Primary Care and Mental Health

‘STAR project’

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What are the issues?

- Nine in ten people with mental health problems are seen in primary care:
  - 30% of consultations involve mental health issues
  - so they have to get really ill before they meet criteria for CMHTs
- 63% of patients committing suicide saw their GP in previous year
  - Only 8% who died had been referred to specialist mental health services in previous year
- 26% were under mental health services
- MHTF target to reduce suicide rate by 10% by 2020/1
Workforce

- GPs are stretched and recruitment is a major problem
- Psychiatrists are stretched and recruitment is a major problem
- CPNs are stretched and recruitment is a major problem
- Psychology is a very popular degree
  - Recruitment to clinical psychology, psychology assistant posts & mental health practitioner programmes is good
- Similarly for ‘case managers’ /health care support workers
Non-medical interventions for depression and related disorders:

- Psychosocial therapies
  - Cognitive–behavioural therapy
  - Interpersonal therapy
  - Problem-solving treatment
  - Behavioural activation

- Mindfulness

- Exercise

- Personal resilience

- Smoking cessation

- Collaborative Care
Collaborative care for depression and anxiety

- Cochrane Review (Archer et al, 2012), collaborative care was found to be associated with significant improvements in outcomes compared with usual care in the USA.

- Care management, encompassing 6-12 contacts between care managers and patients over a period of no more than 14 weeks. The norm for all but the first contact was via telephone. Contacts were designed to be structured, including:
  - Formal assessments of mood
  - Help for patients to manage any prescribed antidepressant medication;
  - Direct support for patients with behavioural activation

- Care managers keeping in close contact with GPs, using a structured protocol & structured supervision from mental health specialists.
Southampton Primary Care Mental Health ‘STAR’ Project

- Initiative funded for six months as part of ‘Hubs’ project – ‘Prime Ministers Challenge Fund’
- Objective:
  - provide structured needs (DIALOG) & symptom assessment (PHQ9 & GAD7), problem-solving & connecting people to community resources
- Referral criteria: **emotional needs**
- Exclusion:
  - currently receiving care from Substance misuse team, IAPT or MHT
- Staff:
  - three **Band 4** STAR (support, treatment & recovery) workers supervised by **Band 6** CPN (back-up of CMHT/Clinical Services Director)
- Working hours:
  - day time (+ evening/weekend sessions)
- Process of referral:
  - by GPs through ‘hubs’ from mid-November 2015
How satisfied are you with your mental health?

1. totally dissatisfied
2. very dissatisfied
3. fairly dissatisfied
4. in the middle
5. fairly satisfied
6. very satisfied
7. totally satisfied

Do you need more help in this area? Yes No

Physical health
Job situation
Accommodation
Leisure activities
Partner / family
Friendships
Personal safety
Medication
Practical help
Meetings
Progress

- Recruitment was slow to take off...
  - Publicity, visiting, networking, list searching (>10 visits/year)
  - Referrals to CMHT who don’t meet criteria
  - Discharges from CMHT & AMHT
  - Reducing cost effectiveness, affecting staff morale & jeopardising project

- Skill mix
  - 3 Band 4 staff: effective with majority
  - One band 6: for support and more complex cases

- Outcomes:
  - Patient experience (qualitative study) & clinical outcome
  - GP attendance rates
Figure 1. STAR Worker Appointment Data

- **Telephone (15 min slot)**
- **Face2Face appointments (45 minutes)**
Follow up type after first appointment

- Telephone call
- Additional face to face
- No follow up
Outcome after first follow up

- Closed: 50
- DNA: 40
- Additional Call: 30
- Additional Face to face: 10
Anxiety scores

GAD 7 Scores

Mean = 14
Range = 0 - 23

No. of Patients

GAD 7 Score Range

0-4 (Minimal)  5-9 (Mild)  10-14 (Moderate)  15+ (Severe)
Depression scores

PHQ 9. Scores

Range = 1-27
Mean = 17

No. of patients

PHQ 9 Score Range

0-4 (Minimal) 5-9 (Mild) 10-14 (Moderate) 15--19 (Moderately Severe) 20-27 (Severe)

