Mental health in primary care

A briefing for Local Health Boards and local authorities in Wales

June 2016

mind
for better mental health

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.

Local Health Boards are responsible for planning, funding and delivering primary care services, and since the Mental Health (Wales) Measure 2010, this has included a duty with local authorities to develop and deliver Local Primary Mental Health Support Services (LPMHSS) across Wales. Since the introduction of LPMHSS, there appears to have been improvements in waiting times and the range of mental health treatment and support options offered to people. However, there is still more to be done to improve these aspects of primary care, and importantly, people feel that the understanding and empathy of GPs and other primary care staff has not improved since the measure was introduced.[1] 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 Local Health Boards and local authorities in Wales we:

> present the current issues around providing mental health support in primary care

> identify what mental health support in primary care should provide

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

All quotes in this briefing are taken from Mind Cymru survey respondents, 2016.

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# 1. Mental health support in primary care right now

Although 1 in 4 people will experience a mental health problem in any given year, only 12 per cent of people in Wales report receiving treatment for a mental health problem.[2]

Half of the Welsh primary care workforce report that they spend over a fifth of their practice time on mental health related work.[3]

On average, **GPs spend nearly a fifth** of their appointment time on social issues.[4]
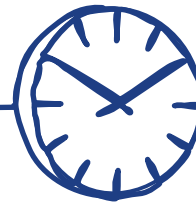
People with physical long-term conditions are **two to three times more likely** to experience mental health problems than the general population.[5]

Between 2013/14 and 2014/15, antidepressant prescribing increased in all Local Health Boards, with a national annual average **increase of 8 per cent.**[6]

Medically Unexplained Symptoms (MUS) account for **up to a fifth of GP consultations.**[7]

59 per cent of the Welsh primary care workforce report that in the last year workload pressures has had an effect on their wellbeing.[8]

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.[9] This is why good mental health support in primary care is so important.

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.

> 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.

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.

> When I broke down in his surgery, my GP asked me "what do you want me to do about it?" I didn't seek further help for 5 years despite being severely depressed.

