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Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

"Body or Mind": Patient and professional perceptions of collaborative care for co-morbid mental and physical health problems

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Background and Aims of the Research

Comorbid depression in patients with long-term conditions (LTCs) is associated with greater reductions in health status than depression alone or LTCs alone. Collaborative care (CC) models encourage multi-professional working to improve outcomes for patients with multimorbidity. The COINCIDE (COllaborative INterventions for CIrculation and DEpression) trial sought to integrate depression care within the context of LTC management.

Research aim: To explore the extent to which CC was implemented, and understand patient and professional experiences of CC, as part of the COINCIDE trial.

Methods

- Semi-structured interviews with:

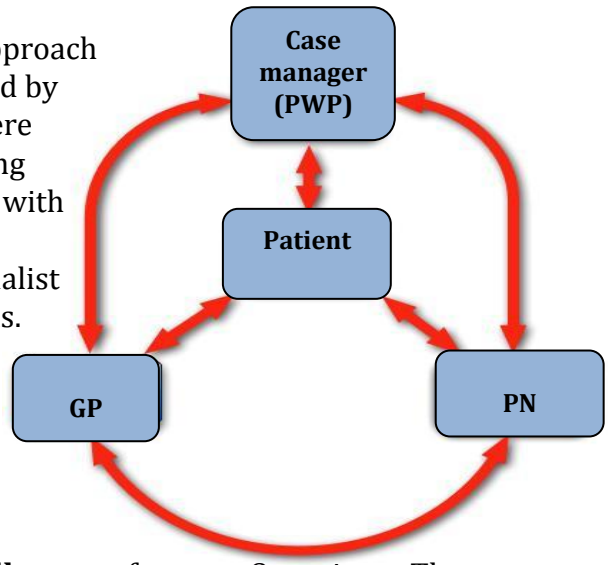
30 healthcare professionals: 11 Psychological well-being practitioners (PWPs), 12 practice nurses (PN), and 7 GPs

31 patients: 15 completers, 16 disengaged treatment

- Interviews transcribed verbatim
- Data analysed using techniques of constant comparison within and across data sets.

Core components of COINCIDE Collaborative Care model

Multi-professional approach to patient care provided by case managers who were psychological well-being practitioners, working with GPs and under regular supervision from specialist mental health clinicians.



A structured management plan of medication support and brief psychological therapy.

Scheduled patient follow-ups for up to 8 sessions. There were two joint sessions between PWP, practice nurse (PN) and patient.

Enhanced inter-professional communication between the multi-professional team- GP, PN, PWP.

Findings

Two major themes were identified and labelled: integration and division. The CC model enabled **integration**, encouraging co-ordination of care for patients' mental and physical conditions. By contrast, there was **division**, with both patients and professionals emphasising a preference and perceived need for treatment spaces that separated out the management of physical and mental health problems.

Integration

There was enhanced co-ordination of mental and physical health care

Working collaboratively…in terms of your practice it's very helpful to get that reassurance that what you're doing in the sessions is the right thing, is useful, and will be helpful for the person. PWP10

CC provided a sense that patients' health was being more holistically managed

Basically the nurse is very good at what she needs to be which is checking things but a lot of it is that she's interested in your physical health… there could be that link so I think both professionals have got to have, you know, like an idea of what the other professional is actually doing and so they're not just working in silence they're working together. PT06 (Female, completed)

I didn't realise how much of that was to do with their disease, because generally the people I refer are depressed for some other reason, …and I didn't put it altogether that, perhaps this is just a whole package of things, it's not just one thing… PN01

Division

There was preference for therapeutic separation between mental and physical health.

I think, you know, as I say, my area is obviously mental health, and her area was more physical health … So there was no real, you know, crossover. PWP04

Patients valued having separate spaces to discuss emotional problems

[The PWP is] more qualified in that sense [talking about emotions]. She's… the nurse basically looks after your body, not your mind. Each one's got a job to do. PT12 (Male, Completed)

Physical health problems were prioritised over mental health problems

I think if you asked a patient what their agenda was a lot of patients would say, yes, the depression is outweighing everything else, but obviously for the healthcare point of view sometimes you look at results, and you have to put it holistically with the patient, you know, and think, golly, these results are diabolical, we've got to get your diabetes on track, and then the depression would take a second seat I think really. PN04

Conclusion

The COINCIDE care model achieved service level integration but not therapeutic integration. Patients preferred a protected space to discuss mental health issues. Healthcare professionals maintained barriers around physical and mental health expertise.

CC models need to be flexible to accommodate the needs of patients who may view their depression as independent of their LTC.

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