

Primary Care Mental Health – The Sandwell Approach

Dr Ian Walton

Clinical Lead for the Sandwell
Primary Mental Health Hub

mentalhealthdiploma@gmail.com

Dr Ian Walton

Declarations of Interest

- Director of Walton Hill Ltd and Top of the World Training, companies running an advanced Diploma in Primary Care Mental Health and other mental health education and consultancy
- Mental Health Clinical Lead for the Sandwell Primary Care Hub and Esteem Team

Why are you here?



The issues

- Increasing number of patients with mental health issues
- Stigma and Attitude
- The mental health divide
 - – primary care OR secondary care OR social care OR public health OR criminal justice OR ...?
- Poorly educated and poorly supported primary care workforce

Increasing number of patients with mental health issues – why are we failing so many?

- Failing system or failing society?
- Lack of early intervention
- Focus on specialism
- Lynn Friedli – resilience (WHO report 2009)
- Low Aspirations
 - Patients
 - Clinicians
 - Statutory sector

What works ?

Guidance for commissioners of
**primary mental
health care services**

Volume Two: Practical mental health commissioning	

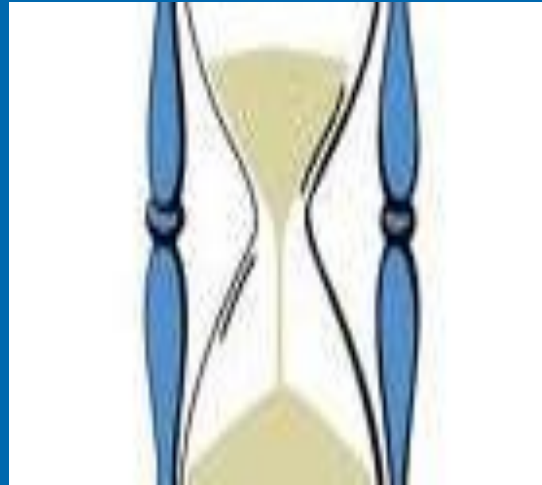


Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it”

Primary Care

- Open to all
- Deals with 97% of mental health problems with 3-5% of the mental health resource

OR

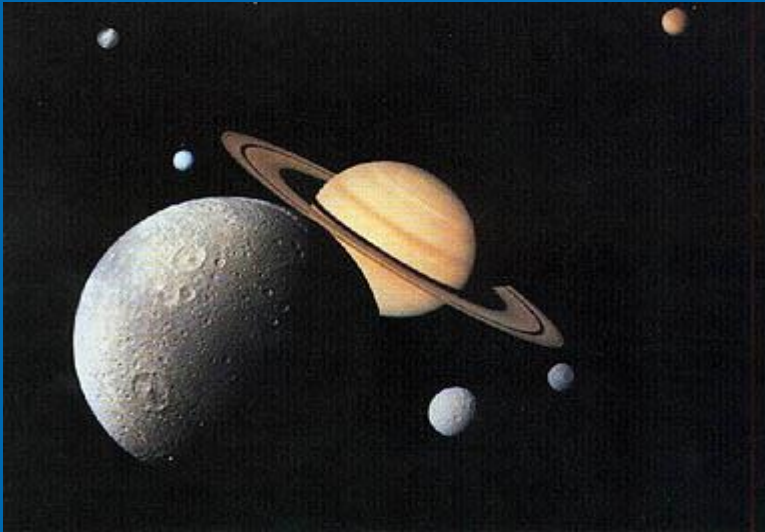


Secondary Care

- We will see you if you fit our criteria but there may be a wait
- Deals with 3% of mental health problems with 97% of the resource



Different Planets?



Primary Care


- Common Mental Health Disorders
- Biopsychosocial Approach
- Pragmatic
- In the community
- Small Business

Secondary Care

- Psychosis/ Patients with risk
- Medical/disease approach
- Scientific
- In the hospital
- Big Business

The causes of mental health problems in primary care?