> I feel as though whatever I said to my GP I was unable to convey properly how I was feeling and I was just given pills, and when they didn't work I was given other pills, and again other pills... I feel like my GP doesn't know how to treat the cause of the problem, he is just trying to treat the symptoms.
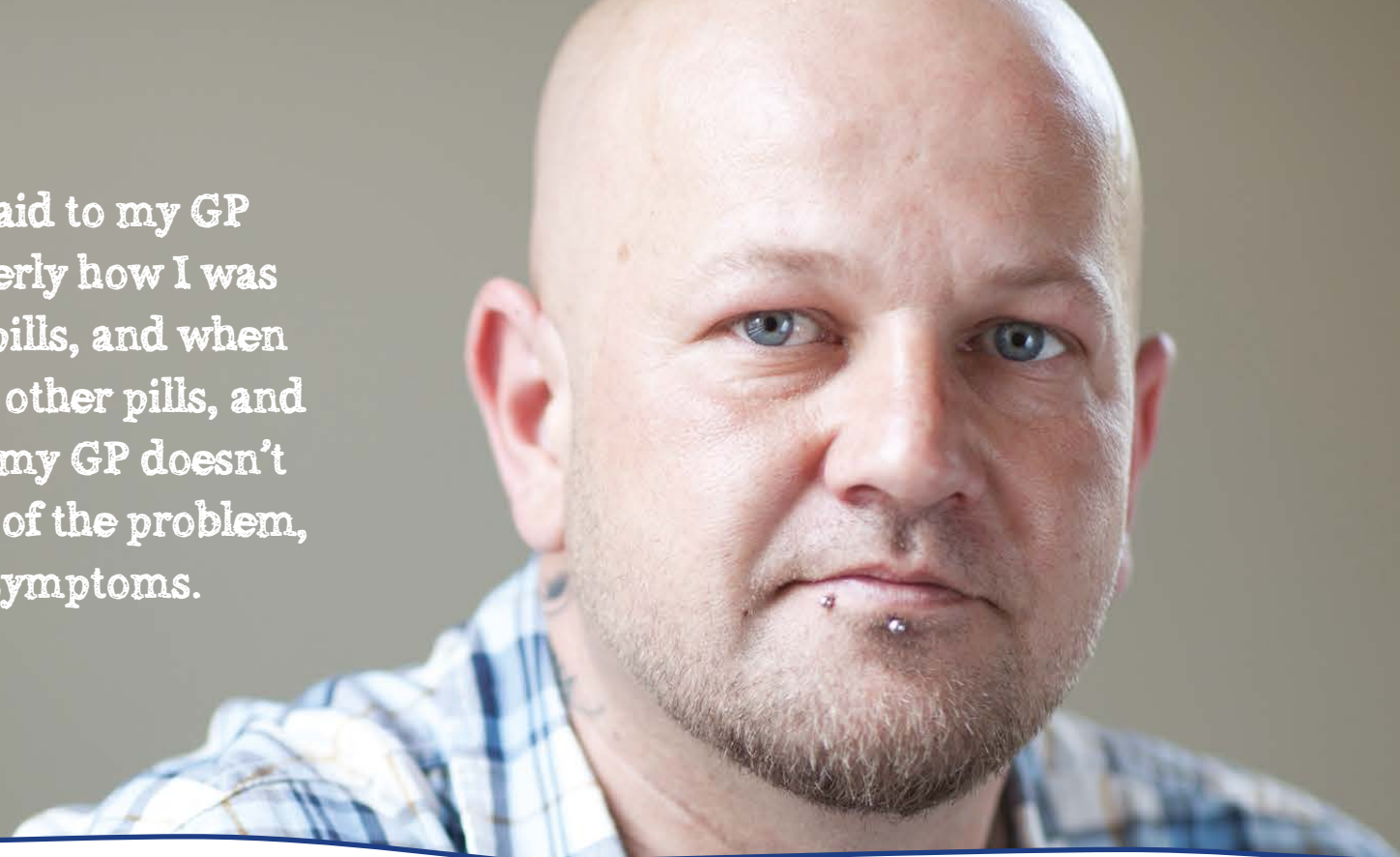
For those of us who have accessed support for our mental health from our GP, it can sometimes feel like there is an overreliance on prescribing anti-depressants, which is often exacerbated by long waiting times for talking therapies. 85 per cent of the Welsh primary care workforce reported that timely access to psychological therapies is one of the top barriers to successful delivery of primary care mental health services.[10] 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 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.
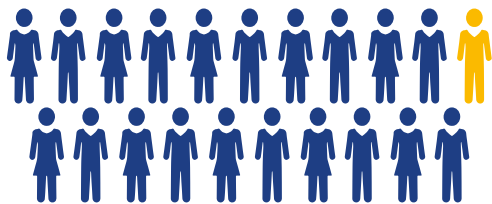
2. What is primary care mental health?

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 Local Primary Mental Health Support Services (LPMHSS).

Out of 21 mandatory clinical modules,

only one module

is dedicated to mental health in the GP training curriculum.[11]

Primary care mental health services includes two elements:[12]

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, mental health workers based in primary care or a GP with extended Scope of Practice (GPwER) in Mental Health, who can support their other GP colleagues in providing mental health care.

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

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.

Having enhanced primary care mental health services attached to or working alongside GP practices can ensure that people receive joined up physical and mental health support. This means patients' mental health support is provided closer to home in less restrictive settings, and helps to join up services so people don't fall between the gaps.

> Overall, my experiences of seeking help with mental health conditions has been positive. However, I have been faced with some stigma... It took several months to be diagnosed as I had to keep seeing different doctors in order to find someone who would take my concerns and mental health seriously.

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

Enhanced primary care mental health services can 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.

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.

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. This was a key aim of the Mental Health (Wales) Measure, both in terms of integration between primary and secondary care, but also between different service providers, including the NHS, local authorities and the voluntary sector.

