



Royal College of
General Practitioners

RESPONSE TO MENTAL HEALTH STRATEGY

The Royal College of General Practitioners (RCGP) is the academic organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the 'voice' of general practitioners on education, training and issues around standards of care for patients.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College's interests within the Scottish Health Service. We currently represent over 4600 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

The Scottish Government places a high emphasis on mental health, and RCGP Scotland is grateful for the opportunity to help shape the future of mental health services in the form of this consultation, which outlines the current strategy for 2011 - 2015.

In order to gain the views of our membership, the consultation with corresponding outcomes and questions, was sent out to members of the RCGP Scottish Council, P³ (RCGP Scotland's patient group), and faculty administrators for wider distribution across the country. A collation of their responses is outlined below:

General Practice and Primary Care dealing with Mental Health

RCGP Scotland generally agrees with the direction of the mental health strategy, but feel little acknowledgment has been given to the significant work on mental health issues that is being already carried out in primary care, and how to specifically build on that work for the benefit of patients.

We would ask the questions: "*Where is general practice in the nation's mental health strategy 2011-15?*" And "*What is its role?*"

Providing care for people with mental health problems is an important part of the work of a general practitioner, and around 30% of people who consult with their GP have a mental health component to their presenting problem. Nearly all people with mental health problems receive their entire care within a community setting, and only approximately 10% are referred on to specialist mental health services. It is interesting to note, for instance, on page 18 that the prescribing of new anti-depressants in Scotland is generally in line with clinical guidelines suggesting general practitioners know when to prescribe for their patients. The resource given to primary care is small in relation to the extent of the workload -approximately 10% of the total expenditure spent

on primary care'. The contribution made by general practitioners and their teams to mental health care is therefore considerable. The implementation of any national health strategy should involve general practice, and ensure that work carried out in primary care is supported and well resourced to achieve the best outcomes possible for patients.

The mental health strategy does not appear to give recognition to the work already being carried out in primary care. The overall strategy for mental health in Scotland should therefore focus its objectives around primary and community care wherever possible. General practitioners are very often at the front line for people with mental health problems, from conditions that range from mild, but distressing to very severe. Support to maintain and enhance this care is essential if it is to have successful outcomes.

In order to do this effectively, outcome 5 (to improve access to evidence based care and treatment) is clearly important. It would be helpful to primary care to have access to relevant information in order to clearly signpost patients to the most appropriate treatment and therapy that is available to them. It is often not clear to GPs what assistance can be offered to patients - particularly self help groups run by organisations other than the NHS. Collating all the sources of help in each health board area - and keeping an up to date database of resources that might help patients with their problems - would be very useful to give general practices. This is currently being addressed in the ALISS/LINKS project to support self-management that RCGP Scotland is undertaking jointly with the Long Term Conditions Alliance

We support the need for further development of services and information for helping with self management, but these need to be easy to understand and readily available.

In outcome 3 - further development of self-help therapies - would be useful, but these need to be well publicized to the public and easily accessed. General practitioners would also benefit from regular, updated information on these services so that they might signpost patients to them effectively if that was appropriate.

Increasing the availability of psychological therapies should continue to be a priority for the Scottish Government. The 18 week target for this should be pursued. Nevertheless, 2014 does seem a long time for achieving it. Accessing psychological therapies continues to be a problem in many parts of the country. RCGP Scotland also believes that increased access to low-intensity therapies - such as counseling - would be beneficial to patients. Provision of counseling continues to be patchy across the country as many patients do not have access to this service or have to pay for it privately. Introducing appropriate training in brief psychological therapies to members of the primary health care team could be of value as an alternative to medication.

¹ ALISS (Access to Local Information to Support Self Management) and Links Project

The ALISS and Links Projects have both produced important findings and recommendations which will be developed in this new project. The aim is to produce evidence that approaches and recommendations which have emerged are operationally sustainable for practices and emerging Health and Social Care Partnerships, previously known as Community Health Partnerships.

This will be achieved by working in 4 sites across Scotland. A collaboration with one GP practice, and a Health and Social Care Partnership in four Health Boards.

Members felt that "*challenging assumptions that the GP is the first place that people go to look for support for depression or anxiety*" (page 26) is not a helpful statement. After self-care, general practice is where many individuals would seek support for these conditions.

We fully back the approach that there should be a variety of ways of dealing with a mental health problem, yet general practice still remains the main point of access for most people with mental health issues. It is readily available to them and is an obvious choice. We believe that patients be allowed to choose for themselves which is most the appropriate way of getting the help they need.