KEY DETERMINANTS ARE SOCIO- ECONOMIC

- Worklessness
 - How we are treated at work
 - Debt
 - Poverty – Its not psychological or social but how people try to manage when in poverty
 - Inadequate housing
 - Being an immigrant
- 

The Gaps in primary care services



- Frequent attendees
- Complex needs
- Medically Unexplained Symptoms
- Prevention and early detection
- Those not meeting 'psychiatry' criteria – sub threshold
- Emotional distressed
- Socially Excluded
- Homeless
- Diverse needs
- In any year 46% of patients on GP registers are not seen by primary or secondary care
- Not mentally ill but emotionally distressed eg Sadness , grief, loneliness– **crisis v crysis**

Services do not fit the patient

➤ How do we develop
an effective Primary
Care Service in
Mental Health?

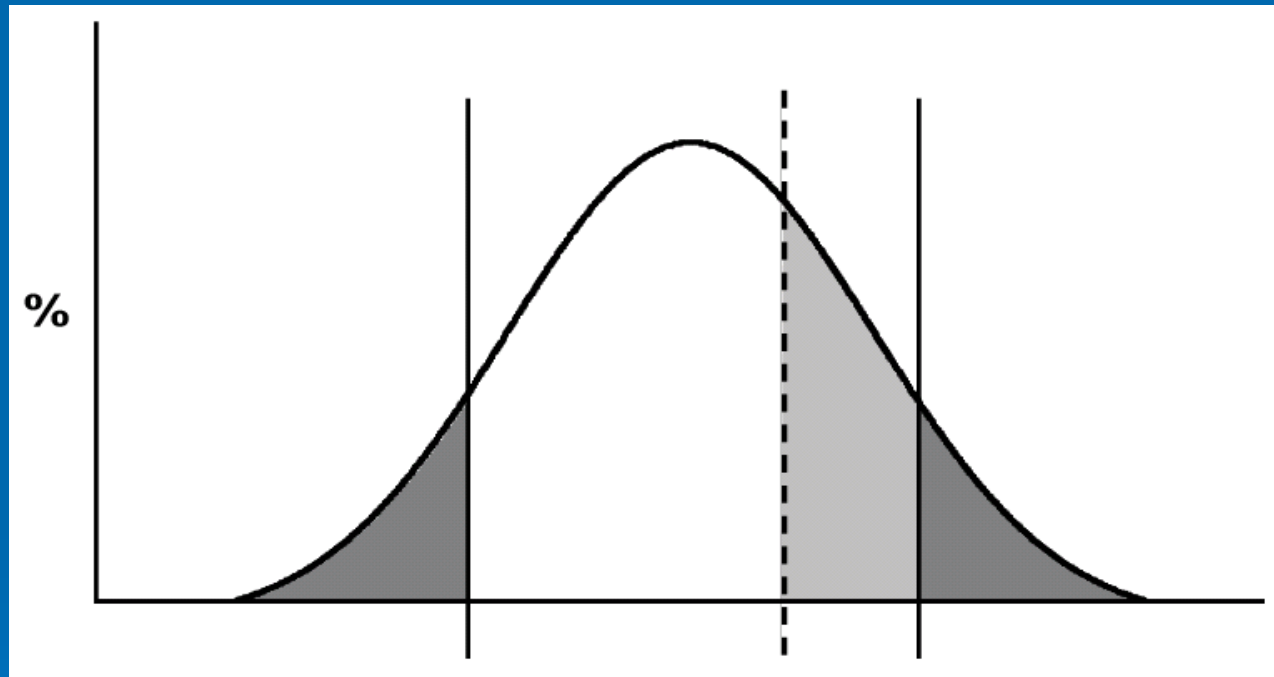
The Challenge – To improve the outcome of the whole population including those with complex needs

- Frequent attendees
- Those with severe and enduring Mental Illness especially the none attendees –
46% of those on our mental health registers
- Medically Unexplained Symptoms
- The Physical Health of the Mentally Ill

