



Resource Pack

**Promoting mental health, cultivating social inclusion
and managing mental health problems in primary care**

**A guide to developing integrated services
in line with the national service frameworks for mental health**

*Rivers have what man most respects
and longs for in his own life and thought
- a capacity for renewal and
replenishment, continual energy, creativity, cleansing*

John M. Kauffmann, EPA Journal.

Background



Background to previous Toolkits development

The impetus for writing this resource followed the success of Primhe's first toolkit (based on Standard Two of the National Service Framework for Mental Health), which I compiled with the help of Jo Paton and a wide range of primary care professionals and managers. But the development of both resources goes back more than 12 years to a Department of Health funded research project designed to improve the detection and management of depression in general practice.

I was appointed facilitator to the project and started on a path of learning which is still going on. As a former health visitor and an experienced facilitator rather than a mental health nurse, I believe I was able to bring fresh eyes to issues of mental health in primary care, but I was also privileged to work with some of the leading psychiatrists, GPs and nurses in the field, many of whom have since become valued friends.

Writing toolkits and handy guides became something of a habit. The first Primary Mental Health Care Toolkit, published by the Department of Health and the Royal College of General Practitioners in 1997 is, I believe, still in use in some parts of the country. Later, working with Dr (now Professor) Tylee at St Georges Hospital Medical School and then at the Institute of Psychiatry, in collaboration with Elaine Fullard at the National Primary Care Facilitation Programme in Oxford, we brought the work to a wider national audience. During this time, Professor Tylee and I, together with the late Dr Ray King from Bath, designed and piloted a training course for pairs of professionals, usually a GP and one from another discipline, to enable them to act as champions for primary care mental health in their own practices or localities. This learner-centred method, previously called 'Teach the Teachers' is now available in different areas of the country, sometimes known as 'Trailblazers' courses'. More recently I ran the Depression Care Training Centre at University College, Northampton, and the second of my two books is being translated into Italian!

My present role as a non-executive director of a primary care trust will, I hope, ensure that whilst the suggested actions might be challenging, they are also possible. I believe that mental health remains one of the major issues facing primary care teams and organisations, not just the mental health of patients, but of staff as well. I also firmly believe that mental health care is an integral part of health care in general. It is not an optional extra.

Elizabeth Armstrong, *Non-executive Director, Northampton Primary Care Trust June 2003.*

What's so special about primary care mental health?

Primary care is "where the people are".

<http://www.doh.gov.uk/ipu/stbop/>

The majority of people in distress present in primary care. It turns out <http://www.douglasadams.com/> that well integrated and best-fit primary care services result in better adherence to treatment regimes, leading, in turn to better treatment outcomes (Blount 1998).

"People present with needs and predicaments, before they are medicalised or diagnosed" (Beales - personal communication 2003). There is a very real tension in primary care between the traditional sticks of under diagnosis and overmedicalisation and the carrot of getting it right. It is quite clear that much time and effort are wasted, and much pain and distress prolonged, by not getting it as right as possible first time round. People are forced, at conscious or subconscious levels to become 'ingenious' in the presentation of their distress in their desperation to catch the attention of increasingly overworked, stressed and pre-occupied professionals. It is equally true that the overmedicalisation of appropriate human emotions and stages of life, coupled to an indecent haste to diagnose are a frequent cause of much of the failure of people to engage with their predicament and adhere to treatments and interventions offered.

<http://www.medicines-partnership.org/>

http://www.mentalhealthstrategies.co.uk/pdf_files/primary_caremhguide.pdf

If there is a finite limit to the size of a neutron star <http://hubblesite.org/newscenter/archive/2000/35/> then there must be a limit to what any professional can achieve in seven minutes and expect to feel satisfied that they have done a good job <http://bmj.com/cgi/content/full/315/7099/34>. Once again, the importance of life-long learning and personal development, staff plaudit and supportive management reassert themselves as critical components for the mental health and wellbeing of the workforce (Wainwright D, Calnan C 2002), <http://bmj.com/cgi/reprint/326/7391/670.pdf>. It is no accident that integrated and joined-up care develops a culture in which PHCTs are happy to work and patients are satisfied to be seen (Blount, 1998)

If the only function of PCOs continues to be the baling out of acute sector care, then there will have been no shift in the balance of power. Our traditional model results in some 40-60% of patients on any one day in the UK being told that current methods and technologies can find "nothing wrong with them" (Wessely, 2003 <http://bmj.com/cgi/content/full/326/7389/595?> and personal communication 2002). If we continue to espouse this model then it will simply iterate the pointlessness of such an endless roundelay of futility and will burn out systems and people, as both providers and users of services become increasingly frustrated and distraught. Yes, there may be a price to pay up front for scuppering this leaky old tub, but it is sinking fast.

