About Mind
We're Mind, the mental health charity for England and Wales. We believe no one should
have to face a mental health problem alone. We provide advice and support to empower
anyone experiencing a mental health problem. We campaign to improve services, raise
awareness and promote understanding.

Summary
Around one third of all GP appointments involve mental health. However, we know that
too often people don’t receive the level of care they should expect from their GP practice.
There are a number of reasons for this: from system-wide challenges and demand
pressures, to the need for greater awareness and understanding of mental health among
GP practice staff themselves. When people don't get effective care, it can result in a
deterioration in their mental health, leading them to need more intensive care later.

I didn't feel that my GP really cared about what I was sharing with her, which was
upsetting because it was tough to ask for help.

When GPs and practice nurses receive sufficient training, they are able to provide the
best care for their patients. GPs and practices nurses should receive structured and
ongoing mental health training so they can provide high quality care to their patients.
Unfortunately this isn’t happening.

- Less than half (46 per cent) of all trainee GPs in England and Wales chose on-the-job training in mental health before qualifying.
- 82 per cent of practice nurses feel ill-equipped to deal with aspects of mental
  health they’re responsible for and 42 per cent have had no training at all.

Our campaign calls on Health Education England and the Welsh Deanery to ensure every
trainee GP is able to undertake a rotation in a mental health setting. We need your
support to get this issue on the agenda of the Secretary of State for Health and his team
to improve mental health training for all GPs.

How you can help
- **Push mental health up the agenda:** We can provide you Parliamentary Questions
to ask the Secretary of State for Health about how many GPs are trained in
mental health, and what support people in your constituency receive for their
mental health at GP practices.
- **Make sure your constituents are getting the right support:** Call on your local
Clinical Commissioning Group or Local Health Board to ensure contracts reflect
primary mental health need, and that mental health training for staff is a
requirement of their primary care commissioning.
Mental health in primary care today

Find the words: Too often mental health remains unspoken. Good primary care services must recognise the early signs of a mental health problem and support people to stay well and prevent people from reaching crisis point.

But not everyone feels they are fully listened to when they visit their GP practice. Short and hurried appointments, or a misplaced focus on an existing health condition can exacerbate this and means that there is no time to explore someone’s mental health concerns.

The first GP I saw at this practice brought mental health up with me before I brought it up with her. When she left, that experience made me feel so much more comfortable talking to another doctor about my mental health.

Falling between the gaps: With high thresholds for getting specialised mental health support and long waits for IAPT services, many people can feel ‘dumped in primary care’ without the specialised or more intense support they needed.

Overreliance on medication: 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. This is a frustrating situation for both those seeking help and primary care professionals alike.

Lack of access for certain communities: A negative first experience can make it even more difficult when seeking help again. For certain communities, accessing a GP service is even more challenging because of lower levels of GP registrations, and a lack of information on how to access services appropriately. In some BAME communities, higher levels of stigma around mental health problems may prevent people from seeking help. Other groups, for example, homeless people, vulnerable migrants or young men, are simply less likely to be registered with a GP.

Improving mental health training for GP practice staff
GPs are expected to have knowledge that spans the breadth of physical and mental health so that they can respond to the needs of whoever comes through the surgery door. It is no doubt a difficult and demanding role.

However, our research with people with mental health problems shows that while some people receive an excellent and empathetic response from GP practice staff, too many felt that staff lacked sufficient understanding of mental health or of the support that would be helpful to them.

Many people reported that staff didn’t seem to have the time or skills to support them if they were struggling to articulate their mental health problem. An ability to empathise and understand the difficulties faced by someone struggling with their mental health was repeatedly raised as important by people with mental health problems.

I found the GP to be insensitive and impatient. She acted as if I was wasting her time. She offered me help in terms of medication or support. On the way out I picked up a leaflet for a local NHS talking therapy group, I ended up self-referring there instead.
Current training for GPs and practice nurses

Despite approximately a third of GP consultations having a mental health element\(^1\), GPs’ initial academic training for mental health – i.e. training before they are fully qualified to deliver community care – is surprisingly limited.

Just one module out of 21 compulsory clinical modules is dedicated to mental health\(^1\) - ‘Care for people with mental health problems’.

In addition, when trainee GPs have an opportunity to choose a rotation in a hospital setting, their only mental health option is in psychiatry. While a rotation in psychiatry is undoubtedly useful, it is a narrow area of mental health and there are other settings, such as local Improving Access to Psychological Therapies (IAPT) services, which would give GPs insight into the services where a huge number of their patients will receive treatment.

It is a similar picture for practice nurses, who provide care to people with mental health problems through services such as health screening, administering routine medication or taking blood samples.

Yet 82 per cent of practice nurses have responsibilities for aspects of mental health and wellbeing for which they have had no training.

Our research

Mind submitted Freedom of Information requests to Health Education England and the Welsh Deanery to find out the numbers of GP trainees who were gaining practical experience of mental health services between 2013 and 2015. The findings highlight that without any obligation on trainee GPs to have formal mental health training, most GPs enter practice with a very low level of formal training and practical experience of mental health.

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<th>2013</th>
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<tr>
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Ongoing training for existing primary care staff

As well as ensuring that all new GPs and practice nurses are better equipped to support people with mental health problems, we need the existing workforce to be on the same level. Increasing the mental health focus of ongoing development for GPs and practice nurses is therefore just as important.

Currently practising GPs and practice nurses are required by the General Medical Council and Nursing and Midwifery Council respectively to maintain their learning and training portfolio by acquiring a set number of Continued Professional Development credits.

Once qualified, GPs undertake annual appraisals and revalidation every five years, and practice nurses undertake revalidation every three years. Ongoing professional development is one way that the current inadequate pre-qualification training for practice staff can be addressed.

To ensure that all GPs and practice nurses undertake ongoing training in mental health, we recommend:

- The General Medical Council should specify a set proportion of annual Continued Professional Development (CPD) credits for GPs to undertake which have a mental health focus.
- The Nursing and Midwifery Council (NMC) should specify a set number of training hours that practice nurses should spend with a focus on supporting people with mental health problems.
- GP practices should allocate sufficient funding to support protected training time for all staff.
- NHS England, Clinical Commissioning Groups in England and Local Health Boards in Wales should include requirements for staff training on mental health within commissioning agreements for primary care services.

Improving the mental health of primary care staff

We all need to look after our mental health, and that includes GPs, practice nurses and their colleagues. Not only is it important for their own health, but primary care staff being well and being supported means they can provide the best care for their patients.

NHS England, Clinical Commissioning Groups in England and Local Health Boards in Wales should ensure that all primary care staff are able to access effective occupational health services and mental health support

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4 Mind, We Still Need to Talk (2013) [www.mind.org.uk](http://www.mind.org.uk)

If you’d like to talk to us about this briefing, please contact:

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