



# Mental health in primary care

A briefing for Clinical  
Commissioning Groups  
June 2016

When we're worried about our physical health, we usually seek help as soon as possible so that we're less likely to become ill. Similarly, if we have a mental health problem, we want to receive help promptly from somewhere close to home so that we can recover and stay well.



Those working in primary care – GPs, practice nurses, pharmacists and others – are our first port of call for health care. They are seen as the experts in providing holistic care for both our physical and mental health. Primary care settings such as GP practices and community pharmacists are close to people's home and are easily accessible.

Clinical Commissioning Groups (CCGs) are playing an increasing role in the commissioning of primary care services – whether they have been delegated commissioning, are joint commissioning or have a greater involvement in

commissioning, with NHS England. This is happening at a time when primary care and mental health services are both under strain and in the spotlight.

Right now, we have an immense opportunity to improve mental health support within primary care.

We believe that if we get mental health support in primary care right, we can help people stay well. This is good for individuals, families, communities and the wider health and social care system. It can also lead to cost savings as the likelihood of people needing crisis care decreases.

In this briefing for CCGs in England we:

- > **present the current issues around providing mental health support in primary care**
- > **identify what mental health support in primary care should provide**
- > **make recommendations for commissioners on how to achieve better mental health support in primary care.**

Over the next few years we will be campaigning for improved mental health support in primary care and we want to help you to achieve this.

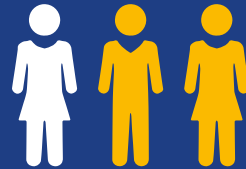


<b>1. Mental health support in primary care right now</b>	<b>4</b>
Case study 1: City and Hackney Primary Care Psychotherapy Consultation Service	7
<b>2. What is primary care mental health?</b>	<b>8</b>
Case study 2: Robin Lane Health and Wellbeing Centre	10
<b>3. How should primary care mental health work with other services?</b>	<b>11</b>
Case Study 3: Mind Active Monitoring	12
<b>4. How can Clinical Commissioning Groups help?</b>	<b>13</b>
Case Study 4: Primary Care Plus	15
<b>5. How Mind can help</b>	<b>15</b>

# 1. Mental health support in primary care right now

Only 24 per cent

of people in England with a common mental health problem receive treatment.<sup>1</sup>



Around  
**One in three**

GP appointments involves a mental health component.<sup>2</sup>

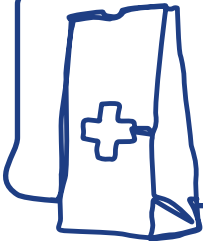
On average, GPs spend nearly a fifth of their appointment time on social issues.<sup>3</sup>



People with physical long-term conditions are **two to three times more likely** to experience mental health problems than the general population.<sup>4</sup>

**57 million prescriptions**

for antidepressants were administered in 2014, an increase of 46 per cent since 2012.<sup>5</sup>



**Half of GPs**

have been found to be at high risk of burnout,<sup>7</sup> and 16 per cent report experiencing a significant and unmanageable amount of work-related stress.<sup>8</sup>

**Only 67 per cent of rough sleepers**

are registered with a GP compared with 98 per cent of the general population.<sup>9</sup>



Medically Unexplained Symptoms (MUS) account for



**up to a fifth of GP consultations.**<sup>6</sup>







One in four of us will experience a mental health problem in any given year, but most of us don't get professional help. Of those of us who do get treatment, the majority are treated within primary care.<sup>10</sup> This is why good mental health support in primary care is so important.

Often people don't discuss their mental health directly. In fact, they may discuss other concerns that are impacting on or are related to their mental health.

Local GPs and other primary care staff, such as practice nurses, pharmacists and others, are the first place we go for healthcare advice and support, and just like our physical health, they are there to look after our mental health. GPs recognise how important mental health is to their daily work, and are aware that often people don't discuss their mental health directly. In fact, they may discuss other concerns that are impacting on or are related to their mental health. It may be a physical health issue or a social matter such as relationship problems, unemployment or work related issues, welfare benefits, financial worries and social isolation. This may lead to people attending their GP practice frequently before their underlying mental health needs are addressed.

Furthermore, GPs and other primary care staff also have a clear understanding of just how much our mental and physical health are related. For example, those of us with physical long-term conditions, such as diabetes, or chronic pain, will often struggle with our mental health, and will have better outcomes if both our physical and mental health is addressed. Primary care can provide this holistic 'whole-person' care.

