

PC 36

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Mind Cymru

Response from: Mind Cymru

Committee for Health, Social Care and Sport: Inquiry into Primary Care

Response from Mind Cymru

Who we are

We're Mind, the mental health charity for England and Wales.

We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

1. Introduction

1.1 While we recognise that the term 'primary care' encompasses a much wider workforce and service delivery area than just general practice, Mind's current work around primary care does focus mostly around general practice as this is where the majority of people with mental health problems first seek help for their mental health and a large proportion of people with mental health problems in Wales are treated solely through general practice. Therefore, when we use the term 'primary care' within this response, this refers to general practice unless stated otherwise.

1.2 The vast majority (81%) of people first come into contact with mental health services via their GP, and it is estimated that one third of GP appointments involve a mental health component. 90% of people with mental health problems across the lifespan are managed within primary care.

1.3 The introduction of the Mental Health (Wales) Measure in 2010 and the subsequent development of Local Primary Mental Health Support Services (LPMHSS) across Wales has led to improvements in waiting times and local access to mental health support. However there is still more to be done to ensure the primary care workforce has the skills and capacity to deliver quality mental health care.

1.4 Often it is entirely appropriate for a person to receive support entirely through primary care, however with high thresholds for access to specialised mental health support and long waits for talking therapies in secondary care, many people can feel 'dumped in primary care' without the specialised or more intense support they needed. Often Local Primary Mental Health Support Services can't offer timely access to one-to-one support and only a limited number of sessions is provided. Research into access to psychological therapies undertaken by Mind Cymru in 2016 found that only 19% of people who had accessed psychological therapies within the last three years felt they received enough sessions to stay well.

1.5 In recent months as part of our 'Find the Words' campaign, Mind has undertaken research into aspects affecting the delivery of mental health support through primary care in Wales, as well as the wellbeing of the primary care workforce. Our evidence focuses on the findings of this research and our recommendations, and our report 'Better equipped, better care', published in October 2016 covers the issues raised in more detail.

1.6 We are also a signatory to the "Our Community: Ten actions to support primary care in Wales" document produced by the Welsh NHS Confederation's Policy Forum, which has been submitted alongside the Confederation's evidence to this inquiry.

2. Supporting the mental health of primary care staff

2.1 It has been well documented across all parts of the UK that increasing demand is stretching services and putting more pressure on the NHS workforce and the wellbeing of the workforce remains a major challenge. 59% of the Welsh primary care workforce report that in the last year workload pressures has had an effect on their wellbeing.

2.2 Investment announced in 2016 into occupational health services is directed to supporting GPs, with the wider primary care workforce not receiving the same level of support. Mind is calling for this support to be extended to all primary care staff. It is crucial that all staff working within primary care have equitable access to a good quality occupational health support.

3. Initial training for primary care staff

3.1 GPs' initial academic training for mental health – training before they are fully qualified to deliver community care – is surprisingly limited. Just one module out of 21 compulsory clinical modules is dedicated to mental health - 'Care for people with mental health problems'.

3.2 In addition, when trainee GPs have an opportunity to choose a rotation in a hospital setting, their only mental health option is in psychiatry. While a rotation in psychiatry is undoubtedly useful, it is a narrow area of mental health and there are other settings, such as local talking therapies services, which would give GPs insight into the services where a huge number of their patients will receive treatment.

3.3 It is a similar picture for practice nurses, who provide care to people with mental health problems through services such as health screening, administering routine medication or taking blood samples. Yet 82 per cent of practice nurses across England and Wales have responsibilities for aspects of mental health and wellbeing for which they have had no training.

3.4 Mind submitted Freedom of Information requests to the Wales Deanery to find out the numbers of GP trainees who were gaining practical experience of mental health services between 2013 and 2015. The findings highlight that without any obligation on trainee GPs to have formal mental health training, most GPs in Wales

enter practice with a very low level of formal training and practical experience of mental health.

- Less than half of all trainee GPs in Wales chose on-the-job training in a mental health setting before qualifying.
- The percentage of GP trainees taking a rotation in psychiatry actually decreased from 46 per cent in 2013, to 45 per cent in 2014 and 2015.

3.5 Given the significant proportion of GP appointments that have a mental health component, it is clear that training undertaken by primary care staff often doesn't reflect the nature of the workload in reality. On a national level, Mind's recommendation is that GP Specialty Trainees (GPSTs) should be mandated to undertake a rotation in a mental health setting and that these settings should be expanded beyond the sole option of psychiatry.

4. Ongoing training for primary care staff and the role of GP clusters

4.1 As well as ensuring that all new GPs and practice nurses are better equipped to support people with mental health problems, we need the existing workforce to be on the same level. Increasing the mental health focus of ongoing development for GPs and practice nurses is therefore just as important. Staff need to be encouraged and supported to develop and learn in their roles so that they have the confidence and competence to support people with mental health problems. Protected time away from daily work pressures is vital for staff to fully engage in learning.

4.2 Currently practising GPs and practice nurses are required by the General Medical Council and Nursing and Midwifery Council respectively to maintain their learning and training portfolio by acquiring a set number of Continued Professional Development credits. We would like to see a set number of these credits and training hours focused on mental health.

4.3 Once qualified, GPs undertake annual appraisals and revalidation every five years, and practice nurses undertake revalidation every three years. Ongoing professional development is one way that the current inadequate pre-qualification training for practice staff can be addressed.

4.4 GP clusters have a role in identifying local training needs and we recommend they ensure all staff have protected training time for mental health, and allocate the funding to facilitate this. We recognise that the funding model for GP clusters is limited and feel it is important that work is undertaken on a national level to ensure they have the resource to take leadership in the training and development of their staff.

5. The role of the third sector in supporting GP clusters

5.1 The third sector has much to offer in supporting clusters to ease the pressure on primary care, in particular Local Primary Mental Health Support Services.

5.2 One example is Mind's Active Monitoring Programme, which is being delivered in a number of GP cluster areas in Wales. Active Monitoring is an early intervention programme that enables GPs to refer patients directly to a dedicated mental health practitioner as soon as they present with problems such as anxiety, depression, low self-esteem or stress. Active Monitoring is delivered in five sessions over an eight week period and is based on cognitive behaviour therapy (CBT) approaches with the added benefit of self-directed exercises using our workbooks. Practitioners are employed by local Minds but deliver the service in GP surgeries which ensures people are seen in familiar surroundings close to home.

5.3 Along with other programmes such as social prescribing services, services like Active Monitoring can play a key role in alleviating waiting times and reducing GP workload in supporting people experiencing low to moderate mental health problems.

5.4 Many of our 20 Local Minds across Wales work closely with GP clusters in their area and we would be more than happy to share further information on these services with the committee.

For further information or to discuss any issues raised in this submission, please contact Rhiannon Hedge, Senior Policy and Campaigns Officer at