Deprivation

While many particular groups are singled out for attention in the strategy, little consideration is given to the needs of patients living in areas of deprivation. Poverty and deprivation are powerful contributors to many mental health problems and people from the most deprived areas of Scotland have the highest proportion of issues with their mental health. RCGP Scotland's recent work has shown that practices in the most deprived areas should have an attached mental health worker, which would bring benefit to patients living in these areas². Recent work, funded by the Chief Scientist Office, soon to be published in the Lancet by Mercer and Guthrie show very clearly that mental health problems are strongly associated with the number of physical conditions that people have; this is very marked in deprived areas of Scotland.

Services should be able to adapt to the demand for certain interventions and be targeted where there is greatest need. Focusing resource on the mental health needs of patients in areas of deprivation is an area that deserves more attention.

RCGP Scotland, therefore, supports the continued development of the "*availability of information and advice, and easily accessible low-intensity treatments which can meet the needs of people who are experiencing psychological distress or low mood, but have less complex difficulties.*" (page 5).

However, we would suggest that this should be focused around general practices and primary care.

Training and professional development

Given that a significant amount of mental health services are provided by general practice and primary care teams, it is essential that adequate training is provided; not only as part of continuous professional development (CPD) but also during specialty training programmes. This is of particular significance if outcome 4 is to be achieved and people seeking help are to be dealt with effectively. RCGP has recommended that training for GPs should be increased to five years, thus reflecting their increasingly complex role and ensure that all patients continue to receive high quality care. While GP training is more generalist to reflect their role, extra time in training could be focused on disciplines such as mental health, which is an important aspect of their work. At

² TIME TO CARE: *Health Inequalities, Deprivation and General Practice in Scotland*; RCGP (Scotland) Health Inequalities Short Life Working Group Report; April 2011

present, 90% of patients with mental health problems are cared for exclusively in primary care. It seems appropriate, therefore, that GPs in training have the opportunity to extend the current length and content of their programmes to include further training in areas such as mental health. This might involve more GP specialty registrars undertaking a post in psychiatry during their training. GPs need to continue to have a good working knowledge of mental health issues to aid them in directing patients to the most appropriate therapy.

RCGP will be submitting a case in March to Medical Education England (MEE) to support enhanced training for GPs which includes a clear focus on this element of training.

RCGP Scotland would also support the work being carried out by NES through the practice Knowledge Network to help develop the role of practice nurses in general practice. Practice Nurses and Nurse Practitioners are often the first point of contact for patients in general practice, and an ability to help with mental health problems, when presented with them, would be advantageous.

Prevention

RCGP Scotland agrees that the foundation to the promotion of good mental health is that people have an understanding of their own mental welfare, and prevent themselves from becoming unwell. The promotion of mental health is therefore important. Consequentially, we would like to see the continuation of all the beneficial programmes developed by the government in recent years that have made an impact on the public; programmes such as the *Breathing Space* initiative and the *See Me* campaign. The development of other campaigns following on from *Suicide. Don't hide it. Talk about it* would also be valuable.

We support a continued strategy to raise awareness and fight stigma on mental health problems.

Health and well-being is one of the eight areas of the new "Curriculum for Excellence" in Scottish Schools. Developing educational materials on mental health for use in schools at both primary and secondary level in keeping with the aims of this programme should promote an understanding in children of how to protect their mental health. They ought to be encouraged to seek help as early as possible should they become unwell.

While we welcome the planned roll out of parenting interventions for parents and carers of 3-4 year olds with disruptive behaviours, perhaps more resource should be allocated to health visitors, or other trained child care workers, to establish parenting programmes at an earlier stage aiming to prevent the development of behavioural problems.

When considering the mental health of children and young people, the focus should be on:

- incorporating mental health from pre-school level onwards;
- early intervention programmes for parents; and
- health visitors trained in mental health who can help to recognise problems at an early stage.

Physical Activity has been shown to have a positive impact on the management of depression and other conditions affecting mental health. RCGP Scotland believes that there may be value in considering and incorporating physical activity initiatives within the mental health strategy.

RCGP Scotland commends the commitment to deliver the actions agreed in the government's report on self harm and the aim to reduce suicide rates. This emphasis on preventing suicide is welcome and needs to continue beyond 2014.

Extending the provision of suicide prevention training out with the NHS would also be beneficial. Rapid access to effective early intervention for people who self harm is essential, especially to follow-on services in psychiatry.