Services do not fit the patient

The mental health spectrum

From: Huppert Ch.12 in Huppert et al.
The Science of Well-being

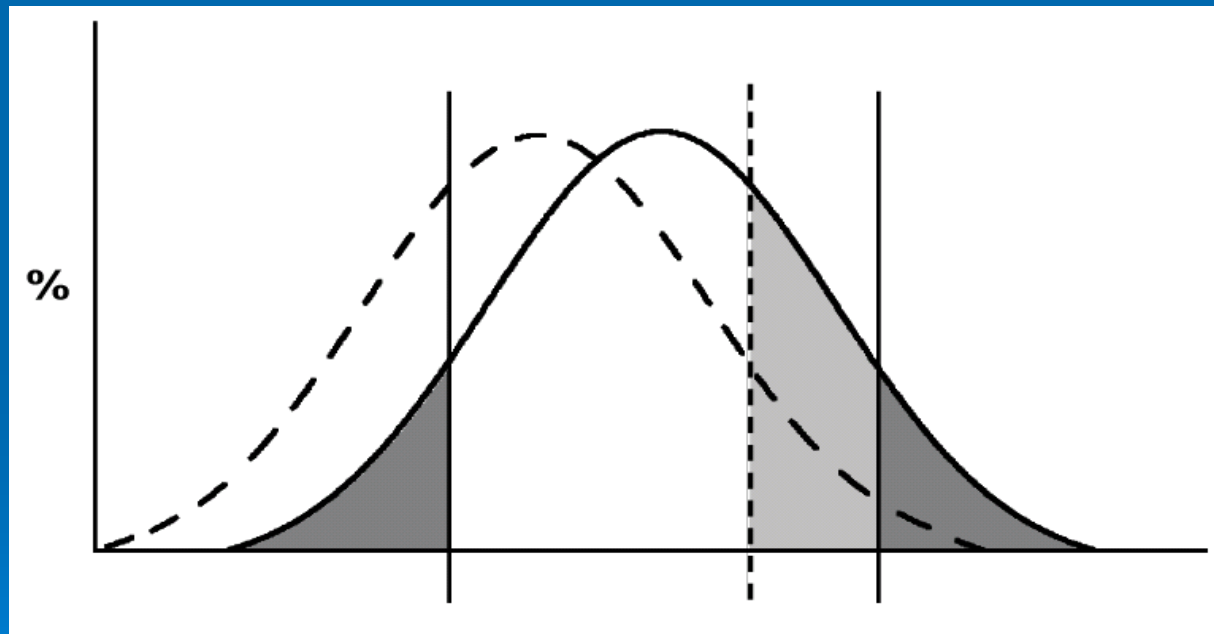


Flourishing Moderate
 mental
 health Languishing Mental
 disorder

Number of symptoms or risk factors

The effect of shifting the mean of the mental health spectrum

From: Huppert Ch.12 in Huppert et al. (Eds) The Science of Well-being



Flourishing

Moderate
mental health

Languishing

Mental disorder

Number of symptoms or risk factors

- No straightforward answer to improving outcomes for patients
- Interventions directed at the individual tend to be more effective than a systems approach
- Primary care often deals with complex patients with medical co-morbidity and somatisation

Kroenke K, Taylor-Vaisey A, Dietrich A, Oxman T. 2000 *Interventions to improve provider diagnosis and treatment of mental disorders in primary care. A critical review of the literature.* Psychosomatics, Vol 41/1 (39-52) January.

How did we develop primary care mental health services in Sandwell?

- Listened
- Asset mapped locally
- National and international best practice that works
- Identified a series of pre and post outcome measures
- Quantitative and Qualitative approaches
- Sourced funding
- Established benchmarks

More pilots than British Airways.....

