A New Partnership between Mental Health Services and Primary Care in Belfast

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Content

- Setting the context
- Opportunities and challenges as drivers for change in AMH services
- The way forward
The Necessity for change...

'Actually, there's nothing wrong with me, but by the time I see the doctor there probably will be.'
Setting the Context for improved Mental Health Services in Primary Care

- Bamford
- Mental health seen as a high priority in political arena
- RPA
- Modernisation agenda...NWW
- Improved access to psychological therapies (IAPT)
- Comprehensive Spending Review (CSR...M.O.R.E)
Bamford

Opportunity:
- Shift from hospital to community
- Primary Care taking a greater lead

Challenge:
- Delivering the vision within limited resources at a time of enormous change
Policies

- M.O.R.E (is less!)
- Psychological Therapies strategy for NI
- RCPsych-RCGP CR151 June 2008 “Psychological Therapies in Psychiatry and Primary Care”.
- Layard / IAPT May 2007
- Talking Treatments Review Feb 2005
- Organising and Delivering Psychological Therapies July 2004 DOH EW
Mental health as a priority

Opportunities
- Expectation of change
- Financial investment??

Challenges
- Waiting Times ...Staffordshire
- Ensuring robust provision
Remember that Care isn’t all Accountancy
RPA:

Opportunity
- Development of seamless, equitable services across Belfast

Challenge:
- 6 Trusts into 1
- Competition with general hospitals
- Diverse legacy arrangements
What do we stop doing?
Modernisation

Opportunity

- Realigning services and resources to develop best practice and avoid duplication...Shaftsbury Square
- NWW to utilise clinical knowledge and skills of trained professionals

Challenge

- Achieving access targets (2,4hrs..9-13/52) vs delivery of best practice......Staffordshire?
IAPT

Opportunity

- Realisation that psychological interventions can work (NNT) and should be accessible

Challenge

- Meeting expectations with minimal investment in already under-resourced services
How is Belfast using the Opportunities to Meet the Challenges?
Scoping of available services and models of delivery

Have Steps 1&2 been completed?

1 point of referral 500/wk STEP3 onwards

GP REFERRER

Unscheduled Care 3800 A&E / daily GP/ court div

Acute Inpt / HTT

Low Intensity eg Voluntary sector/ DES

Addictions Services

Generic PMHCS psychiatry/psychology/nursing/SW Consultation with CBT

Specialist Psychological Therapies Psychology/CBT/IPT/Dynamic/Art/music Med psych/Psysexual/self harm/Trauma

Discharge to Primary Care

RECOVERY SERVICES generic/spec psychiatry/psychology/nursing/SW/OT
Adopting the Stepped Care Model

1. Recognition/Assessment (Advice, support, watchful waiting)
2. Management of Mild Disorders with low intensity treatments (cCBT, psychoeducation, exercise, meds)
3. Management of Moderate Disorders with circumscribed therapies eg CBT, IPT etc +/- meds
4. Treatment of severe/complex disorders using highly specialised therapies and integrated approaches
5. Treatment of severe/complex disorders eg requiring inpatient treatment and ongoing specialist interventions
Stepped Care

Step 1: Recognition and Assessment
- Education and Advice

Step 2: Treatment for Mild Disorders
- Eg Cognitive and Interpersonal Therapies for Depression

Step 3: Treatment for Moderate Disorder
- Self Directed & problem solving interventions

Step 4: Treatment for Severe Disorders
- Traditional 1ry /2ndry Care Divide

Step 5: Complex Disorders
- e.g. Treatment for Personality Disorders
Establishing a single point of referral to ensure right service/step at right time

Before
- Scattergun referrals from GPs
- Fragmented legacy services
- Waiting times of up to 2 years

Currently
- \( \leq 500 \) Referrals per week from GPs
- Triage and assessment
- Waiting times of under 13 weeks
- Better integration
Modernisation and NWW

- Development of specialist teams and integration of professionals & services
- Using Consultant Psychiatrists and all skilled professionals appropriately
- Streamlining provision of Acute Services and improving provision in the community
- Involving Service users and carers
The way forward

- Better integration with voluntary sector provision
- Supporting mental health service provision at low intensity Steps 1 and 2
- Applying all NICE guidance
- Engaging with commissioners about models of service provision
- Building on partnerships with users and carers
- Your views....
Please accept that we are not infallible

“There are some things they don’t teach you in medical school. I think you’ve got one of those things.”