

A Timely Investment: Coordinated Care for Depression and Anxiety Disorders

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World Mental Health Day was established in 1992 by the World Federation for Mental Health to increase public awareness of mental health issues. Since that time, there have been many advances in the understanding and treatment of mental illness, but neuropsychiatric conditions remain the most important causes of disability worldwide, accounting for approximately one third of the overall global burden of disease among individuals aged 15 and older.¹ Despite the high level of disease burden attributed to mental disorders, those who suffer from these conditions do not typically receive adequate diagnosis or treatment and access to care remains limited for many.^{2,3} The theme of this year's World Mental Health Day, "The Great Push: Investing in Mental Health" is meant to stimulate investment in programs that will improve mental health and wellbeing for the millions of individuals suffering from psychiatric disorders. It is therefore timely to consider this issue in the Singaporean context.

From a policy standpoint, it makes good sense to invest in comprehensive approaches for identification and treatment of the most common and disabling mental health disorders. Depressive and anxiety disorders are the most prevalent mental disorders in the general population worldwide.⁴ These disorders are associated with high morbidity and mortality, and they frequently co-occur with chronic medical conditions.⁵

The relationship between physical and mental illness is complex and bidirectional. Psychiatric patients are more likely to suffer from chronic medical illnesses.⁶ At the same time, individuals with chronic medical conditions are at greater risk for depression and anxiety.^{7,8} Both conditions are associated with adverse changes in immune and neuroendocrine functions that may predispose to development of physical illness.⁹ Symptoms of depression and anxiety such as anhedonia and phobic avoidance may

cause patients to neglect their physical health, fail to adhere to medical treatment regimens, and adopt other adverse health behaviors. Co-occurring psychiatric disorders also worsen functional outcomes for patients with cancer, diabetes, heart disease, and stroke.

Data from the Singapore Mental Health Study suggest that this pattern is true of the local population as well. Approximately 10% of Singaporean adults meet diagnostic criteria for anxiety and depressive disorders.¹⁰ These individuals are significantly more likely to present with comorbid chronic medical conditions, including coronary artery disease, asthma, COPD, and arthritis.^{11,12} Approximately 59% of Singaporean adults with anxiety and depressive disorders have at least one chronic medical condition, compared to only 33% of adults without depressive or anxiety disorders.¹³ Depression, anxiety, and medical illness are independently associated with decreased well-being (both physical and mental) and quality of life, and the combination of these factors is associated with even worse functional outcomes.¹³

Developing and investing in systems of care that can effectively handle the intersection of physical and mental illness is particularly important, given the poor outcomes associated with co-occurring physical and mental health conditions. Worldwide, the majority of patients with mental health problems are seen in general medical settings such as primary care clinics, emergency rooms, and general practitioner's offices.² Data from the local population indicate that Singaporean psychiatric patients would also prefer to have their care managed by general practitioners due to patients' and family members' beliefs that such care is more convenient and less costly.¹⁴ Adults from the general population also express a preference for general practitioners when seeking care for mental health issues.¹⁵

However, there remains a gap between those who need

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services and those who receive them. In the Singapore Mental Health Study, nearly 17% of community-dwelling adults were determined to need mental health services, but fewer than 3% had used the services of any professional caregiver. Collaborative care models for anxiety and depression have been used successfully to increase access to mental health treatment for primary care patients in the US, UK, and Europe.^{16,17} These programmes typically leverage the expertise of nurses, case managers, or other allied health professionals and/or rely on computer-assisted technologies. Innovative models for integrating mental health into routine community care have also been employed in parts of China, Iran, and Tanzania.¹⁸

As Singapore seeks to become a global leader in clinical care and the biomedical sciences, we have a tremendous opportunity to address the gaps in care delivery for the 10% of Singaporeans suffering from depression and anxiety. This will be no small task, given the limited capacity of our current healthcare system. While Singapore leads the Southeast Asia region in the number of trained mental health professionals with 2.3 psychiatrists, 10.4 psychiatric nurses, 1 psychologist, and 3 social workers per 100,000,¹⁹ this number is well below the workforce needed to deliver high quality care to all of those in need. The first National Mental Health Policy and Blueprint put forward a set of recommendations to address the shortage of mental health workers and to increase coordination of care between mental health specialists, primary care physicians, and community agencies.²⁰

These goals are among those recently announced by the “Grand Challenges in Global Mental Health” initiative, led by a consortium of researchers, clinicians, and policy-makers seeking to invest in innovative solutions that will improve prevention and treatment of mental disorders worldwide.²¹ The top 5 challenges identified by the consortium (ranked by disease-burden reduction, impact on equity, immediacy of impact, and feasibility) are to: (i) integrate screening and core packages of services into routine primary health care; (ii) reduce the cost and improve the supply of effective medications; (iii) provide effective and affordable community-based care and rehabilitation; (iv) improve children’s access to evidence-based care by trained health providers; and (v) strengthen the mental health component in the training of all healthcare personnel.²¹ All 5 of these are challenges that Singapore will continue to grapple with in the coming decade. There is some evidence for the success of programmes that integrate mental health services into local primary care, school, and community settings,^{14,22,23} but there remains a need for ongoing investment in mental health screening, training, research, and coordination of care for physical and mental illnesses.

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