

Online supplement

Appendix DS1

Ways of accessing and delivering care at the interface

Pure models

Community mental health team

- (a) A specialist mental health service that patients are referred to if they are beyond the scope of primary care.
- (b) Criteria for accepting referrals is variable but focus on 'severe and enduring mental illness'.

Attached professionals

Mental health professionals who work in the primary care setting and accept referrals. Includes:

- (a) clinical psychologists
- (b) community mental health nurses
- (c) counsellors
- (d) graduate mental health workers.

General practitioner (GP) has overall clinical responsibility.

Consultation–liaison

- (a) Regular face-to-face contact between psychiatrist and primary health-care team.
- (b) Referral of new cases only after a discussion at a face-to-face meeting.
- (c) Some cases are managed by the primary healthcare team.
- (d) When referral does take place there is feedback to, and management by, the primary healthcare team.
- (e) Some discussions may focus on supervision of ongoing cases or those jointly managed by both primary and specialist care (especially for severe mental illness).

Collaborative care

- (a) Multiprofessional approach to patient care provided by a case manager working with the GP under weekly supervision from specialist mental health clinicians, both for medical and psychological therapies.
- (b) A structured management plan of medication support and brief psychological therapy.
- (c) Scheduled patient follow-ups.
- (d) Enhanced interprofessional communication, patient-specific written feedback to GPs via electronic records and personal contact.

Models that may be combined with the above to determine how patients cross the interface

Stepped care

- (a) Targets individuals who fail to recover after initial management by the primary care physician and individuals who are at high risk of relapse.
- (b) Targets more intensive interventions to people who do not achieve a favourable outcome after an initial less intensive intervention.

Stepped-care services will have levels offering differing intensity of treatment. In rigid stepped-care services, all patients will access at the lowest tier. However, there may also be services with multiple points of access.

Matched care: operated by triage/gateway workers

Staff members (usually nursing staff) work at the interface between primary and secondary care to carry out assessments and filter which patients are most appropriate for each tier of care. This could be via face-to-face or telephone consultations.