Making the services fit the complex needs patient – What works


- Wellbeing first
 - Eg housing, benefits and debt counselling
- Getting the patient to understand the power of their emotions
- Counselling, Group work, CBT, Peer support etc
- Linking the patient into the community – faith networks, volunteering etc
- Belief in Recovery
- Getting the patient to understand why they need to work with the GP

No Health without Mental Health - Wellbeing

“[a] positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”



Making the services fit the complex needs patient – What works

- Service Integration
 - Service Co-location
 - Joint training and development
 - Focus on the needs of the individual and listening to the patient
 - A navigator
 - A team that loves the challenge
 - Values based approach
 - Measuring Outcomes
- 



A primary care approach to mental health and wellbeing



Community Mental Health Profile 2012

Sandwell



Wider Determinants of Health		Local value	Eng. avg.	Eng. worst	England Range	Eng. best
1	Percentage of 16-18 year olds not in employment, education or training	8.60	5.96	11.40		2.70
2	Epidex of violent crime, rate per 1,000 population	14.27	14.78	35.06		6.38
3	Percentage of the relevant population living in the 20% most deprived areas in England 2010	58.45	19.77	82.99		0.27
4	Working age adults who are unemployed, rate per 1,000 population	120.38	64.24	120.38		32.60
5	Directly standardised rate for hospital admissions for alcohol attributable conditions, rate per 1,000 population	26.58	17.43	31.14		8.49
6	Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population	5.80	5.46	0.88		16.25

Risk Factors		Local value	Eng. avg.	Eng. worst	England Range	Eng. best
7	Homeless households rate per 1,000 population	2.95	2.03	10.36		0.13
8	Percentage of the population with a limiting long term illness (based on 2001 census data)	20.91	16.93	24.35		10.25
9	Percentage of pupils participating in physical activity 5-15 year olds	85.81	86.36	57.94		100.00
10	Percentage of adults (16+) participating in recommended level of physical activity	5.76	11.45	5.76		16.93

Levels of Mental Health and Illness		Local value	Eng. avg.	Eng. worst	England Range	Eng. best
11	Percentage with dementia aged 18+	0.49	0.48	0.84		0.17
12	Percentage with depression aged 18+	8.89	11.19	20.28		4.57
13	Percentage of patients on learning disabilities register aged 18+	0.45	0.42	0.89		0.19

Treatment		Local value	Eng. avg.	Eng. worst	England Range	Eng. best
14	Directly standardised rate for emergency hospital admissions for mental health	314.27	216.93	664.19		60.45
15	Directly standardised rate for emergency hospital admissions for unipolar depressive disorders	43.66	34.22	176.83		2.78
16	Directly standardised rate for emergency hospital admissions for Alzheimer's and other related dementia	170.78	129.03	309.27		36.02
17	Directly standardised rate for emergency hospital admissions for schizophrenia, schizotypal and delusional disorders	47.63	44.09	213.75		1.63
18	Allocated average spend for mental health per head	202.63	162.96	147.09		256.96
19	Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population	2.53	2.56	0.01		9.62
20	Numbers of people on a Care Programme Approach, rate per 1,000 population	4.66	6.39	0.33		17.09
21	In year bed days for mental health, rate per 1,000 population	195.33	192.86	488.76		71.96
22	Number of contacts with Community Psychiatric Nurse (CPN), rate per 1,000 population	206.97	168.53	3.21		564.44
23	Number of total contacts with mental health services, rate per 1,000 population	417.79	313.23	31.49		822.88

Outcomes		Local value	Eng. avg.	Eng. worst	England Range	Eng. best
24	Directly standardised rate for emergency hospital admissions for self harm	315.34	211.07	508.85		56.73
25	Indirectly standardised mortality rate for suicide and undetermined injury	92.43	100.00	173.65		29.46



WARNING



**CHALLENGES
AHEAD**

Commissioning services v Procuring them

➤ The threats

Unlevel playing field,

➤ Withdrawal and closure of services by councils

➤ Trusts v Tertiary sector

- Three year contracts v one year rolling contract
- Penalty clauses in small organisations

➤ Mental v physical health

- Parity of esteem
- Failure of commissioners and CCGs to understand that mental health commissioning is a speciality.

Effective Development of the workforce must...

- Develop the skills to deliver an integrated model for mental health in primary care
- Challenge stigma
- Ensure that the patient is heard
- Teach effective risk management
- Teach effective skills which can be used in a 10 minute consultation
- Include wellbeing and resilience

Stigma

- There is stigmatisation of mental disorders in Primary Care as everywhere else.