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**I went to see one GP and he was filling out a prescription before I had even sat down.**



**When I was waiting to be referred for help it took months and I felt I was sinking lower and lower.**

For those of us who have accessed support for our mental health from our GP, it can sometimes feel like there is an overreliance on prescribing anti-depressants.

From the GP's perspective, they feel like they have little alternative but to prescribe anti-depressants as the waiting times for talking therapies are too long and they want to keep their patients safe.

When accessing talking therapies, there can also be a lack of choice about what type of talking therapy we receive. This is a frustrating situation for both those seeking help and primary care professionals alike.

For certain communities accessing any primary care services can be more difficult, with wide variation in GP registration amongst vulnerable groups including vulnerable migrants, gypsies and travellers, homeless people and sex workers. Unfortunately these communities are also known to have particularly high need for mental health support.

All of this is happening during a time when primary care services are under a lot of strain. We know this is having an impact on many primary care professionals' own mental health and wellbeing. We cannot work to improve the mental health support

provided by primary care services, unless we support the healthcare staff providing those services and ensure the environments they work in are mentally healthy.

**We cannot work to improve the mental health support provided by primary care services, unless we support the healthcare staff providing those services.**

# Case study 1: City and Hackney Primary Care Psychotherapy Consultation Service

The Primary Care Psychotherapy Consultation Service (PCPCS) was set up in 2009 in City and Hackney by a group of GPs who recognised that some people were falling through the gaps: their mental health needs were unable to be fully addressed by their GP practice, but their needs also didn't match the remit of specialist care. This includes people with chronic mental health problems, personality disorders and those with 'Medically Unexplained Symptoms'. Often people had a range of social and physical health problems too.

The service is run by the Tavistock and Portman NHS Foundation Trust and is largely based in GP practices.

It has two key functions:

1. **Providing support to GPs and other practice staff through case discussions, joint consultations and bespoke training**
2. **Providing a clinical service to those referred by their GP, including a range of psychological interventions for individuals, groups, couples or families.**

Approximately three quarters of all patients have shown improvements in their mental health, wellbeing and functioning as a result of treatment from the service.

Compared with the year before referral, the average number of GP attendances per patient seen by the service fell by a quarter in the year after treatment.

The service has now been expanded and Team Around the Practice (TAP) has been running a similar service in Camden since 2015. This service is run in partnership with Camden Mind.

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**My friends can see the change in me... it's so lovely because I have a voice now. Understanding myself has been so important.**

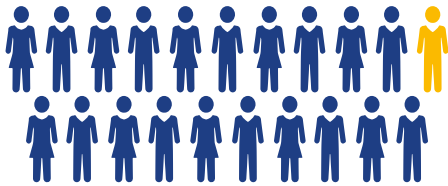


## 2. What is primary care mental health?

Out of 21 mandatory clinical modules,

**only one module**

is dedicated to mental health in the GP training curriculum.<sup>11</sup>



A survey of practice nurses found that

**82 per cent**

have responsibilities for aspects of mental health and wellbeing where they have not had training, and

**42 per cent**

have had no training in mental health and wellbeing at all.<sup>12</sup>

Primary care mental health refers to mental health services and support which are embedded into primary care such as within GP practices, the work of community pharmacists, health visitors and others, as well as Improving Access to Psychological Therapy (IAPT) services.

Primary care mental health services includes two elements:<sup>13</sup>

### 1. Ensuring the primary care workforce have the knowledge, confidence and capacity to provide mental health support

This element is about integrating mental health into core primary care services. For instance, GPs being able to look after and address our mental health, as well as our physical health.

For this to be achieved primary care professionals need to have the necessary training and time to provide an adequate level of support for people's mental health (and for the physical health of people with mental health problems).

### 2. Mental healthcare which is provided by primary care professionals who are additionally skilled in mental health and who are able and supported to provide mental health services

This element is about providing more specialised mental health support within primary care. For instance, a primary care mental health worker based in a GP practice or a GP with extended

Scope of Practice (GPwER) in Mental Health, who can support their other GP colleagues in providing mental health care.

These services can provide more specialist mental health support for those who require more support but who don't need or are unable to access secondary care, or who have been discharged from secondary care because their mental health problem is stable.