Mean = 17
<table>
<thead>
<tr>
<th>Outcome Category</th>
<th>Brief Description</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice and Information given</td>
<td>Information about self-help and psycho education available given, advice and support re contacting agencies given</td>
<td>27</td>
</tr>
<tr>
<td>Local signpost information given</td>
<td>Information given about local services, community groups and voluntary services</td>
<td>61</td>
</tr>
<tr>
<td>Referral back to GP</td>
<td>Referred back to GP for physical health, medication or specialist referral</td>
<td>9</td>
</tr>
<tr>
<td>Referral to AMHT/CMHT</td>
<td>Referral to AMHT/CMHT</td>
<td>7</td>
</tr>
<tr>
<td>Referral to IAPT</td>
<td>Referral and support to access IAPT</td>
<td>46</td>
</tr>
<tr>
<td>STAR worker brief intervention</td>
<td>Short intervention work provided by Band 7 STAR supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Referral to specialist services</td>
<td>Referral and support to specialist services such as drug and alcohol services or rape crisis team, family planning or relationship counselling</td>
<td>9</td>
</tr>
</tbody>
</table>
Problems presenting:

- Termination - linked to advisory service (Firgrove centre)
- Loneliness – renegotiated with family
- Bullying by son – involved police
- Intimidated by father – assisted to move out (confidence & location) & deal with weekend drinking (substance misuse services)
- Son with autism – safeguarding support
- Abuse – linked to rape crisis (safeguarding)
- Work pressures – left work
- Suicidality – process in place for review; Acute MHT, CMHT, manage in primary care
- Autism spectrum – linked to RELATE email counseling
- Daughter/sister – parents & brother with MI; linked to carer’s support
- Male – suicidal feelings, sleep hygiene & linked to CALM
- Son with ADHD - go back to ADHD support group & contact school re attendance problems - son restarted school; reviewing meds with GP
- Worried about FH of cancer - McMillan counseling set up. Linked with IAPT & SARC: info on sleep hygiene and self-help for suicidal thoughts
Resources

Emotional Wellbeing
Informing, guiding, supporting...

Primary Care STAR project
Description of Primary care STAR project & protocol (STAR protocol draft 2)

Assessment tools:
- DIALOG form
- Anxiety - GAD7
- Depression: PHQ9
- Alcohol use: AUDIT
- Drug use: DUDIT

DIALOG ITEMS:
- mental health: NHS Choices, self-help, keeping mentally healthy, conditions, controlling anger
- physical health: NHS Choices
- job situation: Job centre+
- accommodation
- leisure
- friendships: bereavement
- partner/family: helpguide.org RELATE
- personal safety
- medication: community pharmacist, GP
- practical help money
- consultations with staff

Last Updated on Saturday, 17 October 2015 21:18

https://emwb.org.uk/
(websites & leaflets)
Pilot extended (June 2016) suspended (August) & discontinued (October)

- Meeting to discuss evaluation concerns raised about
  - Use of computers
    - Google, accessing one personal email
  - Safeguarding
    - Levels (equivalence between Trust & Federation)
    - Referrals to non-vetted agencies

- Investigation conclusions:
  - All subcontractors will now assure and provide supporting documentation at the start of contracts for statutory and mandatory training.
  - Initial evidence is that, whilst there have been several good news stories; overall there has been little activity and no measurable impact on activity across the wider health economy.
- Wessex Primary Care Project (SCN) have funded the project with £37 000
- Revision of pilot:
  - Working with specific high morbidity practices
  - CMHT bases to be used for referrals from other practices
  - CPN role to be developed
    - Supervision & support to band 4s
    - Follow-up patients initiated on antidepressants
    - Role with SMI/support to practice nurses doing depots
  - Develop collaboration on repeat attenders
  - Meet with community navigators
- Information governance issues – suspended project...
- Primary care work-stream across Hampshire to develop options with local area
Qualitative study (Phoebe Millar) Results

- GPs (3), staff (5) & patients (3)

- 3 main themes:
  - intentions for the service were fulfilled (227 mentions)
  - administrative issues restricted the service from within (127 mentions)
  - limited resources in the community and psychiatric system restricted the service from outside (166 mentions).
FOUR YEAR FORWARD VIEW

- Continue and develop primary care teams linked to IAPT & CMHTs:
  - Psychiatrist & psychologist (sessional)
  - CPNs
  - STAR workers

- Offering
  - Problem-solving & linkage
  - Brief interventions (individual & group):
    - worry & coping skills work
    - for somatisation (‘MUS’) and emotionality (distress & anger)
  - Work with SMI supported in primary care
    - Reassess treatment packages (e.g. family work, CBT & employment)
    - Physical health care monitoring & interventions
  - Consultation & support
  - Collaborative care planning with GPs/ED
    - Repeat attenders