. Its key objectives are to provide early intervention for common mental health disorders, treatment for chronic disease and its behavioural and mental health sequelae, and recognition of and appropriate care for complex comorbid conditions which frequently present in the primary care setting. The model minimizes the stigma of help-seeking, facilitates more equitable access to care, and requires different approaches to those traditionally used in the hospital, community health and private practice sectors. Research indicates that many major health problems, such as diabetes, heart disease and obesity, are due to psychosocial and lifestyle issues and are frequently sub-optimally treated by the medical profession alone. Similarly, mental health care in many places still results in high prevalence/common mental disorders such as depression and anxiety being treated by drug therapy alone and/or “generic counselling” delivered by a number of different service providers. Appropriately trained psychologists have much to contribute to the optimal treatment of these disorders and are becoming increasingly involved in the earlier intervention and prevention of these problems in a new integrated health care framework. The symposium will also focus on the need to change our training models to ensure collaborative, multidisciplinary care is at the heart of best practice models of psychological care in our profession.

Presentation 2: Primary care psychology in the United States: Common behavioral health and substance use problems

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The practice of clinical and health psychology is in the process of evolution and change to meet the needs for our diverse population. Primary care psychology is an exciting new area for the profession. In the U.S., primary care medical providers treat over 70 percent of mental health and substance use problems, without assistance from psychologists or any other mental health providers. Primary care medical providers are the de facto mental health system due to policies and over-reliance on medications. Research indicates major health problems, such as diabetes, heart disease and obesity, are due to psychosocial and lifestyle problems -- issues that are not effectively addressed by the medical profession. Psychologists are often not involved in preventing and treating these chronic health problems because we are not seen as an integral part of the health-care team. The opportunities in primary care psychology necessitate additional knowledge of primary care and different skills in caring for primary care patients that reflect the evolution of psychology from being a mental health profession to a full partner as a health profession. This presentation will discuss (1) the present status of psychologists working in primary care in the United States and its relationship to the health care reforms that are occurring; (2)
practice opportunities in primary care in private and public settings; (3) the use of technology and electronic health records in primary care practice; (4) the most common mental health and substance use problems seen in primary care; and (5) future challenges in developing integrated health care systems and training models for the future of psychology practice.

Presentation 3: Integrating behavioural treatment for migraine into primary care
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Migraine affects 12% of the population annually, and is the third most common medical condition worldwide. Lifetime prevalence of migraine has been estimated at 33% for women and 13% for men. The World Health Organization Global Burden of Disease Study assessed the severity of disability associated with 22 indicator conditions and concluded that severe migraine belonged to the highest of seven disability classes, along with quadriplegia, dementia and active psychosis. Headache accounts for approximately 20% of lost work days. The United States Headache Consortium developed evidence-based guidelines for the treatment of migraine and found Grade A evidence (‘multiple well-designed randomised clinical trials, directly relevant to the recommendation, that yield a consistent pattern of findings’) in support of behavioural treatment for migraine. In our studies, we have achieved decreases in headaches with cognitive behaviour therapy from pre- to post-treatment of 68%, progressing to 77% at 12-month follow-up. These decreases compare with a reduction of 27% achieved with amitriptyline, an established headache prophylactic medication. In addition to reducing headaches and medication consumption, behavioural treatments are typically associated with a number of positive changes including decreases in depression and anxiety, and enhanced quality of life, in contrast to pharmacological approaches that are associated with contraindications, adverse side effects, and high medication overuse potential. Unfortunately, however, very few headache sufferers receive behavioural treatment. Individuals with headaches who seek professional help tend to do so through primary care settings. It has been estimated that 98% of medical management of headaches takes place in general practice. When studies have looked at the referral practices of GPs to specialists with respect to patients with headache disorders, referral rates to psychologists have apparently been so low that they have not been reported. This presentation will discuss ways to change this situation, that is, models for integrating behavioural treatment for migraine into the primary care setting.

Presentation 4: Primary mental health care in rural and remote Australia: A frontier of opportunities for psychologists.
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The prevalence of mental health problems in rural and remote Australia equals that of metropolitan Australia. Timely access to effective services in rural and remote Australia, however, is compromised in comparison to service provision in cities. Not only do people often have lengthy waiting times to access services, sometimes they also have to travel long distances. Compounding this, a person’s choice of services is often restricted. In rural and remote Australia, medical services, including psychiatry, are likely to be more readily available than psychological and social treatments. Psychiatry is an important component of mental health care but it is also the most expensive component. Furthermore, many mental health problems can be treated effectively without psychiatric involvement. While medication
provides some relief for some people the benefits of medication have been overstated and the harms minimised. Side effects such as weight gain, along with dependency issues, can make long term medication use problematic. Recent federal initiatives such as the National Review of Mental Health Services and Programmes highlighted the importance of focusing on outcomes and routinely evaluating programmes and services. These are areas that are particularly suited to the skill set of psychologists. It is of great concern that the recently formed Primary Health Care Advisory group which considers complex and chronic health conditions has no psychologists on it. Psychologists are in danger of becoming obsolete in the health sector and yet, primary care is an area where psychologists could make a substantial contribution. The scope of psychologists’ work in primary care could include: the provision of evidence-based mental health treatments; working with chronic conditions; promotion, prevention, and early intervention; evaluation of programmes; supervision and mentoring; and providing support for the use of online resources. In this presentation, the case for greater involvement by psychologists in rural and remote primary care will be presented. To demonstrate the way in which this could occur, details will be provided about a primary care clinical psychology service in rural Scotland. This service was largely co-located in GP practices and resulted in improved access to services. Primary care in rural and remote Australia represents a new frontier of opportunities for psychologists. Are they opportunities we will embrace?