



Centre for
Mental Health



rethink



THE AFYA TRUST

No Health Without Mental Health: A guide for General Practice

Mental health problems account for almost one general practice consultation in four and 23% of the burden of illness in the UK. They are everyday business for GPs and their colleagues across primary care. Following the publication of the Government's new mental health strategy, this briefing sets out what general practices can do to improve the mental health of everyone in their communities and enhance the support and care offered to people with mental health conditions.

Facts and figures

- Every year, one person in six experiences a mental health problem. Depression and anxiety are the most common, affecting about half of the adult population at some point in their lives;
- Mental ill health costs some £105 billion each year in England alone. This includes £21 billion in health and social care costs and £29 billion in losses to business from reduced productivity, sickness absence and unemployment;
- Half of all lifetime mental health problems emerge before the age of 14. Early detection and treatment of mental ill health can dramatically reduce the duration, severity and loss of quality life associated with mental ill health;
- An 'average' GPs list of 1,650 working age people will include at any one time 5 or 6 patients with a severe mental illness, 180 with common mental health problems, 44 with drug dependence and 84 dependent on alcohol;
- One new mother in 10 will experience post-natal depression;
- Three-quarters of people with mental health problems never receive any treatment for them.

The Government strategy: what are the objectives?

This year, the Government published a new mental health strategy for England, No Health Without Mental Health. It can be found at: <http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm>.

In conjunction with a range of organisations, including the Royal College of GPs, the Government published a 'Call to Action' to set out six key objectives for better mental health and improved mental health care. These are:

1. More people will have good mental health

More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

2. More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

3. More people with mental health problems will have good physical health

Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

4. More people will have a positive experience of care and support

Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

5. Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and are at least as safe as any other public service.

6. Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

A summary of the strategy and its implications for the NHS is available from the NHS Confederation at <http://www.nhsconfed.org/Publications/briefings/Pages/No-health-without-mental-health.aspx>.

What can general practice do?

Identify problems early

From early infancy to old age, the sooner a mental health difficulty is spotted the better. Mental health problems in early childhood cast a long shadow over a child's life chances and very often persist into adulthood. Yet they can be managed and prevented through good quality parenting interventions. Depression, schizophrenia, dementia and many other mental health problems are mostly effectively (and cost-effectively) treated early.

- Early intervention in psychosis services save the NHS £8 for every £1 spent on them;
- Suicide training for all GPs saves the economy £44 for every £1 invested;
- Brief screening for alcohol misuse in primary care saves almost £12 per £1 spent (Knapp et al 2011).

GPs are ideally placed to spot the signs of distress and to identify those with the risk factors for poor mental health, for example among people with caring responsibilities and victims of domestic violence (NHS Confederation 2011).

Keep people at work

For most people of working age, being in a job protects our mental and physical health. Yet too many people with mental health problems get signed off sick for long periods and never return to their workplace. General practice can be the lynchpin for a successful return to work. Fit for Work services can help people stay in their jobs while they are unwell. Psychological therapies can also help if they are offered alongside advice and support with employment.

Link physical and mental health

People with long-term physical conditions experience high levels of mental ill health, while those with mental health diagnoses have far worse physical health than average. General practice is uniquely able to treat the 'whole person', linking rather than separating our mental and physical health

- People with depression have a fourfold increase in the risk of heart disease (Hippisley-Cox et al 1998; Osborn et al 2007);
- The costs to the health service of each person with diabetes and co-morbid depression is up to 4.5 times greater than a person with diabetes alone (Egede et al 2002);
- Addressing mental health needs can produce sustained reductions in admissions to hospital for people with a range of long-term conditions, including angina, diabetes and irritable bowel syndrome (Moore et al 2007; Creed et al 2003; Simon et al 2007);
- Every year, the NHS spends some £3 billion on largely ineffective interventions for people with ‘medically unexplained symptoms’, many of whom could be helped by psychological therapy (Birmingham et al 2010).

GP surgeries need to be welcoming places for people with mental health problems. All primary care staff have a key role in looking after the physical as well as mental health of people with a mental illness.

Get advice from those who know

People with mental health problems and those who support them have an intimate understanding of what makes a difference to their lives. Their experiences can help in the design of better services both within primary care and in the NHS as a whole.

Support carers

People who care for someone with a mental health problem are important partners for primary care teams. They also need support for their own mental and physical wellbeing as well as to pursue their own lives, for example in employment and education.

Who can help?

There is a wealth of expertise about mental health in voluntary and community groups for practices to take up.

Many mental health charities provide services directly, from support groups and leisure activities to advocacy and psychological therapies. Some work with and speak up for specific groups within the population, such as women, children, Black and minority ethnic communities or disabled people. Others carry out research and development at the cutting edge of policy and practice.

In addition to established charities, there are hundreds of local service user and carer groups across the country. They have vital insights into the needs of people with mental health difficulties and their carers and into what would make a difference to their lives. Helpline services also offer vital support to a range of groups of people experiencing mental distress.

What would progress look like?

This year’s NHS Outcomes Framework includes a number of measures for mental health. These include the number of people with mental health problems in paid employment and mortality rates under age 75 for people with severe mental illness. Further outcomes are expected to be developed in future years.

In addition the Quality and Outcomes Framework for general practice also includes numerous measures relating to mental health including the use of registers of people with severe mental illness.

Other key changes that would make a difference in general practice may include:

- Better access to choice of evidence-based psychological therapy for more people of all ages and backgrounds
- Fewer people with medically unexplained symptoms undergoing repeated outpatient appointments
- Fewer people signed off sick with depression for long periods of time.
- Rapid access to services for people who misuse alcohol or drugs
- Early recognition and treatment of psychosis in young people
- Avoiding hospital admissions through effective joined-up community care

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