Some places are beginning to develop enhanced primary care mental health services to meet the particular needs of their local population. Many of these services involve having mental health workers attached to GP practices in some way, or a secondary care consultant working in the community alongside practices providing support and advice. By being attached to or working alongside GP practices, mental health workers can ensure there is joined up physical and mental health support. Mental health support can be provided closer to home in a less restrictive setting and there is less likelihood of people falling through the gaps.

Having a mental health worker attached to or working alongside GP practices improves the knowledge, confidence and capacity of the other primary care professionals in the practice. The mental health worker can also provide mental health support including advice on consultations and formal training sessions.





**When you go into a GP surgery you see hearing aid signs that show they're thinking of deaf people; wheelchair access signs. What about for people with mental health? When I go in there, sometimes my brain's going so fast people might as well be talking Russian.**

This is supported by NHS England in the 'General Practice: Forward View' which said that the primary care workforce would be expanded, including through investment in an extra 3,000 mental health therapists to work in primary care by 2020, which is an average of a full time therapist for every 2-3 typical sized GP practices.<sup>14</sup>

Some enhanced primary care mental health services also incorporate models of social prescribing. Social prescribing or 'community referral' enables primary care to refer people to non-medical support within their community. Social prescribing recognises that our physical and mental health are

influenced by social factors, and that often people need greater support within the community for things such as housing or benefits, or to address social isolation.

**It's hugely important to address inequality of access and experience of primary care services through funding outreach schemes and other innovative practices.**

These two aspects of primary care mental health are vital if people's experiences of accessing mental health support are to improve. However, if people struggle to access primary care in the first place, certain communities will not benefit.

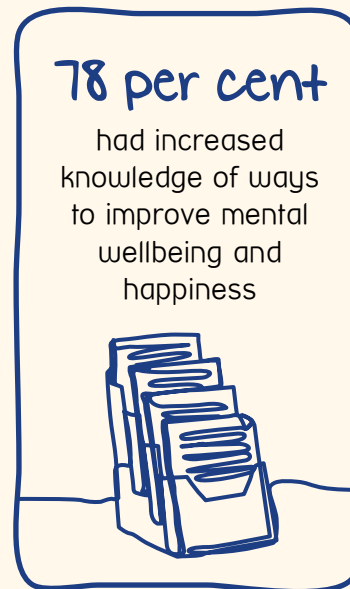
For these reasons, it's hugely important to address inequality of access and experience of primary care services through funding outreach schemes and other innovative practices.

## Case study 2: Robin Lane Health and Wellbeing Centre

A Health Champions volunteer scheme that was set up at Robin Lane Health and Wellbeing Centre in West Yorkshire has helped to address people's isolation and mental wellbeing.

The scheme was set up with support from Altogether Better (a national NHS hosted organisation) in 2012. Using an asset-based approach, the centre invited patients to become Health Champions. The centre was surprised by the level of interest, and now over 50 volunteer Practice Health Champions work alongside the practice team, and 19 groups and activities have been established by the Champions, alongside the establishment of a community café. During this time the patient list has increased by 57 per cent without any increase in primary or secondary care consultations and there has been a 10 per cent reduction in use of A&E.

Practice Health Champions have now been introduced in 30 GP practices, and a survey of champions across these practices found:



**I started having panic attacks a couple of years ago, quite bad and I'm still having them a bit but because I'm having to go out and be at the centre... it's really helped me.**

### 3. How should primary care mental health work with other services?

Primary care mental health services need to be fully integrated with other existing services, and can play a key role in ensuring that people do not 'fall through the gaps' between different services.

In particular, primary care mental health services need to be well linked to secondary mental health services – especially when working with those with stable mental health problems who have been discharged from secondary care. Furthermore, many best practice examples of primary care mental health services have strong links with community support and social care in order to address the wider social needs which may be impacting on someone's mental health.

Importantly, the Department of Health's Improving Access to Psychological Therapy (IAPT) programme which was introduced in 2007 and provides evidence-based mental health support for people with mild to moderate depression and anxiety, plays a role in a wider primary care mental health service, but will not cover all aspects of mental health support needed within primary care.

Many best practice examples of primary care mental health services have strong links with community support and social care.

