

Implementing Good Psychiatric Management : Early Experiences from a Qualitative Study

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Collaborators

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Te Toka Tumai (Auckland District Health Board)

- Covers a population of approximately 498 000 residents
- Approximately 3.6% of the total ADHB population access mental health services
- Māori are most likely to access services (19.6 % of the general population)
- Access to a 58 bedded inpatient unit

Assertive Community Outreach Service

- Provides assertive treatment and support to service users with psychotic and mood disorders who have a pattern of problematic engagement with services and/or treatment recommendations and a history of high-risk behavior during periods of relapse
- Caseload of about 100 patients
- Staff consisted of 1 psychiatrist, 1 psychologist, 5 nurses, 3 social workers, 1 occupational therapist and 3 community support workers and team leader (social work background)

Healthcare Improvement : Quadruple Aim

1. Improve patient experiences
2. Improve population health
3. Reduce cost
4. Improve staff experiences

Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: care of the patient requires care of the provider. *Annals of family medicine*, 12(6), 573–576

Methodology and Methods

Data collection:

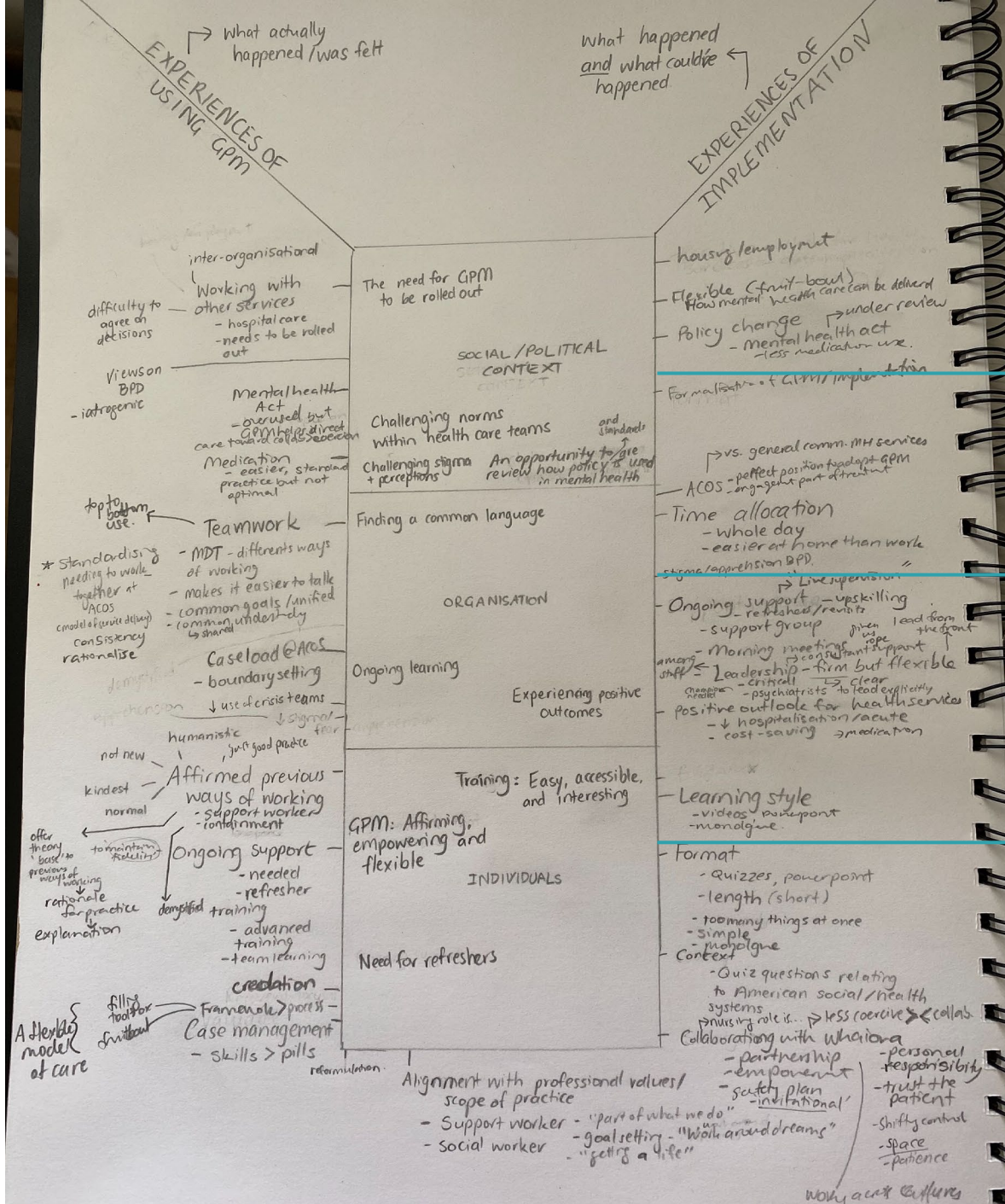
Semi-structured interviews (about 45 minutes)

Data analysis:

Reflexive thematic analysis informed by interpretative phenomenological analysis



Experiences of using GPM



Sociopolitical context

Organization

Individuals

Experiences of implementation

Findings

1. GPM is a pragmatic, structured and flexible model of care
2. GPM empowers practitioners and patients
3. Leadership is instrumental for implementation

1. A Pragmatic, Structured and Flexible Model of Care

- GPM is **complementary** to practitioners' **values**
- An **intuitive model** that affirms understanding of good practice
- Increased **compassion** towards patients

- Provides **structure** and a **common language** for staff
- **Flexibility** that supports culturally safe and person-centered care



2. Practice that Empowers Practitioners and Patients

- Enhances individual and collective confidence
- Restoring patient's agency in the therapeutic relationship



3. Leadership is Instrumental in Implementation

- Contextual fit of GPM
 - Complex patients
 - Assertive outreach model
- Wider health care contexts
 - System push back



Moving Forward

- GPM as baseline standard of care
- Integration with the DBT programme
- Integration with Māori cultural practice



GPM offers a shared language and ethical stance that supports both staff wellbeing and patient agency

Thank you