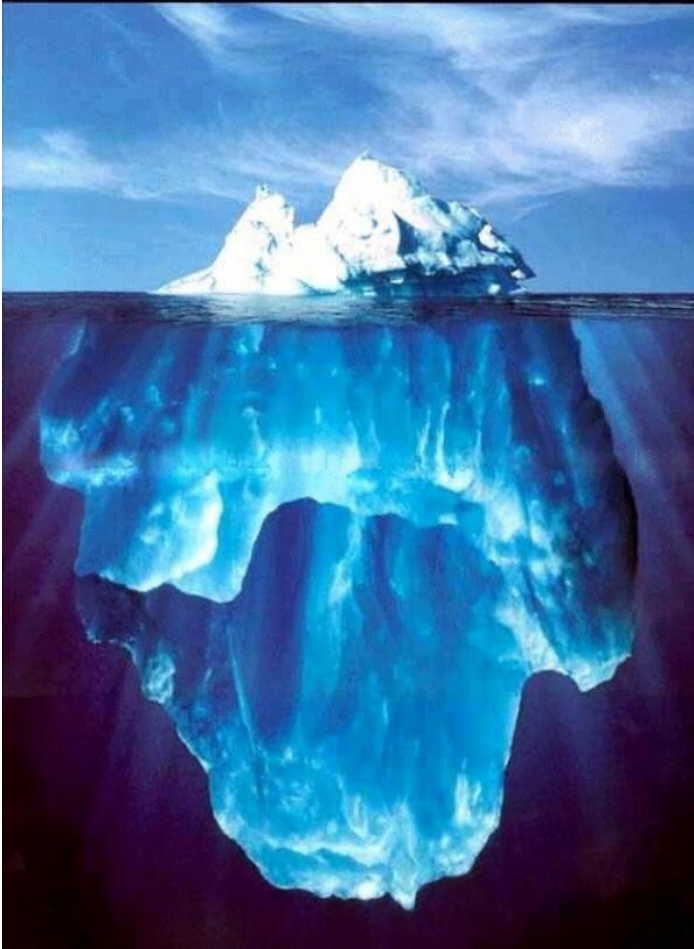


RCGP and Mental Health

Dr Clare Gerada

Vice Chair RCGP

Iceberg of Pain



“...like the proverbial iceberg, the greater mass of human pain is hidden below the diagnostic waterline. Countless lives are chronically blighted by experiences, ungraced by formal psychiatric labels, such as sadness; worry; unfairness; hostility; loneliness; frustration; guilt; disappointment; low self esteem; problem drinking; and antisocial behaviour.

.....Does such a catalogue of anguish fall within the remit of primary care? Yes of course it does”

Roger Neighbour
President RCGP
November 2005

We cannot walk alone

Collaboration with RCPsych

1956

- College affiliation to National Association of Mental Health

1971

- Joint working party on mental health

1983

- Joint working party (medical effects of unemployment)