Areas that will fall outside IAPT include:

- > Mental health support for people waiting for IAPT services and if needed after receiving IAPT services
- > Physical health support for people with mental health problems
- > Low level mental health support for those with physical long-term conditions
- > Ongoing mental health support for those with stable mental health problems who have been discharged from secondary care
- > Mental health support for those who fall outside the remit for IAPT or secondary care
- > Management of medications

**I think my physical illness is caused by or linked to my mental illness but I don't know who to talk to about this.**

## Case Study 3: Mind Active Monitoring

Active Monitoring is an eight week, five session course of guided self-help delivered by a Mind practitioner in GP practices. The service is currently being run in 50 GP practices by Tameside Oldham and Glossop Mind and Merthyr and the Valleys Mind.

The service begins with an initial drop in assessment, followed by five sessions. Each person is able to choose from a number of pathways, depending on their needs, which include depression, anxiety and panic attacks, low self-esteem, stress, feeling alone and anger management. The Mind practitioner works with the individual through using cognitive behavioural therapy (CBT) exercises, mindfulness meditation, tools such as thought diaries and by providing relevant reading materials and exercises that can be done at home.

Between May and early December 2015, 300 people were seen by the service. Across the course of the sessions there was:



a statistically significant  
**improvement in  
measures of anxiety**  
(average decrease of 5.2  
points measured by GAD7)<sup>15</sup>

a large and statistically significant  
**improvement in  
mental wellbeing**

(average increase of 11 points  
measured by WEMWBS)<sup>17</sup>



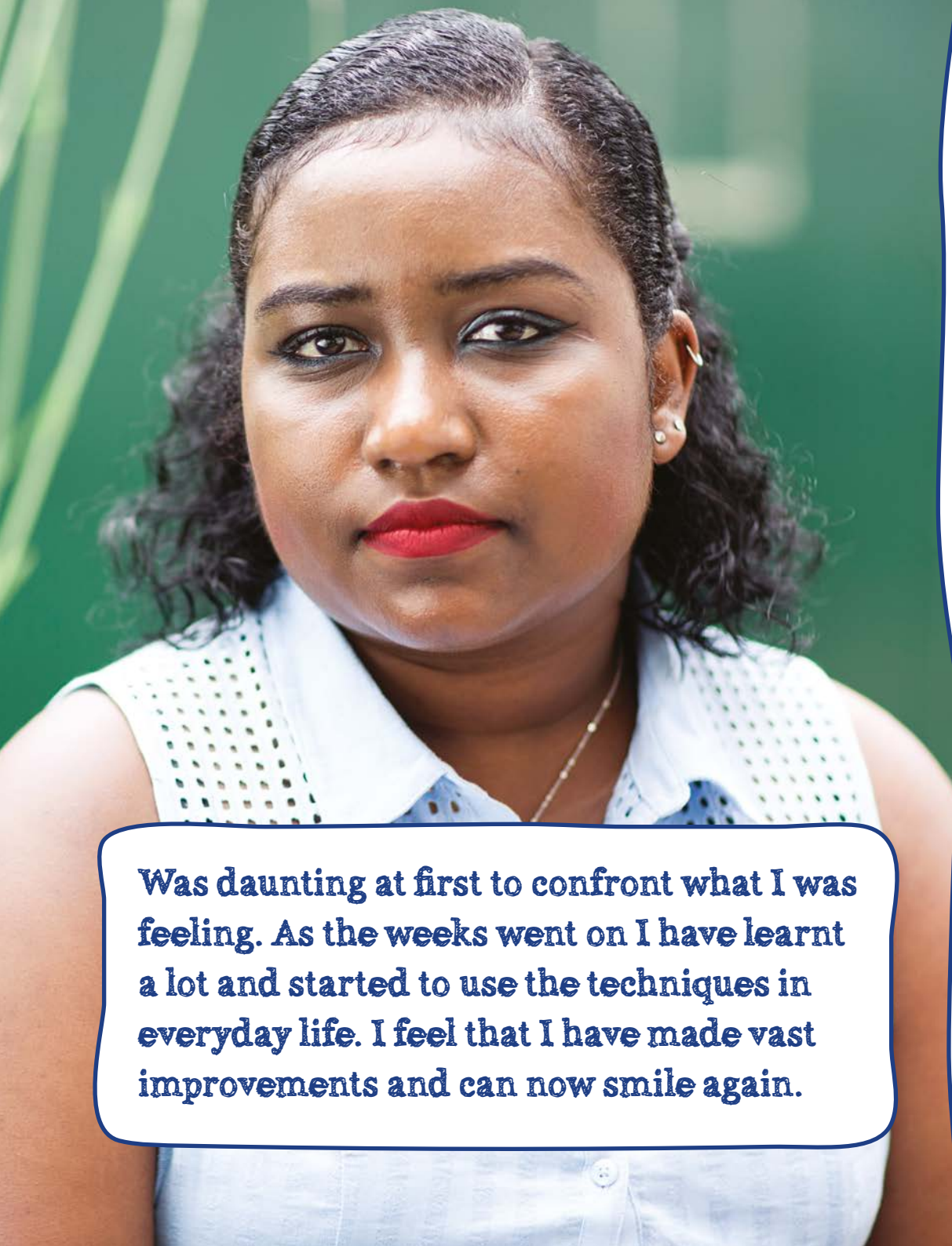
a statistically significant  
**improvement in  
measures of depression**  
(average decrease of 5.5  
points measured by PHQ9)<sup>16</sup>

