

We use research and practical projects to help people **survive, recover** from and **prevent** mental health problems. We do this by **learning** what makes and keeps people mentally well, **communicating** our findings to a wide range of people, and turning research into **practical solutions** that make a difference to people's lives, now and in the future.

Mental Health Foundation

Primary Concerns: How can we improve mental health services in primary care ?

Dr Andrew McCulloch, Chief Executive

What is the Mental Health Foundation?

- Independent, charitable, development agency for mental health and learning disabilities in the UK founded in 1949
- 60 staff, £5m a year turnover
- Research, service development, training, information, campaigning, policy
- Visit www.mentalhealth.org.uk

What will I cover?

- The integrative approach to mental health
- Why mental health is important in primary care
- Implications for delivery of primary care
- *Primary Concerns*
- The future agenda

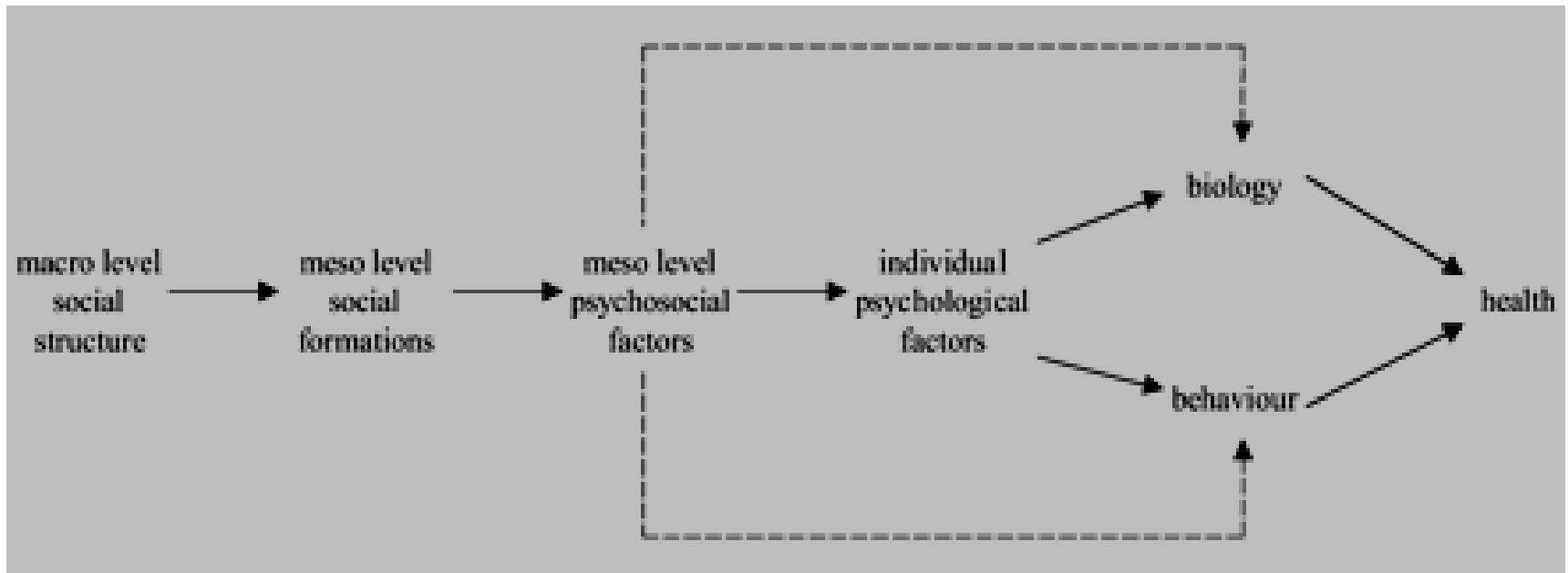


What is mental health?

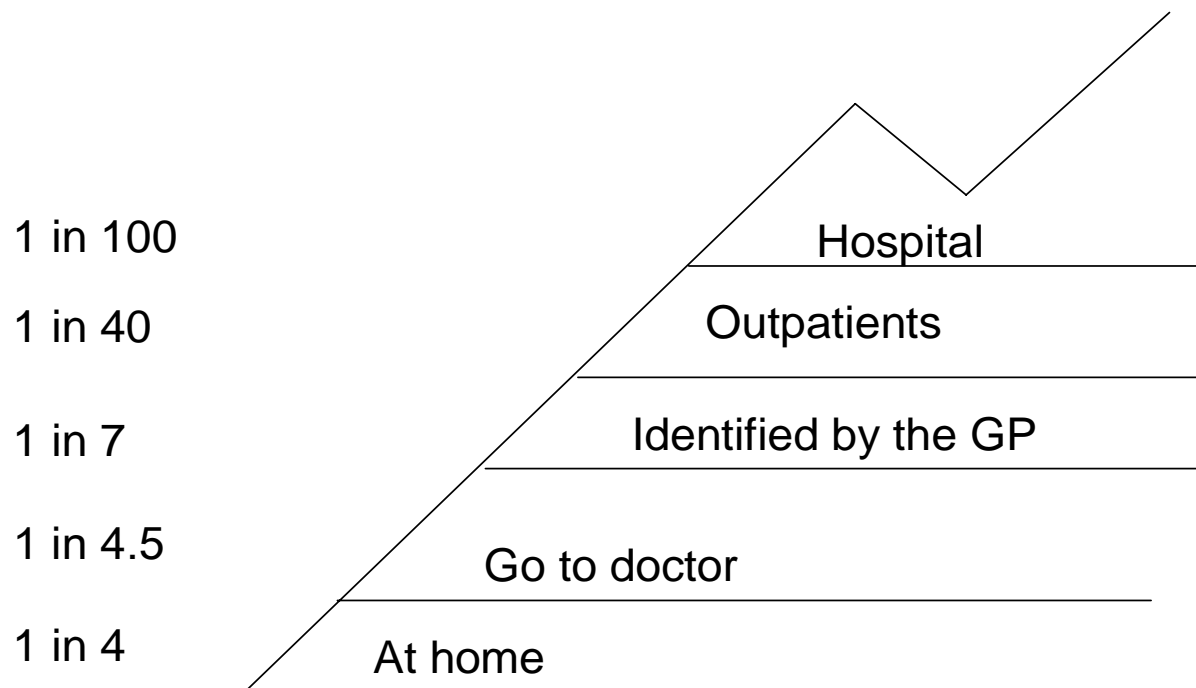
- “Mental health” is a fundamental platform for our existence. It has both hedonic (feelings) and eudonic (functioning) dimensions
- It interacts dynamically with “physical health” via the CNS, endocrine, immune and cardiovascular systems
- It is a prerequisite for normal physical, psychological and social function
- Its origins or its foundations are highly complex

