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?

BIRTH → IN BETWEEN → DEATH

STUFF

THAT'S IT?
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

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 – It's 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
The mental health spectrum

Flourishing

Moderate mental health

Languishing

Mental disorder

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

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
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

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

Case study report on Sandwell
## Community Mental Health Profile 2012

### Sandwell

#### Wider Determinants of Health

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Percentage of 10-15 year olds not in employment, education or training</td>
<td>8.60</td>
<td>5.98</td>
<td>11.40</td>
<td>2.70</td>
<td>6.36</td>
</tr>
<tr>
<td>2 Episodes of violent crime, rate per 1,000 population</td>
<td>14.27</td>
<td>14.78</td>
<td>25.06</td>
<td>3.96</td>
<td>6.36</td>
</tr>
<tr>
<td>3 Percentage of the relevant population living in the 20% most deprived areas in England 2010</td>
<td>56.45</td>
<td>19.77</td>
<td>82.99</td>
<td>0.27</td>
<td>10.25</td>
</tr>
<tr>
<td>4 Working age adults who are unemployed, rate per 1,000 population</td>
<td>128.38</td>
<td>64.24</td>
<td>130.39</td>
<td>32.60</td>
<td>64.24</td>
</tr>
<tr>
<td>5 Direct standardized rate for hospital admissions for alcohol attributable conditions, rate per 1,000 population</td>
<td>26.58</td>
<td>17.43</td>
<td>31.14</td>
<td>8.49</td>
<td>17.43</td>
</tr>
<tr>
<td>6 Numbers of people aged 10-74 in drug treatment, rate per 1,000 population</td>
<td>5.60</td>
<td>5.46</td>
<td>0.89</td>
<td>16.38</td>
<td>5.46</td>
</tr>
</tbody>
</table>

#### Risk Factors

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Local value</th>
<th>Eng. avg.</th>
<th>Eng. worst</th>
<th>England Range</th>
<th>Eng. bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Homeless households rate per 1,000 population</td>
<td>2.95</td>
<td>2.03</td>
<td>10.36</td>
<td>0.13</td>
<td>2.03</td>
</tr>
<tr>
<td>8 Percentage of the population with a limiting long term illness (based on 2001 census data)</td>
<td>20.91</td>
<td>16.93</td>
<td>24.35</td>
<td>10.25</td>
<td>16.93</td>
</tr>
<tr>
<td>9 Percentage of people participating in physical activity 5-15 year olds</td>
<td>85.81</td>
<td>86.36</td>
<td>57.94</td>
<td>100.00</td>
<td>86.36</td>
</tr>
<tr>
<td>10 Percentage of adults (16+) participating in recommended level of physical activity</td>
<td>5.76</td>
<td>11.45</td>
<td>5.76</td>
<td>16.03</td>
<td>11.45</td>
</tr>
</tbody>
</table>

#### Levels of Mental Health and Illness

<table>
<thead>
<tr>
<th>Levels of Mental Health and Illness</th>
<th>Local value</th>
<th>Eng. avg.</th>
<th>Eng. worst</th>
<th>England Range</th>
<th>Eng. bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Percentage with dementia aged 80+</td>
<td>0.49</td>
<td>0.48</td>
<td>0.84</td>
<td>0.17</td>
<td>0.48</td>
</tr>
<tr>
<td>12 Percentage with depression aged 80+</td>
<td>8.88</td>
<td>11.19</td>
<td>28.06</td>
<td>4.57</td>
<td>11.19</td>
</tr>
<tr>
<td>13 Percentage of patients on learning disabilities register aged 80+</td>
<td>0.48</td>
<td>0.43</td>
<td>0.69</td>
<td>0.19</td>
<td>0.43</td>
</tr>
</tbody>
</table>

#### Treatment

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Local value</th>
<th>Eng. avg.</th>
<th>Eng. worst</th>
<th>England Range</th>
<th>Eng. bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Directly standardized rate for emergency hospital admissions for mental health</td>
<td>216.93</td>
<td>664.19</td>
<td>60.45</td>
<td>0.16</td>
<td>216.93</td>
</tr>
<tr>
<td>15 Directly standardized rate for emergency hospital admissions for unipolar depressive disorders</td>
<td>43.86</td>
<td>176.83</td>
<td>2.76</td>
<td>0.12</td>
<td>43.86</td>
</tr>
<tr>
<td>16 Directly standardized rate for emergency hospital admissions for Alzheimer's and other related dementias</td>
<td>129.03</td>
<td>339.27</td>
<td>36.02</td>
<td>0.19</td>
<td>129.03</td>
</tr>
<tr>
<td>17 Directly standardized rate for emergency hospital admissions for schizophrenia, schizotypal and delusional disorders</td>
<td>44.09</td>
<td>213.75</td>
<td>1.63</td>
<td>0.10</td>
<td>44.09</td>
</tr>
<tr>
<td>18 Allocated average spend for mental health per head</td>
<td>182.95</td>
<td>147.09</td>
<td>256.35</td>
<td>0.09</td>
<td>182.95</td>
</tr>
<tr>
<td>19 Numbers of people using adult &amp; elderly NHS secondary mental health services, rate per 1000 population</td>
<td>2.55</td>
<td>0.01</td>
<td>9.62</td>
<td>0.01</td>
<td>2.55</td>
</tr>
<tr>
<td>20 Numbers of people on a Care Programme Approach, rate per 1000 population</td>
<td>4.86</td>
<td>0.33</td>
<td>17.09</td>
<td>0.19</td>
<td>4.86</td>
</tr>
<tr>
<td>21 In year bed days for mental health, rate per 1,000 population</td>
<td>192.33</td>
<td>488.76</td>
<td>71.36</td>
<td>0.09</td>
<td>192.33</td>
</tr>
<tr>
<td>22 Number of contacts with Community Psychiatric Nurse (CPN), rate per 1,000 population</td>
<td>254.97</td>
<td>168.53</td>
<td>3.21</td>
<td>564.44</td>
<td>168.53</td>
</tr>
<tr>
<td>23 Number of total contacts with mental health services, rate per 1,000 population</td>
<td>417.79</td>
<td>313.23</td>
<td>31.49</td>
<td>822.88</td>
<td>313.23</td>
</tr>
</tbody>
</table>

#### Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Local value</th>
<th>Eng. avg.</th>
<th>Eng. worst</th>
<th>England Range</th>
<th>Eng. bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Directly standardized rate for emergency hospital admissions for self harm</td>
<td>211.07</td>
<td>528.85</td>
<td>56.73</td>
<td>0.16</td>
<td>211.07</td>
</tr>
<tr>
<td>25 Indirectly standardized mortality rate for suicide and undetermined injury</td>
<td>92.43</td>
<td>100.00</td>
<td>173.65</td>
<td>25.46</td>
<td>100.00</td>
</tr>
</tbody>
</table>
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.


- 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.
Hampshire


What next…

Mental Health in Primary Care training days
Certificate in Primary Care Mental Health
Advanced Diploma in Primary Care Mental Health
Masters Science in Primary Care Mental Health
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.

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

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.
IMPACT OF SANDWELL MODEL ON HOSPITAL RESOURCE

NHS Comparators data for Sandwell PCT Mental Health 2005-2012
IMPACT ON SECONDARY CARE

NHS Comparators data for Sandwell PCT Mental Health 2008-2012
Data suggests a decline in admissions in years 2010-12 in Sandwell compared to 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