**↑ 243 per cent  
improvement ↑**

in clients recovering from  
depression and anxiety.

From June 2016, Active Monitoring will begin running in parts of Worcestershire and Rhyl and Brecon in Wales.





**Was daunting at first to confront what I was feeling. As the weeks went on I have learnt a lot and started to use the techniques in everyday life. I feel that I have made vast improvements and can now smile again.**

## 4. How can Clinical Commissioning Groups help?

Mental health is core business for primary care, and many working in primary care are already providing expert care for our mental as well as our physical health. However, some in primary care can view mental health as requiring specialist support and so not part of their remit, or they feel less equipped to provide mental health support. This shouldn't be the case.

To tackle this we need to look at both aspects of primary care mental health: improving the knowledge, confidence and capacity of the primary care workforce to provide mental health support, as well as looking at ways of providing enhanced primary care mental health services within primary care.

CCGs can do a number of things to improve mental health support in primary care, including:

- **Ensure that GPs and other practice staff receive regular mental health training during protected training time**

There needs to be a greater focus on mental health in initial training for the primary care workforce, but it's also hugely important that those already working in primary care receive regular training on mental health. CCGs should fund protected learning time for GPs and other practice staff to receive regular mental health training relevant to their position.

- **Commission enhanced primary care mental health services to meet the needs of their local population**

Each local area should assess and provide services that meet local needs. For instance, if it is identified that a local area's primary care services are struggling to support the needs of those with personality disorders, it may be helpful to set up an enhanced primary care mental health service that addresses this particular group's needs. Likewise, GP practices may be telling the CCG that loneliness or social isolation are some of the key issues impacting on their patients' mental health, and so a service could be tailored to address this.

- **Ensure that all of the primary care workforce have access to mental health support and primary care services are commissioned to consider workplace wellbeing**

In 2016, alongside a new national occupational health service for GPs, CCGs will need to work with NHS England to commission a

national service which improves GPs' Access to Mental Health Support, which goes beyond the specification of occupational health services. Alongside this CCGs should also address the mental health needs of the wider primary care workforce. This is vital for the sustainability of primary care services.

- **Commission primary care services which address the physical healthcare of people with severe mental illness, and the mental healthcare of people with physical long-term conditions**

This is vitally important if we are to address the reduced life expectancy of, on average, 15 to 20 years for people with severe mental illness. This should include GPs and practice nurses delivering a range of physical care screenings for people with severe mental illness. To do this they will need the relevant training and time to conduct these screenings, and outreach work or carer training will be needed to support people with severe mental illness to access

primary care. Likewise, primary care services should be equipped to assess and provide low-intensity psychological and psychosocial interventions for people with physical long-term conditions needing mental health support. Such services should be integrated with IAPT services and also secondary care through collaborative care models.

- **Commission models of primary care that address poor access amongst particular groups who have increased need for mental health support**

We know that certain groups of people, for instance homeless people and vulnerable migrants, are less likely to access to primary care services for a wide range of reasons. Often these groups are also at increased risk of developing mental health problems and so it's vital that primary care mental health services are provided to meet their needs before they reach crisis point.

**I walked into my doctor's, I had a mental health problem I wanted to sort out, and the receptionists went out of their way to get me in because I had a spinal brace on. But other times, it's nothing, the opposite - mental health isn't visual.**



## Case Study 4: Primary Care Plus

Primary Care Plus is a service in West London (Hammersmith and Fulham, Hounslow and Ealing) based in GP practices for those who may need some extra mental health support over and above what is available from their GP. Often this includes people who have been in secondary care. By moving those with stable mental health problems from receiving support from specialist services to their GP practice, they will receive care in the least restrictive setting, closer to home, and they'll have both their physical and mental health needs met.

