

Editorial

A collaborative approach to primary mental health care

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It is appropriate that in this 'new look' journal *Primary Care Mental Health*, we can announce the launch of a new project, which should make a significant impact on the way that primary care mental health services are provided. The National Primary Care Development Team (NPDT) is proud to announce a new collaborative programme aimed at people with common mental health problems. The collaborative programme will engage up to 20 teams from around the country, and using the tried and tested methodology that it has developed over the last five years, will work to develop, test and share best practice.

The NPDT was established in 2000 to develop the capacity and capability of individuals and organisations to make improvements to patient care. By engaging people in programmes of work designed to help them make rapid, systematic and sustainable improvement, the NPDT also enables individuals to develop a set of practical, transferable skills in quality improvement that can be applied to any clinical or organisational priority to develop a culture of continuous improvement. Patients and service users are at the heart of the improvement process, and form part of the improvement teams.

By December 2003, the National Primary Care Collaborative (NPCC), the first of NPDT's programmes, had engaged over 5000 practices in every primary care trust (PCT) in England, covering around 31 million patients, and has produced dramatic reductions in waiting times and improvements in patient care. This makes it the largest health improvement programme worldwide. The NPCC is being spread through the 11 local NPDT centres hosted by PCTs around the country. This means that in the region of 50 000 primary care clinicians (GPs, nurses, other health professionals) in England are actively engaged in improvement work on access, the management of coronary heart disease, diabetes, chronic obstructive pulmonary disease (COPD) and capacity and demand management to improve access to secondary care.

The underlying aim of the collaborative is to develop capacity and capability within primary care organisations and for individual clinicians to apply improvement methods to any clinical or organisational challenge they may face, thus empowering them to make changes that make sense to them locally.

The NPDT now has a range of multi-agency development programmes that encompass a variety of topics, organisations and communities of people. Each programme is founded on an effective methodology, supported by a strong evidence base, to deliver rapid results while teaching skills for improvement to those involved.

One area that currently has not been addressed nationally in this country is the initiation and spread of improvement skills among mental health workers in primary care. The new collaborative outlined below would enable the tools and techniques for improvement to be picked up by a whole new cohort of clinicians within primary care and other agencies.

The National Institute of Mental Health for England

The National Institute of Mental Health for England (NIMH(E)), like other development and implementation agencies, has a central core and in this case eight regional development centres (RDCs). Each of the RDCs has a core staff, and has dual lines of accountability to both central NIMH(E) and their local stakeholders; stakeholders include the statutory agencies, the voluntary sector, and users and carers. The stakeholders elect/appoint a chair, to whom the chief executive of the RDC is accountable. NIMH(E) has a number of work programmes that reflect national priorities in mental health.

One of the work programmes of NIMH(E) is the primary care work programme. This programme is managed by a national primary care mental health board. The work programme has five strands, each of which is led by one of the RDCs, and it is their responsibility to ensure that the strand delivers the outcomes that are needed, and shares the work with the other RDCs, so that the learning is shared nationally. The five strands are:

- staff development
 - core training
 - leadership and shared learning
 - primary care graduate workers
- commissioning and developing effective partnerships
- developing a primary care user perspective
- integrated care for those with severe mental health problems
- research and development.

As part of the strands, it is acknowledged that the collaborative learning system offers primary care many incentives to both change and improve care. It is therefore one of the basic aims of the primary care work programme to initiate a Collaborative in Common Mental Health Disorders programme.

Standards 2 and 3 of the *National Service Framework for Mental Health* (NSF) require primary care services to assess accurately and refer appropriately people suffering from mental health disorders. The NSF does however make clear that the vast majority of people with mental health problems are managed successfully wholly within primary care. Key facts are:

- people with mental health problems account for 30% of general practice consultations
- 90% of people with mental health problems are managed entirely in primary care
- common mental health disorders will be the most common chronic disabling condition in the world by 2010, causing the greatest disability according to the World Health Organization

- only a quarter of people suffering from anxiety, common mental health disorders or a mixture of the two are being treated
- people with coronary heart disease are up to four times more likely to suffer from depression.

The NSF required primary care organisations (PCOs) to develop guidelines for the shared care management of six conditions including depression. Many PCOs around the country were able to create such guidelines and to audit their implementation, but there has been no sharing of these guidelines nor learning from each other's successes (and failures).

The NHS Plan described the introduction of 1000 graduate primary care mental health workers to support primary care by providing effective short-term psychological interventions. One of the issues associated with the welcome introduction of these new workers is how to ensure that appropriate patients are referred, and that their assessment is accurate. In addition primary care trusts (PCTs) need help and support in appointing to these posts, which for some PCTs is proving a challenge, yet this initiative is central to making primary care more responsive.

However, there are examples throughout the country demonstrating improved clinical outcomes, reduced medication and referral, identification of depression in men at risk of suicide, and reduced waiting times for intervention. The gap between what is possible and what is likely creates an opportunity for utilising the collaborative method to share learning and implement new systems of care that will improve the management of patients and assist in the implementation of the NSF.

The collaborative programme offers an opportunity to front-line clinicians to make a real difference to the way that care is being provided for people with common mental health conditions. It has been an aspiration for several years, and now that it is about to be launched, this is an opportunity that must be grasped. The journal will keep you up to date with developments in this area, but the collaborative will only be successful if you contribute and participate. Please do so.