1991

- Consensus statement on diagnosis and recognition of depression

1993

- Joint statement on shared care

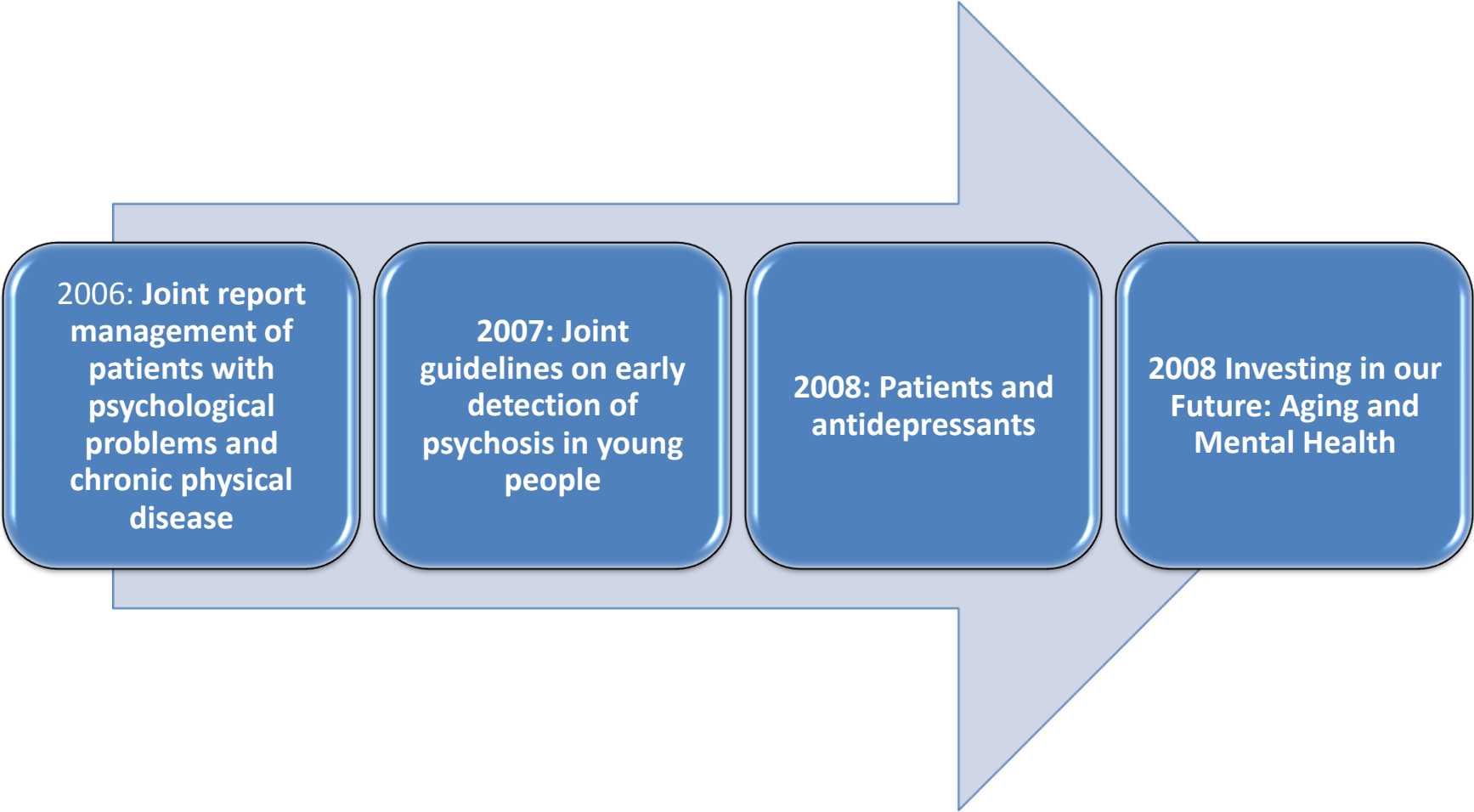
1994

- Formation of Mental Health Task Force

1999

- Joint statement on psychiatric aspects of palliative care

And more recently



**2006: Joint report
management of
patients with
psychological
problems and
chronic physical
disease**

**2007: Joint
guidelines on early
detection of
psychosis in young
people**

**2008: Patients and
antidepressants**

**2008 Investing in our
Future: Aging and
Mental Health**

Primary Care Mental Health Forum RCGP & RCPsych (2009)



Guide and promote good practice across specialist and generalist services



Act as an expert resource



Build and support collaboration between organisations



Influence national policy



Collaborate with service users



Influence and support research

RCGP Position Statement (2008)



Mental Health needs to be a priority.



Joint working



Improvement in care pathway

At Organisational level

Local collaboration

- Integration of mental health care
- initiatives to combat unemployment
- Joint working with third sector
- Working with local education
Joint working with nursing homes
- Shared care between primary/community services

The Future Direction of General Practice

Published 2007



Federations

- Groups of practices working together
- Sharing resources
- Sharing expertise
- Sharing services

Federations of Practices

- Offers potential for innovation and sharing best practice.
- Builds on the strengths of traditional general practice
- Rooted in communities, yet allows a more co-operative system that can commission and host a wider range and choice of services
- Allows integrated care closer to home

Examples

- **Shared Care Substance Misuse Service**
 - Integrated specialist nurse/general practice service supporting 1000 drug users in treatment across 40 GP practices
- **Integrated Mental Health Teams**
 - Group of psychological therapists and general practitioners working across 13 practices
- **Practitioner Health Programme**
 - GP led specialist psychiatric service for sick doctors and dentists

So finally

- Working together is better for patients
- Working together is better for clinicians
- Working together reduces risk and improves VFM