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There is an urgent need to develop suitable mental health courses for staff in primary care. Thomas Currid outlines the reasons and argues that alongside training, staff supervision and support are essential

KEY WORDS

Mental illness
Primary care
Education

The role of mental health education in a primary care setting

Mental health services have undergone unprecedented changes in the past decade with frequent exhortations in government documents for all agencies to work together to provide care for people with mental health problems (Department of Health, 2001a; 1999). By 2004 all primary care groups will have become primary care trusts, and it is expected that the number of GPs currently providing personal medical services as opposed to general medical services, will also have increased, with more emphasis being placed on an interagency approach to care. In the field of mental health this approach is also being recommended by the *Implementation Guide to the National Service Framework*, which calls for cooperative planning and provision of services to take place among agencies, including primary care (DoH, 2001b).

World Health Organization report A worldwide interagency approach to mental health is also being proposed, particularly at primary care level. Arguing that primary care has the potential to provide a faster route to accessing mental health services, the World Health Organization's report (2001) outlines many advantages to this model of care for both patients and staff where mental health is managed alongside physical health problems. These include, improved screening and treatment, reduced stigmatisation, and the provision of a more holistic approach to care. Resource advantages include: a shared infrastructure for personnel, cost efficiency savings, and the use of the more widely available community staff compared with the limited availability of mental health staff.

To facilitate this integration, and to ensure its success, the report offers a number of recommendations for policy makers. The most important recommendation is that general health care staff need the knowledge, skills and support to be able to deliver this model of care. This view has been echoed by the Workforce Action Team (DoH, 2001c) in its recommendations for compliance with national service framework standards.

National service framework In the *National Service Framework for Mental Health*, Standards 1 and 2 set specific targets to promote mental health for all. Anyone who contacts their primary health team with a mental health problem should be offered assessment and effective treatment (DoH, 1999). At present few primary care trusts provide or commission the full range of mental health services. Yet there are examples of primary care mental health services being developed that are beneficial to patients (Howells and Law, 2001).

In order to develop such initiatives further, ensure faster access and provide services for people with mental health difficulties, it is essential that primary health care workers have an awareness and understanding of the symptoms of mental illness as well as available treatments (Millar and Walsh, 2000).

Staff in primary care typically report that they lack general mental health training and this is supported by Thomas and Corney (1993) who found that only two per cent of practice nurses have formal mental health training. It is clear that there is an urgent need for primary care staff to be trained in mental health care and workforce development.

Training needs in primary care The traditional view is that primary care deals with the 'worried well' and that people with severe mental illness should be managed by specialised staff and secondary services. However, studies show that 30 per cent of people with a chronic psychotic illness are managed solely in primary care and that this group tends to consult their GP more than any other health care professional (DoH, 2001c).

Major concerns have been raised over many years about the ability of GPs to recognise depression, with research consistently showing that about 50 per cent of patients presenting to the GP with depression are not detected (Brooker and Repper, 1998). Many GPs lack the confidence to manage mental health issues partly due to a lack of training and experience (Turton et al, 1995). A recent report, *Primary Solutions*, argues that overstretched GP services, lack of training and poor links to specialist services mean that mental health problems are often not diagnosed properly and some patients receive inappropriate medication (Sainsbury Centre for Mental Health and NHS Alliance, 2003).

Just under half of all GPs undertake a mental health education programme as part of their vocational training scheme, and for most such training takes place in an acute setting rather than a primary care setting. While the need for better training has now been identified, there is no agreed curriculum for a programme of training or national accreditation.

Though there has been less research into the contact that general community nurses have with patients with mental health problems, there is literature to suggest that the role nurses play in patient care is probably substantial and has been largely unrecognised (Gray et al, 1999; Brooker and Repper, 1998).

As many as 30 per cent of patients with psychosis lose contact with specialist services within a year of discharge from hospital (Kendrick, 1996), leaving practice nurses and GPs to administer treatments. For

example, practice nurses may take blood tests to monitor mood-stabilising drugs without the knowledge and skills that underpin the task. In view of the reported lack of appropriate training for primary care staff, it is important to question how the effects and side-effects of medication are being evaluated, how the patient's health is being assessed, and how the overall health of the individual is being monitored.

Training initiatives Training initiatives are welcomed by many primary care staff, as they enable them to gain a better understanding of the impact of mental illness on physical health and the impact that physical illness can have on mental health (see Box 1). This can lead to better detection and quicker interventions. However, many may still pay lip service to the concept. Often physical health care takes precedence over mental health care in a tradition that eliminates physical factors before focusing on the psychological. Evidence shows that patients in primary care present their mental health problems in an undifferentiated way. The contributing factors are multiple and are encompassed by the biopsychosocial model of illness (DoH, 2001c).

Staff support and supervision Many practitioners may feel overwhelmed by the prospect of having to give mental health needs equal priority to physical or social needs, in an area that may be considered unfamiliar. Others who already have an interest in this field, though welcoming the challenge, may be fearful about where and how they will find the time to meet these extra duties. For some, they may view it as yet another directive that has been imposed upon them, without consultation or thought to their already full caseloads.

Many practitioners who work in a holistic manner often report that when they feel out of their depth or need to engage other services, they find it extremely difficult to hand over a case to another team or get the support needed to effect real interagency collaboration. Therefore, it is necessary to build and develop mechanisms to overcome these fears and difficulties.

Alongside training and education, there must be staff support and supervision for those who have taken up the new roles. This support must be regular, easily accessible and underpinned by a philosophy of caring for the employee and their own mental health. It should embrace a culture of helping the individual recognise their strengths and limitations within their new roles and offer ways to develop professionally.

Recognising these needs, the Workforce Action Team (DoH, 2001c) has devised some recommendations in which they propose the following:

- A new programme of primary mental health training;
- Establishment of a national lead on the well being of primary health care professionals;
- A review of the content of GP vocational training;
- Wider dissemination of evidence-based practice.

These proposals are just part of a greater picture in the overall workforce planning, education and training required to meet the targets of the national service framework and *The NHS Plan* but are pivotal in delivering and bringing about long-overdue changes.

Conclusion Education and training of staff is central to the delivery of quality services for people with mental health problems (DoH, 2001c). But education and training does not just refer to furthering knowledge and skills to assist patients. It also refers to the development of resources to assist staff in putting into practice their new found knowledge and providing supportive networks that they can call upon when needed. ■

BOX 1. TRAINING PROGRAMMES AND PACKAGES AVAILABLE IN PRIMARY CARE

The Depression Care Training Centre is an independent, nurse-led training organisation working in collaboration with the Centre for Healthcare Education and University College, Northampton. It provides a variety of courses on mental health issues. www.northampton.ac.uk/aps/nche/depression.html

Primary Care Mental Health Education (PRImHE) is a mental health charity which aims to improve primary care mental health services. It provides educational initiatives for primary and secondary care professionals. www.primhe.org

The Sainsbury Centre for Mental Health is a registered charity that aims to improve the quality of life of people with severe mental health problems by enabling the development of excellent mental health services through research, development and training. www.scmh.org.uk

South Essex Mental Health Workforce Development Group and Anglia Polytechnic University provides a 10-week module 'Mental Health in Primary Care', delivered at undergraduate and postgraduate level to all primary health and social care practitioners.

Further information is available from the WHO's Guide to Mental Health in Primary Care <http://cebmb.warne.ox.ac.uk/cebmb/whoguidemhpcuk/references.html>

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