This is particularly important when considering the physical health needs of people with mental health problems, as well as the mental health needs of people with physical long-term conditions. This can often be overlooked and better links between primary care mental health services and secondary health services (mental and physical) can help to address this. Furthermore, strong links with community support and social care is vital in order to address the wider social needs which may be impacting on someone's mental health.

....

I had a breakdown in front of my GP and was told that I should pull myself together and that my wife would not find it very attractive seeing me like that. I was diagnosed with depression a few days later.

Local Primary Mental Health Support Services (LPMHSS) which were introduced by the Mental Health (Wales) Measure 2010 provide:

> Comprehensive mental health assessments

> Short-term interventions

> Referral and coordination of next steps with secondary mental health services

> Provision of support and advice to GPs and other primary care staff

> Information and advice to individuals and their carers

However LPMHSS will not cover all aspects of mental health support needed within primary care. Areas that can fall outside LPMHSS include:

> Mental health support for people waiting for a mental health assessment and short-term interventions and if needed after receiving these 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 LPMHSS or secondary care

> Management of medications

Case Study: 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 6.2 points measured by GAD7)[13]

a large and statistically significant **improvement in mental wellbeing** (average increase of 11 points measured by WEMWBS)[15]

a statistically significant **improvement in measures of depression** (average decrease of 6.6 points measured by PHQ9)[14]

a 43 per cent improvement in clients recovering from depression and anxiety.

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

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 Local Health Boards and local authorities 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.

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 working in primary care receive regular training on mental health.

Local Health Boards and local authorities can do a number of things to improve mental health support in primary care, including:

- **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. Local Health Boards should ensure that protected learning time is provided for GPs and other practice staff to receive regular mental health training relevant to their position.

- **Local Primary Mental Health Support Services (LPMHSS) provide greater support to GPs and other primary care staff**

LPMHSS should strengthen the provision of support and advice for GPs and other primary care staff. Research has found this is an area that hasn't seen great improvement since the Mental Health (Wales) Measure was introduced and is hugely important if we are to ensure GPs and other primary care staff, who are usually the first point of contact for healthcare, have the necessary confidence and understanding to address someone's mental health and to sign post appropriately.[16][17]

This is valuable for improving patient experience in regards to those first trying to access support for their mental health, and for those who are receiving ongoing support from GP practices.

- **All of the primary care workforce have access to mental health support and the development, funding and delivery of primary care services considers workplace wellbeing**

Since April 2016, all GPs in Wales have been able to access the same Occupational Health services from Local Health Boards as directly employed NHS staff, including mental health support. Alongside this Local Health Boards should also address the mental health needs of the wider primary care workforce. This is vital for the sustainability of primary care services.

....

The GP and counsellor involved were supportive and first rate but they were constrained to how much and when they could help me.

- **Primary care services 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 LPMHSS and also secondary care through collaborative care models.

- **Primary care services 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. Services will need to address further barriers to accessing support from primary care such as location of services (particularly in rural areas of Wales) and access to services in the Welsh language.

5. How Mind can help

Over 140,000 people in Wales use our online information service with 15,000 receiving support through Local Minds in all parts of Wales. They tell us what is important to help them stay well and recover from mental illness.

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, 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 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.