Much of the health care agenda transcends NHS and DoH remits. The CD-ROM content clearly demonstrates how joined-up thinking and working at all levels is now placing health where it should be - way 'upstream' and as part of the overall biosychopsychosocial contexts (or 'ecologies') in which we all live. Primary care has, after all, been described as a "swamp" (Donald Schon)

The message of the film Groundhog Day, <http://www.groundhog.org/> <http://www.adum.com/hog/groundhog.html> is that the pain will go on until we do change the way we work for the better and the best.

"If we are all agreed on something, then only one of us needs to go to the meeting". Practice Nurse. TARGET Doncaster meeting. February 2000. The people we need to work with may not just be the 'official' ones? We also need to work out how best to spend our time. Meetings should have clear defined objectives at the outset, otherwise you may find yourself "taking minutes and wasting hours." (Harold Wilson, 1966 - personal communication).

"Don't just do something, sit there". Consultant psychiatrist. "Does the Mind Matter" meeting. January 1999.

"Never wrestle a pig, you both get dirty and the pig enjoys it". This applies to both people and issues. Through no fault of our own we can all fall into the habit of "following the lines of least resistance". However, those of us who believe in the vital importance of these issues do need to hold our ground. Fact: there is no such thing as 'ring-fenced' or 'earmarked' money - if you want the service, you've just got to get in the sty and fight for it.

We do now have the opportunities, and incentives to work in a more integrated way.

There are National Service Frameworks (NSFs) for mental health: <http://www.nimhe.org.uk/archivepolicy/nsf.asp#1>

<http://www.wales.nhs.uk/sites/documents/334/adult-mental-nsf-e.pdf>

<http://www.show.scot.nhs.uk/publicationsindex.htm>

and other NSFs pertaining to mental health in children and the elderly:

<http://www.doh.gov.uk/nsf/children/externalwgmmental.htm>

<http://www.doh.gov.uk/nsf/olderpeople/index.htm>

and an NSF in preparation for long-term medical conditions:

<http://www.doh.gov.uk/nsf/longterm.htm>

There is now a National Institute for Mental Health in England (NIMHE): <http://www.nimhe.org.uk/> committed to research, education, training and development programmes (including a dedicated one for primary care), placing the person using services at the heart of its work, which is itself also moving towards taking up four-nation (UK) and international connections.

There is policy for, and investment in, key new graduate, Gateway, Support-Time-Recovery (STR) workers and GPs with a Special Interest (GpWS) :

<http://www.doh.gov.uk/mentalhealth/fast-forward.pdf>
<http://www.doh.gov.uk/mentalhealth/fastforwardguidancejan03.pdf>
<http://www.doh.gov.uk/mentalhealth/mentalhealthstrguide.pdf>
<http://www.doh.gov.uk/pricare/gp-specialinterests/mentalhealth.pdf>

There are major strategies, policies, levers and drivers to ensure that mental illness and mental health no longer fall off every decision table in the land:

<http://www.doh.gov.uk/mentalhealth/atozpubs.htm>
<http://www.doh.gov.uk/mentalhealth/watmainreport.pdf>
http://www.chi.nhs.uk/eng/cgr/mental_health/emerging_themes.pdf

There are initiatives to establish the core competencies required of mental health professional workers to deliver good work and best practice:

<http://www.scmh.org.uk/8025695100388752/vWeb/wpASTN4XLCX8?opendocument>
http://www.skillsforhealth.org.uk/projects/mental_health.asp

There are increasingly vibrant and enthused networks and communities of people and organisations committed to “holding the line” on mental health issues:

<http://www.primhe.org/>
<http://www.rcgp.org.uk/rcgp/faculties/welshcou/review.asp>;
<http://www.westend-health.co.uk/>
<http://bagheera.ncl.ac.uk/PCMH/>

There are national, regional and local initiatives to beat down the stigma and discrimination associated with mental illness;

<http://www.rcpsych.ac.uk/campaigns/cminds/>
<http://www.mentality.org.uk/>
<http://www.mindout.net/>
info@seemescotland.org

There are mental health promoting programmes and initiatives to enable healthier workplaces and raise the profile, and understanding of, the importance of work-life balance and quality of life :

<http://wlp.uk.com>
<http://www.doh.gov.uk/iwl/>

and

http://www.natpact.nhs.uk/news/index.php?article_request=427
<http://www.hse.gov.uk/press/2002/e02127.htm>
<http://www.hda-online.org.uk/html/improving/workplacehealth.html>
<http://www.hpw.wales.gov.uk/English/topics/workplace/index.htm>
<http://www.show.scot.nhs.uk/sehd/mentalwellbeing>
<http://www.scotland.gov.uk/library5/health>

<http://www.healthpromotionagency.org.uk/Work/Mentalhealth/menu.htm>

There is an NHS Information Authority charged with delivering joined-up health and social care electronic records:

<http://www.nhsia.nhs.uk/def/home.asp>

There are papers, policies and initiatives highlighting the need for social inclusion, the importance of social capital and the needs of Black and Minority Ethnic groups:

<http://www.nimhe.org.uk/whatsapp/news.asp>
http://www.nimhe.org.uk/downloads/inside_outside.pdf
<http://www.mentality.org.uk/services/promotion/ethnic.htm>
<http://www.socialexclusionunit.gov.uk/>
<http://poverty.worldbank.org/library/topic/4294/>

It is official policy now to have Patient and Public Involvement, Expert Patients (by dint of personal experience) and Self-Management Programmes. Involvement and participation are no longer a soft fluffy ‘Tupperware-party’ option:

<http://www.doh.gov.uk/pub/docs/doh/ppinvolvement.pdf>
<http://www.doh.gov.uk/cmo/progress/expertpatient/>
<http://www.lmca.demon.co.uk/docs/expert.htm>
<http://www.ambervalley-pct.nhs.uk/PALS/default.asp>

NICE Guidelines increasingly emphasize the importance of a whole-systems approach, not just a medical one, and official documents do talk increasingly about ‘pathways’, ‘journeys’, and ‘recovery’:

<http://www.nice.org.uk/cat.asp?c=42424>

Engaging with mental health and mental illness are in the proposed GMS GP contract; many are delivering joined-up solutions under PMS and there are significant points and prizes for working in a wholistic way:

<http://www.nhsconfed.org/gmscontract/docs/contract.pdf> and people, techniques and methods for ‘turning people round’ based on far more up-to-date understandings and comprehension of the ways we are wired:

©Drs Walton and Hadfield; ‘Empathometrics.doc’

<http://freespace.virgin.net/nick.child/wsamacdsft.htm>

Indeed, there is so much going on that it can be difficult and daunting to know where to start.

So, what is this resource pack all about then?

Well, it is not a quick fix - indeed it will never be finished, but the writing has to stop sometime! It is a working document and you can make it yours.

It is intended that, overall, it will give you a good feeling about mental health work. Importantly, you are not alone. We can all key into each other, and share good work and best practice; by drawing on each other’s enthusiasm we remain nurtured and nourished.

http://www.nimhe.org.uk/priorities/downloads/Allcock_Final_Report.doc
<http://www.nimhe.org.uk/archivepolicy/docs/1CaseForChange.pdf>

This principle of “People first and foremost” is good for everyone’s mental health, since it takes us on to a higher plane, beyond that of being merely users and/or providers. Indeed, many of us have, or will, ourselves be service users as well as providers.

So, get to it, use this resource pack as a fork to engage with the plate of spaghetti, stick it in and start. If you already have, then keep twirling and let us know how it’s going. Please remember, through it all, “your brain is not just for Christmas.” Look after it and those you love.