Dixon R, Roberts L, Lawrie S, Jones L, Humphreys M. 2008 *Medical students' attitudes to psychiatric illness in primary care*. Medical Education, vol. 42/11(1080-1087), November .

- Anti-stigma training produces poor long term results

- Friedrich B et al. 2013 *Anti-stigma training for medical students: the Education Not Discrimination project* British Journal of psychiatry 202: s89-s94.



Gotland

Rutz W, Walinder J, Eberhard G, Holmberg G, A-L. von Knorring ,B-L.von Knorring, Wistedt B, Aberg-Wistedt A. 1989 An Educational Program on Depressive Disorders for General Practitioners on Gotland: background and evaluation Acta Psychiatr Scand vol. 79 (19-26)



Hampshire

Thompson C, Kinmonth A, Stevens L, Peveler R, Stevens A, Ostler K, Pickering R, Baker N, Henson A, Preece J, Cooper D, Campbell MJ. 2000 *Effects of a clinical-practice guideline and practice-based education on detection and outcome of depression in primary care: Hampshire Depression Project randomised controlled trial.* Lancet vol 355 (185-91). January

Kendrick T, Stevens L, Bryant A, Goddard J, Stevens A, Raftery J and Thompson C. 2001 *Hampshire Depression Project: changes in the process of care and cost consequences*, British Journal of General Practice 911-913 November.



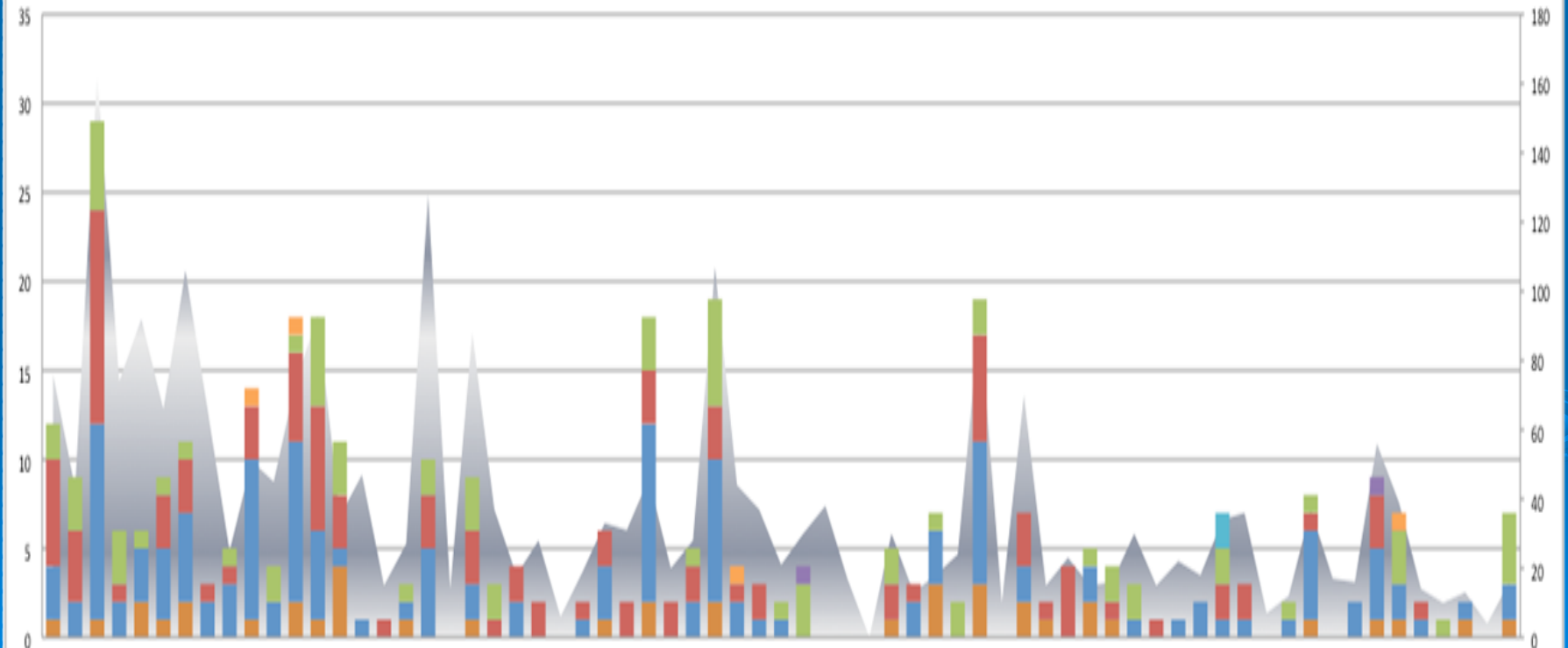
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Outcomes