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

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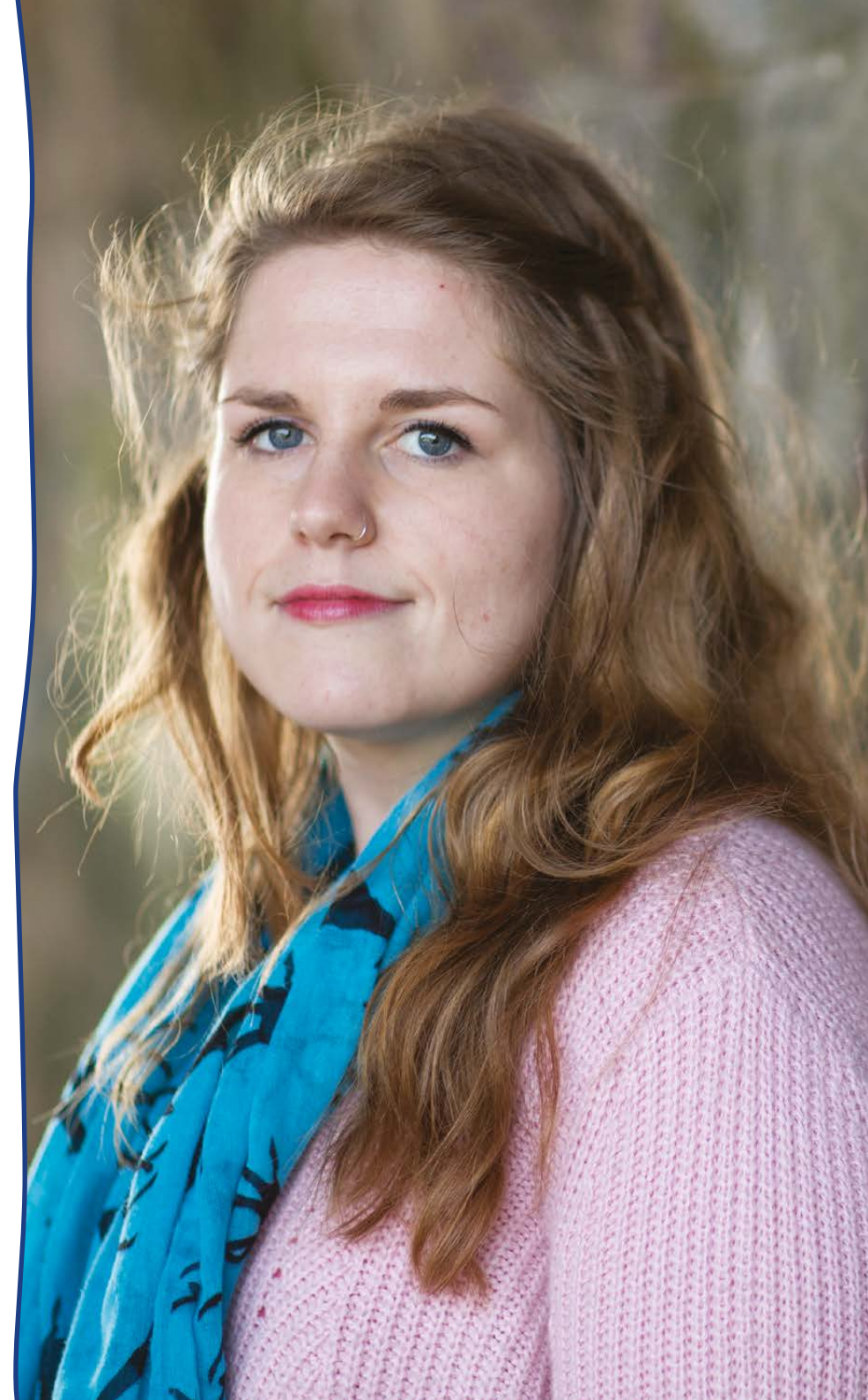
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[11] RCGP (2015). The RCGP Curriculum: Professional & Clinical Modules (Version: 18 May 2015). Available from rcgp.org.uk

[12] 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).

[13] Generalized Anxiety Disorder 7 (GAD7) is a self-reported seven item questionnaire for screening and measuring the severity of Generalized Anxiety Disorder.

[14] Patient Health Questionnaire 9 (PHQ9) is a self-reported nine item questionnaire for screening and measuring the severity of depressive disorders.

[15] Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is a self-reported questionnaire for measuring mental wellbeing.

[16] Gofal (2015). Snapshot 3: People's Experiences of Primary Mental Health Services in Wales. Available from gofal.org.uk/primary-mental-health-services.

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