Mental health in your practice

What does your practice provide?

You may like to consider the following:

Practice organization:

1. A practice policy for what receptionists should do when faced with a patient who is very agitated or describing intentions of harm to self or others.

2. The practice discrimination policy should include a statement that people with mental health problems should not be discriminated against.

3. Some longer slots booked in surgeries to allow for people with emotional problems.

4. Routine follow-up appointments for people prescribed antidepressants, with a doctor or another member of the team, eg chronic disease management systems.

5. Encouraging patients with chronic mental disorders to see the same team member at each visit (shared care).

6. A list of Read codes used by the practice including those with severe or chronic mental illness to ensure regular follow-up and monitoring, including physical health checks. Regular audits of lithium monitoring, benzodiazepine and atypical antipsychotic medication prescribing. Ideally this would be co-ordinated by the practice mental health team lead.

7. Reviewing the 'mental health workload' of each partner. If it falls disproportionately on one or a small number of partners, consider ways of relieving the pressure; alternatively consider acknowledging and supporting the partners' specialization as part of the way the team operates.

8. Practice policy for people who misuse drugs/alcohol.

Information and support for patients:

9. Information leaflets or audiotapes for people suffering mental ill health, including a carers' leaflet, readily available to all team members.

10. Information readily available to patients and all members of the practice team about community or voluntary groups who can help patients suffering mental ill health.

Skills within the primary-care team:

11. Encourage mental health to be part of all clinicians' personal development plan. This includes anti-stigma and stress management training for all staff.

12. Reviewing the skills of all members of the team doctors, health visitor, practice nurse, counsellor, district nurse, school nurse. What kind of problems/patients is each competent to deal with? Are all members of the team aware of the skills already available within the team?

13. Checking the training and support needs of practice nurses or others who are involved in

activities, such as giving depot injections or monitoring of lithium.

14. Developing further primary mental health skills within the team. Consider:

- structured problem - solving
- activity planning - depression
- teaching controlled breathing - anxiety
- teaching relaxation - anxiety
- motivational interviewing - alcohol and drug misuse
- supporting graded exposure to feared situations - anxiety, particularly phobias
- encouraging more appropriate thinking (cognitive skills) - depression and anxiety
- re-attribution of symptoms from physical to emotional causes
- asking about suicidal intentions
- managing self-harming behaviours.

15. Clinical supervision, peer or external, for team members who take on a significant counselling or mental health workload.

Liaison with community mental health and substance abuse services:

16. Regular, face-to-face meetings with the relevant person from the community mental health team(s) that serve your practice.

17. Arrangements to 'share' people with a severe mental illness and those with substance abuse.

18. Displaying the contact details of the key worker for each person with a severe mental illness prominently on the patient notes.

Psychological therapies:

19. Reviewing the access, via secondary care or non-statutory agencies, to cognitive, behavioural, family or other psychological therapies.

Stress management for the primary-care team:

20. Meeting with members of the practice team to consider how you might provide support for each other to minimize your own stress.

21. Liaison with the primary care organization to consider some form of regular psychological support system for health professionals.

Suggested issues for practice and PCT audit

You may find the following ideas useful when auditing your practice performance in relation to mental health in order to improve patient outcomes.

Primary care process indicators

- Establish a register for people with severe mental illness.
- Check that people with severe mental illness are not missing out on routine targets set for the rest of the population (e.g. immunization, vaccination, prescribing of statins, blood pressure control, cervical smears, and breast screening).
- Arrange to make to make a longer than average appointment for people with a mental health problem.
- Access to non-drug treatments within the practice, e.g. practice counsellor or practice nurse
- Appropriate prescribing rate for atypical antipsychotics
- Appropriate prescribing rate for antidepressants
- Appropriate prescribing rate for methylphenidate (e.g. implementation of NICE guidance)
- Reduction in benzodiazepine prescribing
- Number of referrals to specialist services
- Number of admissions to specialist services
- Number of referrals to other community services (e.g. those run by voluntary organisations), and self-help groups
- Link with NIMHE primary care mental health programme

Indicators of arrangements between primary and specialist care

- Level of 24-hour services provided to ensure that people managed on the Care Programme Approach (CPA) can, when necessary, see a mental health professional at any time, 24 hours a day, 365 days a year.
- Protocol with which everyone is familiar for urgent referrals to specialist services, where patient can be seen without delay, even if he/she is not yet on the CPA.
- Establishment of referral protocols between primary and specialist care for range of conditions and for range of therapies, including psychological treatments.
- Average time of untreated psychosis in young people experiencing first signs of a psychotic illness (dependent on identification, onward referral and presence of an early intervention team within a specialized services).
- Number of channels (one, two, three or more) for making links with specialized services (including specialized staff on site, gateway worker, link worker, routine joint reviews of patients with severe mental illness).
- Frequency with which patients on enhanced CPA have a risk assessment.
- Proportion of patients with a current or recent history of severe mental illness and/or self-harm, who have been detained under the Mental Health Act because of a high risk of suicide, followed up with a face-to-face contact with a mental health professional within 7-14 days of discharge.
- Proportion of people seen in Accident & Emergency after an episode of self-harm, who are seen by their GP within the next three days.
- Shared system for suicide audit.

Acceptability to patients

- Opinion of service users and carers.
- Information provided to patients.
- Receptionists are sympathetic to needs of mental health patients.
- Routine audits of services that include opinions of service-users and carers.

Morbidity outcome indicators

- Routine measurement of mental health outcomes (eg HoNOS - Health of the Nation Outcome Scales) or specific depression and anxiety scores).

Mortality outcome indicators

- The system to address these should be at PCT level, rather than practice level, because of the issue of low frequency.
- Reduction in suicides

  - Primary care trusts should track suicides, and check that the right systems are in place to investigate the circumstances, in a manner that promotes effective leaving and change.
  - Promote good-quality risk management (eg action for people who self-harm, checks to ensure those with severe mental illness know whom to contact in an emergency, and automatic triggers in records for rapid follow-up after discharge from hospital).

- Reduction in premature mortality of people with severe mental illness from physical disorders.