PCT data demonstrates that practices who have at least one GP attending the diploma training reduce referrals to secondary care by about a half.

Hospital Episodes by practice 2010-11 vs QOF register
Sandwell Practices




Grey area is the text box and vertical bar is use of secondary services per practice

What works in Primary Care Mental Health?

- No straightforward answer to improving outcomes for patients
- Interventions directed at the individual tend to be more effective than a systems approach
- Primary care often deals with complex patients with medical co-morbidity and somatisation

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Esteem team – Who are they?

- People who are pragmatic
 - Recovered patients
 - Local people
 - Mental health workers
 - Social worker
 - CPN
- 

The Esteem Team

- Alcohol
- Maternal Mental health
- Complex Needs
- Dementia
- Veterans
- Cancer



It is not the patient that is complex but the system



NHS Comparators data for Sandwell PCT Mental Health 2005-2012

IMPACT OF SANDWELL MODEL ON HOSPITAL RESOURCE

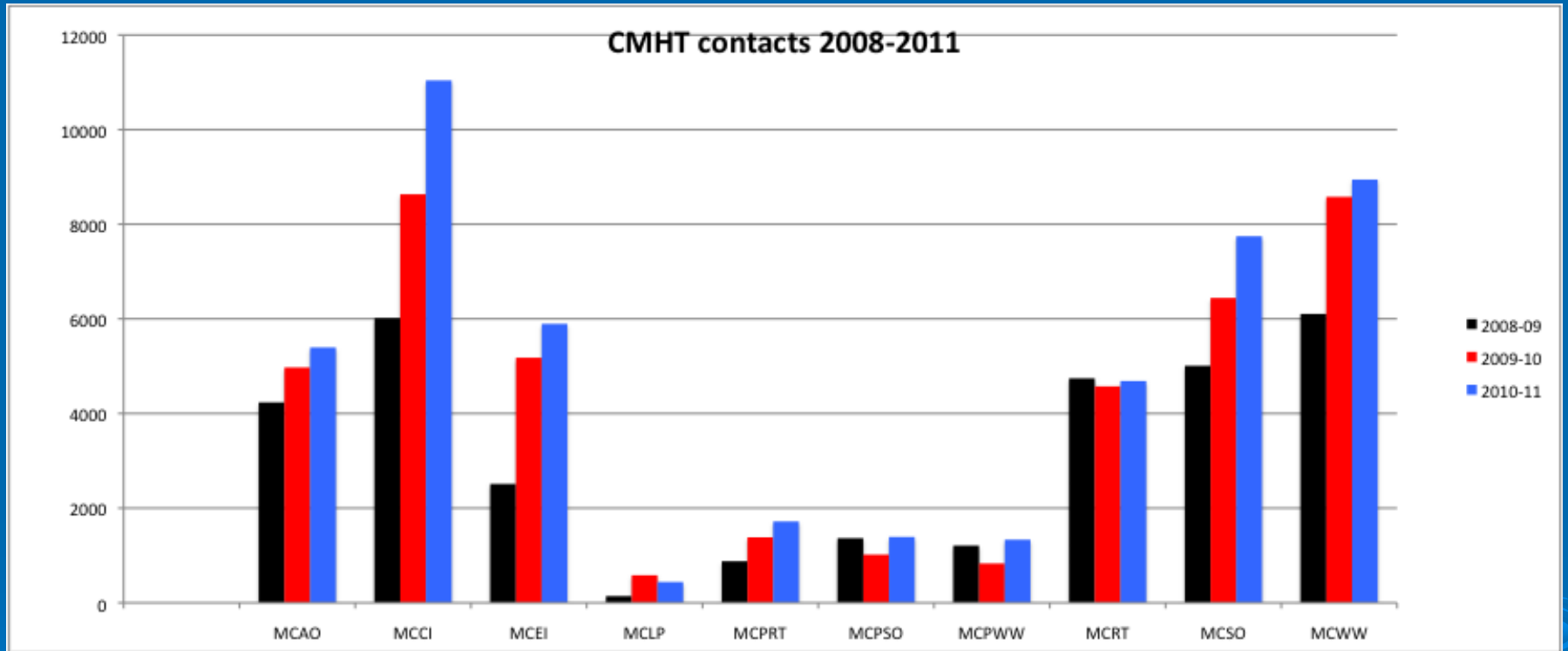


IMPACT ON SECONDARY CARE

NHS Comparators data for Sandwell PCT Mental
Health 2008-2012

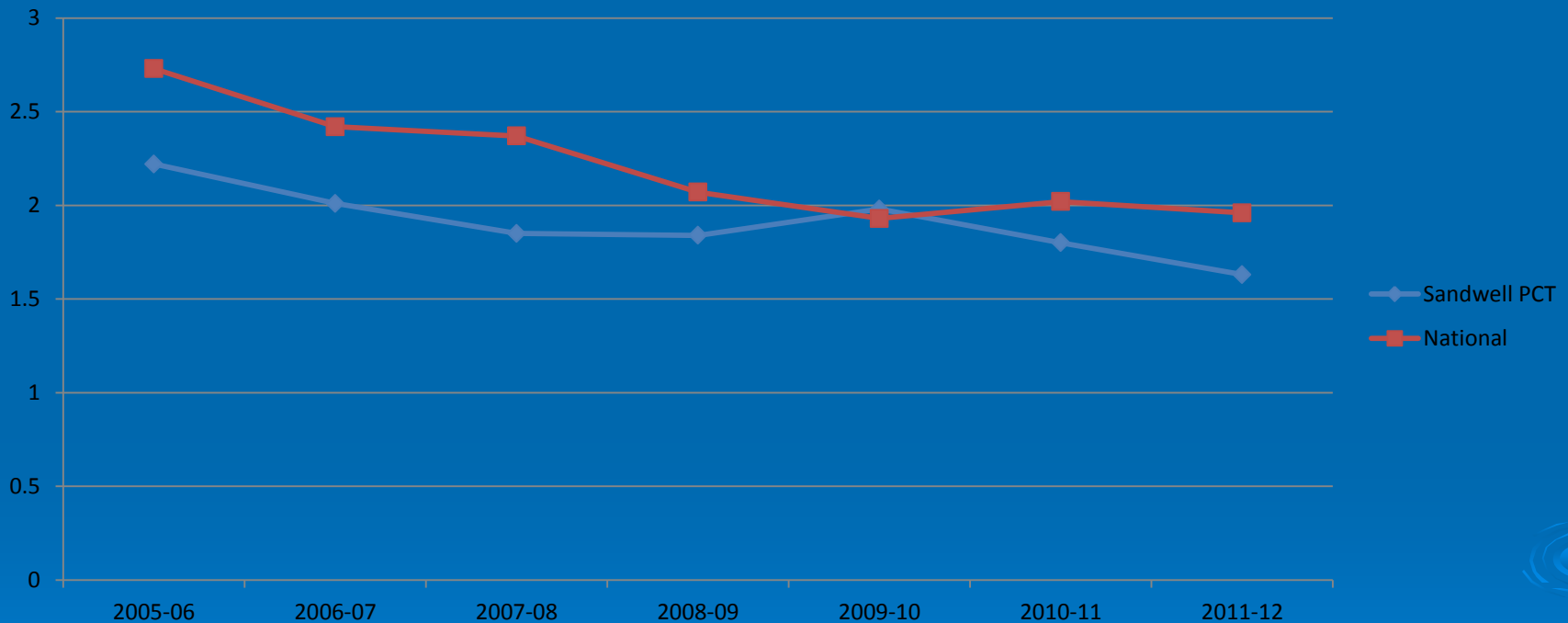


Community Mental Health



Mental Health Admissions

Standardised rate of admissions per 1000 population
Sandwell and England



Data suggests a decline in admissions in years 2010-12 in Sandwell compared to England

Total out-patient Mental Health attendances

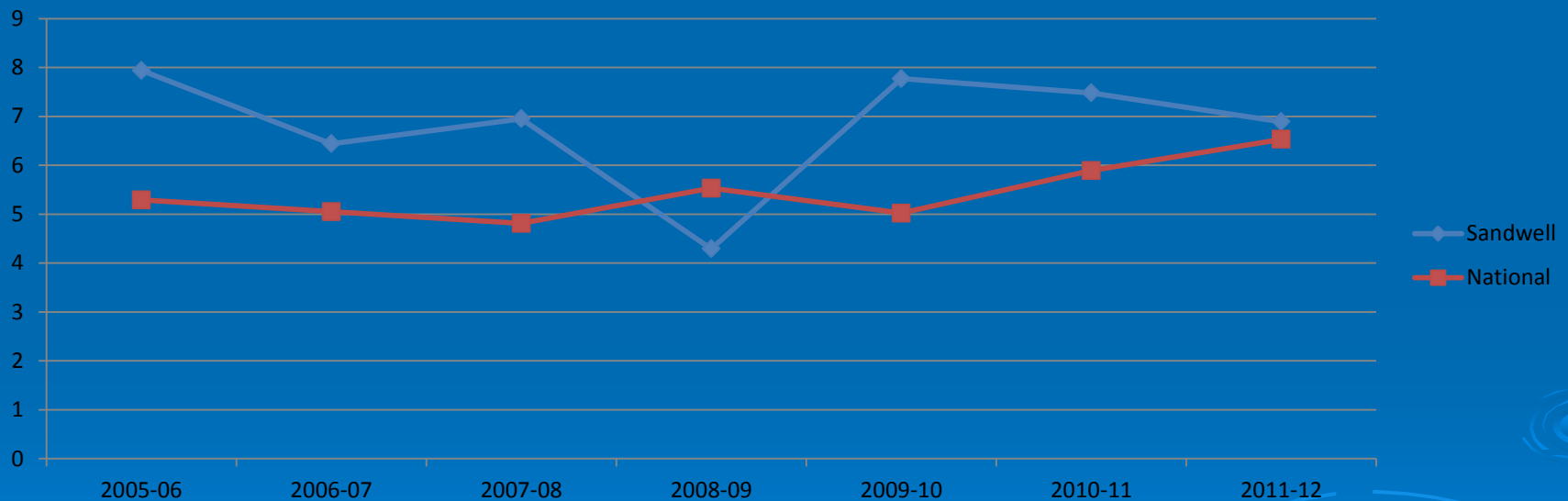
Standardised rate of attendances per 1000 population
Sandwell and England



Data suggests that Sandwell rate is static compared to national growth in years 2010-12

First out-patient Mental Health attendances

Standardised rate of attendances per 1000 population
Sandwell and England



Data suggests a fall in rate of first attendance in Sandwell in years 2010-12 compared to a growth in rate in England over the same period.

Conclusions

- We need to understand mental health to understand recovery from mental illness
- Early intervention works – but we know this!
- To recover patients need rehabilitation in the community using community resources
- Navigators ensure that patients are not neglected in a complex system but receive the treatment and support they need **PHYSICAL** and **MENTAL**
- Most GPs are already good at mental health but teach them what they **NEED** to know and they get even better!

Further Information

ianwalton@btinternet.com

mentalhealthdiploma@gmail.com