

Introduction

GPPP — 10 Years On

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Background — Local and Global Landscape

Mental disorders are recognized as major public health problems worldwide, and the management of mental illnesses places an enormous burden on a country's health services. In terms of health burden, it is no different now as it was 10 years ago.

In a 2003 report, the World Health Organization (WHO) estimated that the cost of mental health problems in developed countries to be between 3% and 4% of Gross Domestic Product (GDP). This can come up to several billion dollars in terms of economic impact affecting personal and caregivers' incomes, loss of contribution to the national economy, as well

as utilization of medical support and services (World Health Organization, 2003)

More recently, a study by the Harvard School of Public Health estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to US\$16.1 trillion between 2011 and 2030 (World Economic Forum, 2011)

Over and above this is the huge emotional cost to patients and their families which cannot be measured in dollar terms.

Local Landscape

In 2004, over and above the deemed difficulty and high costs involved in the management of such patients, there was a large stigma involved in seeking medical treatment for mental illnesses in Singapore. This is a possible reason for the delay in seeking professional help. A study showed that the mean duration of untreated psychosis in Singapore was almost three years; longer than in the West (Chong *et al.*, 2005).

Patients already on treatment in the hospitals were largely managed by specialists with minimal involvement of community partners such as general practitioners (GPs). Yet, many of these patients with chronic mental illnesses were stable and could be best managed in the community as they required only maintenance medications.

The Singapore National Mental Health Survey carried out in 1996 revealed that although a large portion of the population (63%) would not seek professional help if they are mentally unwell, 49% of those who do so would choose to go to their GP as a first point of consultation.

This finding was similar to that of a strawpoll carried out on patients and their accompanying family members visiting the psychiatric outpatient clinics at the Institute of Mental Health (IMH), the Behavioural Medicine Clinics at Viking Road and in Geylang Polyclinic.

The poll showed that 56.7% of patients and 74.5% of their caregivers are comfortable with psychiatric follow-up care provided by their GP. The top 3 reasons cited by both patients and their family members are: 1) convenience, 2) savings on transport costs and 3) care by GPs is perceived to be less costly.

This is not surprising as we have found that for 65% of patients who work have to take leave or time off from work for their follow-up appointments. Likewise, 75% of family members have to take leave or time off their work to accompany their relatives for their appointments.

Aims

It was with the hope of reducing stigma and bringing accessible yet affordable psychiatric care to the general public that the MH-GP Partnership Programme was

started. The programme was started as a pilot project with the Early Psychosis Intervention Programme (EPIP). I had the great opportunity to work with Prof Chong Siow Ann, then Chief of EPIP and presently Vice Chairman Medical Board (Research) at IMH, and together successfully implemented the GPPP.

The GPPP aims to involve GPs in the care and management of stable patients with chronic mental illnesses and other minor psychiatric disorders, within the community, thus providing affordable, de-stigmatized and convenient healthcare to psychiatric patients.

GPs are multi-skilled primary care providers who can play a significant role in providing services to people with mental health problems in Singapore. Their rapport with their patients and knowledge of the family history, combined with the flexibility of a convenient service (in terms of time and place) will be important in encouraging patient compliance and reducing the default rate in patients. GPs also see a significant proportion of patients presenting with minor psychiatric disorders, which are best handled by them instead of referring these patients to the hospitals. Patients with chronic mental illnesses are also more prone to develop other physical illnesses and GPs are equipped to provide the relevant screening, health promotion and disease prevention for these physical illnesses.

Birth of GPPP

With no similar programmes in Singapore to draw past experiences from, GPPP had to develop the programme from scratch. An initial group of four GPs underwent the training programme in the Institute of Mental Health (IMH) in 2005. They were selected based on their compassion for this group of patients as well as the location of their clinics, which were conveniently situated in various parts of Singapore. Ten years on, this initial group of GPs included Dr Rodney Lim, Dr Vincent Chow, Dr Choo Hock Eng and myself, all of whom are still actively involved in the programme, except for Dr Choo (retired).



Dr. Rodney Lim & Dr. Alvin Lum



Dr. Vincent Chow



Dr. Choo Hock Eng

Implementation and Growth of the Programme

The programme grew quickly and a second group of 20 GPs successfully completed their training in February

2006, and joined the first group of GPs in managing patients referred from IMH.

The programme's success and its aim of right-siting of care was recognised when GPPP expanded into a hospital-wide programme in 2006 and subsequently positioned under the National Mental Health Blueprint in 2007, in line with MOH's vision of the management of chronic diseases.

In his 2006 budget speech, then Minister for Health, Mr Khaw Boon Wan, highlighted Singapore's new concepts in managing chronic diseases, and one of the concepts involved the — “right-siting of care, and the effective partnership between GPs and specialists” and the need to “tear down barriers between public and private, GPs and specialists, hospitals and step-down care homes, and leverage on technology”.

Next Step Forward

It has been ten years and the successes of GPPP can be seen throughout this book. The programme has successfully referred more than 2700 patients to the now large family of 108 GP partners under its umbrella. As we head towards the second decade of the programme, I am confident that with the hard work put in by our dedicated staff of GPPP and the passion of our GP partners, the programme will continue to benefit more patients and their family members.