Primary care mental health workers are employed by West London Mental Health NHS Trust and are attached to GP practices. GPs are able to refer people directly to them. Importantly there is no strict criteria for referral, except an assessment that people will require more in-depth support.

Other mental health professionals such as consultant psychiatrists and psychologists also provide support to the service.

The primary care mental health workers provide one-to-one support to people within GP practices, helping with discharge from secondary care, liaising between services and providing ongoing mental health support. They are also able to signpost to wider social support in the community. These workers also provide support to other primary care staff by providing advice on consultations, as well as training for staff (reception staff, practice nurses, GPs etc.) to meet their needs.

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**Before I was with primary care I would have to get the bus to the hospital to have appointments monthly. The journey to the doctor's practice is a lot shorter and I found it a lot easier. Life is going well for me at the moment. I'm stable with my mental health and I'm working. I really enjoy being in the community now.**



## 5. How Mind can help

We know that people want to get help for their mental health early, to improve their chances of staying well – and we think primary care is where this should happen. For this reason we will be campaigning over the next few years for mental health support in primary care to be improved. To do this primary care services and the people providing these services need the funding, training and time to provide good mental health support. In addition we will all need to think differently about what these services could look like. We will be working with people with lived experience and their families, the primary care workforce, commissioners and other key stakeholders to help make this happen.

If you recognise what an important issue this is, already provide good primary care mental health services in your area, or want to improve the support you offer for people with mental health problems, we want to hear from you.

Please get in touch (our contact details are on the back cover) and tell us what you're doing already in your local area, how we can help you and what things you're struggling with. We also want to monitor and evaluate these efforts so that we can disseminate and promote best practice primary care mental health services across the country.

**We look forward to hearing from you to discuss how we can support you in this important area.**







## For more information

The following reports and guides provide more information and background about primary care mental health.

- Funk, M., Ivbijaro, G. (2008) Integrating mental health into primary care: a global perspective. Geneva: World Health Organisation/WONCA (World Organisation of Family Doctors).
- Joint Commissioning Panel for Mental Health (2012) Guidance for commissioners of primary mental health care services
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- <sup>6</sup> Forum for Mental Health in Primary Care (RCGP and RCPsych) (2011). Guidance for health professionals on medically unexplained symptoms (MUS). Available from [rcgp.org.uk](http://rcgp.org.uk)
- <sup>7</sup> Pulse (2015) Revealed: The rising tide of GP burnout as NHS cuts support. Available from [pulsetoday.co.uk](http://pulsetoday.co.uk)
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- <sup>9</sup> Elwell-Sutton, T., et al. (2016) Factors associated with access to care and healthcare utilization in the homeless population of England. *Journal of Public Health*, pii: fdw008.
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- <sup>11</sup> RCGP (2015). The RCGP Curriculum: Professional & Clinical Modules (Version: 18 May 2015). Available from [rcgp.org.uk](http://rcgp.org.uk)
- <sup>12</sup> Hardy, S., (2014). Mental health and wellbeing survey: A snapshot of practice nurses' views regarding responsibility and training. Available from [cumt.org.uk](http://cumt.org.uk)
- <sup>13</sup> Adapted from Funk, M., Ivbijaro, G. (2008). Integrating mental health into primary care: a global perspective. Geneva: World Health Organization/WONCA (World Organization of Family Doctors).
- <sup>14</sup> NHS England (2016). General Practice Forward View. Available from [england.nhs.uk](http://england.nhs.uk)
- <sup>15</sup> Generalized Anxiety Disorder 7 (GAD7) is a self-reported seven item questionnaire for screening and measuring the severity of Generalized Anxiety Disorder.
- <sup>16</sup> Patient Health Questionnaire 9 (PHQ9) is a self-reported nine item questionnaire for screening and measuring the severity of depressive disorders.
- <sup>17</sup> Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is a self-reported questionnaire for measuring mental wellbeing.





If you'd like to find out more about mental health support in primary care, contact:

Leila Woodhouse  
Mind Policy and Campaigns team  
[primarycare@mind.org.uk](mailto:primarycare@mind.org.uk)

Mind  
15-19 Broadway  
Stratford  
London  
E15 4BQ

020 8519 2122  
[contact@mind.org.uk](mailto:contact@mind.org.uk)  
[mind.org.uk/findthewords](http://mind.org.uk/findthewords)

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