The pathway for care should be straightforward, without obstacle and effective.

National Dementia Strategy

The mental health strategy document sets out two key areas for change:

1. Providing excellent support and information to people with dementia and their carers after their diagnosis.
2. Improving the response to dementia in general hospital settings, through alternatives to admission and better planning for discharge.

The first area sits well with intended outcomes 4 and 7, and RCGP welcomes the acknowledgement of the needs of carers and notes that the recent work of its patient advisory group - P³ - on identifying and supporting carers (especially young carers) is mentioned on page 24.

A link to the RCGP Scotland Carer's Resource is provided: http://www.rcgp.org.uk/college_locations/rcgp_scotland/about_us/patients_p3/carers_resource.aspx

In relation to dementia, carers need to be provided with up to date information of how this illness affects patients. As the illness progresses, carers need to be able to understand what is happening to patients and how they can deal with their patient's health issues and care problems. To do this, they need support that is readily available to them. This should be a priority in this mental health strategy.

The second key area for change will need a lot of extra resource behind it if it is to succeed. The recent announcement on the integration of health and social care through the further development of CHPs will require additional support for these organisations if the implementation of this strategic aim is to be completed. In effect, this will mean that the majority of patients with dementia will remain in the community with the burden of care falling upon their families and the primary care teams that support them. Care managers may already at times struggle to provide patients with the most appropriate

care owing to limited resources and lack of intermediate care beds, respite care beds or residential care opportunities. This can result in patients with dementia, and other health issues, ending up in hospital as more appropriate care is not available to them. If the strategic aim is to prevent this happening, and to provide appropriate care in the community, then care managers will require substantial resources to realistically meet this objective. Consideration may also need to be given to the development of intermediate care beds in urban areas along the lines that already exist in the community hospital network. It will be imperative, as stated in outcome 11, that all health and social services staff involved in delivering care to people with dementia are trained to a sufficient standard to undertake their duties effectively, and are willing to take responsibility for the day to day care of these patients.

Care of children

In outcome 2, where action is focused on responding quickly and to improving short and long term outcomes for children with mental health problems, we feel that delivering access to specialist Child and Adolescent Mental Health Services (CAMHS) within 26 weeks by March 2013 is too long a waiting time. One member stated that "access to CAMHS is important but it comes too late for many families."

Most other HEAT targets state a maximum waiting time of 18 weeks – not 26 weeks. Therefore, we would like to see resource placed to further reduce waiting time for access to CAMHS.

We agree with all the other aims expressed around improving access to specialist CAMHS as the provision of this service is patchy across Scotland.

Other important areas in the care of mental health to be considered in the mental health strategy

Child Abuse

Childhood abuse is often the underlying cause of mental health problems. RCGP Scotland believes that the mental health strategy should consider incorporating and supporting the National Strategy for Survivors of Childhood Sexual Abuse.

Alcohol Misuse

Rapid access for follow-on services for people with significant alcohol problems should be considered. In light of new guidance, this is especially true for access to alcohol detoxification services - both inpatient and community based. Alcohol misuse is a major problem in Scotland and impacts significantly on the mental health of many people, including the families of those affected. There have been several policies over the years for reducing alcohol misuse in Scotland but little evidence of these having been implemented effectively.

RCGP Scotland suggests a review of this important area of mental health, and action to be taken to be included in the mental health strategy. This seems timely in light of the

current proposed legislation on minimum pricing of alcohol.

Learning Disabilities

It is important to initiate proposals to improve the mental health of children and young people with learning disabilities and to provide support to their parents and carers. We therefore welcome the statement in outcome 10 that Learning Disability CAMHS Network Scotland has developed a way forward for this, and how gaps in service provision across Scotland for Children with learning disabilities might be improved.

Most adults with learning disabilities live in the community, rather than residential care, and are largely cared for by primary care. It is important to ensure that both adults and children have ease of access to specialist psychiatric services as needed. The transition from child to adult mental health services for these patients should be carefully managed with good communication at all times.

Conclusion

RCGP Scotland supports the aims and objectives of this document while highlighting notable and critical points as outlined above, particularly the central role that general practice and primary care should play in any national mental health strategy.

We agree with outcome 13 that this agenda will require leadership, expertise and investment.

RCGP Scotland in association with NES is currently developing a Leadership initiative for GPs, practice managers and nurses, and we believe the potential for GPs and other primary care professionals to play a leadership role on the development of improving mental health in Scotland could be significant.