RCGP and Mental Health

Dr Clare Gerada
Vice Chair RCGP
“....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
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
- 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