Psychosocial pathways to mental health

(after Martikainen et al)



How many people have mental health problems each year?



What is missing from Goldberg and Huxley

- Must be careful about what we assume about the 1 in 4 i.e. do they all need to be treated?
- Also must consider what to offer them
- Some somatisation/medically unexplained symptoms will be included in the 1 in 4 but not all
- Critical fact is that most people present, it is what happens thereafter
- Overlap with physical ill health is omitted
- It isn't just about filtering the psychiatric morbidity

How does mental illness fit in?

- Mental health is not the absence of mental illness (this is complicated e.g. depression)
- A mental illness can occur in a generally mentally healthy person
- Equally, poor mental health confers high vulnerability to specific mental illnesses
- Most diagnoses are not highly reliable, and many psychiatric symptoms are widely distributed in the general population
- Overlap with physical disorder is heavy

Overlap between mental illness and physical illness

Takes several forms

- Somatisation involves mental distress being expressed physically
- Secondary mental distress following physical ailment
- “Global health conditions” e.g. diabetes+depression CHD+depression and anxiety where neither condition is clearly primary to the other

Why mental health is important to primary care

- At least one third of consultations mental health related
- Another 25-50% have a strong mental health element
- Mental health issues likely to be key to attendance patterns
- 91% of mentally ill people treated wholly in primary care
- Only about 25% of people with mental illness receive an evidence based treatment
- In an American study 60% of people with depression were still unwell after 2 years – this should be more like 30% or less?
- The cost of mh problems to the UK economy was £98bn in 2003/4

Is primary mental health care working?

UK primary care is very good by international standards but primary mental health care does not work as well:

- inadequate training and lack of clarity about competencies
- fairly low patient satisfaction
- inadequate access to evidence based treatment
- poor quality assurance
- GP not necessarily best gatekeeper
- poor definition of care pathways
- poor information systems not linked with 2ndry care
- links with generic services poor

Primary Concerns

A better deal for
mental health in
primary care



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Primary Concerns

Expert group identified six key issues:

1. Practice Based Commissioning

National Tariff, Training

2. Age and mental health

3. Physical health of mentally ill people

4. Workforce

5. Health promotion and community involvement in PBC

6. Choice *Use PMS contract to create flexibility*

7 key questions to be answered

1. Is it realistic for GPs to lead primary mental health care?
2. Should all pmhc be located in GP practices?
3. How can we improve the way we tackle somatisation/unexplained symptoms?
4. How can we improve the way we tackle mental health correlates of physical ill health?
5. How can we improve primary care input into mental health promotion?
6. Is the step up to 2ndry care too steep?
7. How do we stop discrimination?



Some key steps towards solutions

1. Accepting GP's can't do it all
2. Not knocking primary care
3. Training and education
4. Dispersal of some of the responsibilities of primary care
5. An R&D strategy
6. Better use of information technology
7. More responsive and flexible secondary care services
8. Use of generic and voluntary services

Elements of the vision

- Lifestyle assessment and better “differential diagnosis”
- Problem focused solutions
- Use of the evidence base
- Mental health information strategy
- Intermediate care
- Better access to talking therapies
- Primary mental health care located in relevant settings (e.g. schools, 2ndary care, foyers)
- Computerised therapies and assessments
- Use of simple outcome measurement
- Reduction in ineffective or marginally effective treatments



The agenda for change

1. Address organisation and location of care

Training CPNs, graduate workers, psychologists and practice nurses to undertake assessments

Self assessment

Locating workers in a range of settings

Developing intermediate care

Delivering psycho-educational and complementary therapies to tackle somatisation

The agenda for change II

2. Training and education

Requires attention to basic and continuing education across the whole workforce

3. Develop better clinical governance

CPD, outcome measurement, information, peer pressure, product champions

4. Information systems

Single electronic record across 1ry and 2ndry care

The agenda for change III

5. Addressing the whole person

Education to address nature of health

Develop simple lifestyle assessment tools

Integrate health promotion practice and messages

6. Services for young people, older people, people from minorities

Monitor diagnostic thresholds

Fight discrimination

Address setting and style of service

But what do you think?

