

Primary Care Mental Health in UK and Australia

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UK/Australia-observations

- Similar prevalence, morbidity, presentation, acknowledgement and concordance
- UK reliance on primary care teams, nurse practitioners, counsellors etc
- increasingly piloting non medical new workers
 - 1000 Graduate PCMHWS-brief interventions, psycho-education, registers, audit etc
- 500 Gateway workers
- 1000 generic GPwSIs (PwSI)-clinical, training, local leadership etc
- UK mental health focus on SMI and workforce shortage, especially for CMH problems

UK/Australia-observations

- UK has a centralised, national, free at point of contact system. Mainly via capitation based contracts between Primary Care Trusts (PCTs) and GPs. Proposed new General Medical Service (GMS) contract rewards some behaviours (eg SMI registers and Lithium monitoring). Personal Medical Services (PMS) allow flexibility in reward.
- Australia has a fee for service element topped up by private health insurance. Funding is per consultation by a combination of Medicare insurance fund and patient fees, with patient reimbursement about to change.

UK/Australia-observations

- UK focus on re-validation, national guidelines (eg NICE), National Service Frameworks
- Different payment and incentivisation priorities (e.g. New GMS Contract focus on SMI unlike Better Outcomes)
- Different access arrangements although our GP hopping is within practices
- Continuity of care more by practice vs individual (??double edged sword)

National Institute of Mental Health in England (NIMHE)

- improve quality of life for people of all ages who experience mental distress
- working beyond the NHS to help all those involved in mental health to implement change,
- providing a gateway to learning and development,
- offering new opportunities to share experiences and one place to find information.

NIMHE's aim (contd)

- through 8 development centres and (8) national programmes of work
- support staff to put policy into practice
- help resolve local challenges in developing services
- service users at the heart
- champion achievements
- promote flexible ways of working
- forging new partnerships
- lead in connecting mental health research, development, delivery, monitoring and review.”

Primary Care Programme-Aims

- To help primary care practitioners improve the standard and consistency of service
 - “doing a difficult job better”
 - Improving user satisfaction with care
 - Improving “patient journeys”
- To facilitate and encourage innovation and development of new ways of doing things by leading edge practices

Primary Care Programme-Values

- Does it make sense to the user?
- Service improvement initiatives, emphasising strengths not deficits
- Should promote mutual respect and integrate the generalist and specialist perspectives
- Primary care is part of a whole system where the critical importance of relationships is acknowledged

Primary Care Programme of NIMHE

- Managed jointly by West Midlands and London Mental Health Development Centres
- Independent Chairman
- NATPACT and Primary Care Collaborative involvement
- Regional DC's take lead responsibility for each project
- Five main project areas

Primary care Programme-areas

- Staff development
- Commissioning and developing effective partnerships
- Developing a primary care user perspective
- Integrated care and integrating services for those with severe mental health problems
- Research and Development

Staff Development

- Core training skills (e.g.RCGP Master-classes using WPA package)
- Leadership (e.g.Trailblazers, NHS Leadership Centre)
- Shared learning
- New workers (training commissioned from Universities)

Teach the Teachers, Mental health management courses and Trailblazers

Tylee (1998), Tylee (2000)

- Ray King, Liz Armstrong and Andre Tylee in 1996
- Approx 350 paired participants to date comprising;
 - GPs, Nurses, Facilitators, Counsellors, OT 's, Psychologists, Managers, Psychiatrists, Public Health etc
 - Half of England (South and West, North, London, West Midlands, Eastern)
 - Positive external evaluation so part of National Primary Care Programme

Trailblazers ethos

- Embedded in everyday practice
- Culture of primary care (10 minute consultations)
- Context of increasing National Service Frameworks/guidelines etc
- Involve those with MH experience
- Adaptable and flexible to individual, pairs and organisational need and balances them
- Allows time for the un-predicted, local talent, networking and social contact

Developing a Primary Care User perspective

- Enabling primary care users and carers to contribute and influence the development and delivery of primary care mental health services
- Need a better understanding of why users do or do not consult us and why they do or do not agree on care planning or provision (e.g. young people, homeless and unregistered, black and ethnic minorities, refugees etc)
- To see the service through the user's eyes and challenge traditional, organisational, professional and cultural separation of services.

Integrated care and integrating services for those with Severe Mental Health problems

- A third of those with SEMI who only see primary care
- Those who only see mental health services
- Registers to enable pro-active care planning using shared care/link working etc
- Physical health needs amongst many other needs
- Links and communication with other agencies

R+D

- Ideas will emerge during the Programme
- Research ideas and need collecting and organising into priorities
- NIMHE Mental Health Research Network run by IOP and University of Manchester will wish to support ideas into action
- Virtual PCMH grant writing group turns ideas into research work
- Evidence needs feeding back and re-iteration etc

Commissioning-actions

- Developing skills and capacity in commissioning mental health services
- Establishing effective partnerships across the whole system to improve commissioning
- Developing commissioning as a tool for mental health improvement
- Maximising opportunities for joint commissioning
- To work with PCTs and NATPACT to develop best evidence based commissioning of mental health

How to improve recognition and management of mental health

- Occupational health for stressed and depressed GPs (PriMHE/Doctors support line)
- Computerised aids to screening, assessment, treatment (e.g. WHO guide, Beating the Blues, Ultrasis assessment tool etc)
- Use and audit of Guidelines/Protocols
- Public/employer awareness (Defeat Depression)
- De-stigmatising depression (Stigma campaign)
- Schools (Young persons project, Waller lectures etc)

Health system factors influencing primary care for common mental illness in the UK and Australia

- **Study exploring perceived relative impact of macro level factors on local inputs and processes affecting delivery of primary care mental health.**
- **Inclusion of two countries enables a wider spectrum of factors to be explored.**
- **Delphi Panels to identify relative importance of macro level factors on primary care for patients with common mental illness.**
- **Independent variables: input phase at country/regional level. Dependent variables: input phase and process phase at local level. Items of particular interest are continuity of care and frequency of access. No attempt to link independent variables to patient outcomes.**
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Thankyou



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