

## Editorial

# The Primary Care Programme of the National Institute for Mental Health in England (NIMHE)

André Tylee MD FRCGP MRCPsych

Editor, *Primary Care Mental Health*; Professor of Primary Care Mental Health, Institute of Psychiatry, King's College London; Chair, Primary Care Programme Board, National Institute for Mental Health in England (NIMHE), London, UK

The emergence of *Primary Care Mental Health* coincides with the launch of the Primary Care Programme within the National Institute for Mental Health in England (NIMHE). This signifies the recognition that mental healthcare provided within a primary care setting is of crucial importance to users and carers. NIMHE is a new organisation, based within the Modernisation Agency at the Department of Health.<sup>1</sup> NIMHE's aim is:

To improve the quality of life for people of all ages who experience mental distress. Working beyond the NHS, we help all those involved in mental health to implement change, providing a gateway to learning and development, offering new opportunities to share experiences and one place to find information. Through NIMHE's development centres and national programmes of work, we will support staff to put policy into practice and offer help to resolve local challenges in developing services. To achieve these aims, service users will be at the heart of all of our work. We will champion achievements, work to break down bureaucracy and promote flexible ways of working. NIMHE is forging new partnerships and will take a lead in connecting mental health research, development, delivery, monitoring and review.

NIMHE has a small central hub based in Leeds with eight regional development centres which will undertake all the supporting work of the various programmes, and lead on some of them nationally. West Midlands Regional Development Centre (Director – Ian McPherson) and London Regional Development Centre (Director – Peter Horn) jointly direct the Primary Care Mental Health Programme and the other regional development centres will, in time, take national responsibility for the various components of the programme that are described in this article. The

Primary Care Programme needs to have at its heart an imperative to help practitioners improve the standard and consistency of service offered across the board. It also needs to encourage innovation and the development of new ways of doing things for those primary care teams working at the leading edge. The overriding aims are:

- to help practitioners improve the fundamentals of care
- to facilitate and encourage innovative practice.

The former aim entails helping the busy generalist to do a 'difficult job better' which it is hoped will achieve a more satisfactory response for those seeking mental health support in primary care.

Key principles involve: improving the 'patient journey' by seeing primary care as part of a wider integrated system of mental healthcare; helping practitioners do a difficult job better while involving them in the development of the programme; and allowing different approaches for different situations.

The programme will work within the following values base:

- does it make sense to the user?
- service improvement initiatives should be based on emphasising strengths not deficits
- the programme should promote mutual respect and integrate the generalist and specialist perspectives on the whole of mental health
- primary care should be seen as part of a whole system where the critical importance of relationships is acknowledged
- we should promote the integration of 'mind and body' in the design and provision of care
- the Primary Care Programme should be seen as a cornerstone of a network of interrelated developments reflecting the whole patient journey.

The Primary Care Programme needs to link to other important programmes being developed within NIMHE such as those concerning social inclusion, carers' development and the black and minority ethnic strategy etc.<sup>2</sup>

## Programme areas

Standards 2 and 3 of the *National Service Framework for Mental Health* (NSF) are specifically about primary care, although none of the seven NSF standards are irrelevant to primary care.<sup>3</sup> Standards relevant to primary care are also seen in the NSF for older people and are expected in the NSF for children.<sup>4</sup> Working with practitioners, the programme will develop ways of translating these and other standards into effective practice. Five programme areas are proposed that are consistent with current policy and address the agenda set out by *The NHS Plan* and the NSF for mental health.<sup>3,5</sup>

### Staff development

This includes core training, leadership and shared learning, and primary care graduate workers. The Workforce Action Team (WAT) 'special' report, illustrated the current shortfall in the provision of education and training for the whole primary care team.<sup>6</sup> The programme needs to contribute to improvements in the service by working with those that use the service and those that deliver care within primary care settings, most of whom are generalists rather than specialists. Generalists and specialists will have differing training needs and some of these can be met within multilearner groups and some within groups peculiar to their own background. All primary care staff need equipping with a basic understanding and awareness of mental health problems and the programme will look at how best to achieve this. Continuing professional development of all primary care staff will need supporting as will practices as learning organisations. Much of this type of training will also need to be overseen and developed at a local level, so there is a pressing need to develop leadership skills within the local primary care mental health leads of primary care organisations, and local teachers using programmes shown to be effective. The programme will work closely with the NHS Leadership Centre of the Modernisation Agency on how to increase leadership capacity and with Primary Care Mental Health in England (PrimHE) to achieve good networking of leaders and practitioners.<sup>5</sup> The proposed primary care graduate workers offer the opportunity to enhance the primary care mental health workforce and they will have many training and support needs if they are

to work effectively within primary care for the benefit of users and carers.<sup>7</sup> Other primary care workers will also need to be informed about their role and potential but also about what they cannot be expected to do.

## Commissioning and developing effective partnerships

The commissioning agenda facing primary care trusts (PCTs) and local authorities is a formidable one. Of crucial importance are those who plan and commission care on behalf of primary care organisations and of course the populations they serve. Such care could be provided within a range of other settings, including primary care, mental health services, social care, local authorities and the voluntary sector, traditionally, although there is scope for innovation. Work is needed on how best to increase the knowledge and capability relating to mental health commissioning as well as working to support PCTs, local authorities and others to develop specific strategies for primary care mental health. To support these two aims the following actions are proposed as part of the programme:

- developing skills and capacity in commissioning mental health services
- establishing effective partnerships across the whole system to improve commissioning
- developing commissioning as a tool for mental health improvement
- maximising opportunities for joint commissioning
- working with PCTs and National Primary and Care Trust Development Programme (NatPaCT) to develop best evidence-based commissioning of mental health.

## Developing a primary care user perspective

The user is central and most care is provided by their loved ones, friends and colleagues. However, the contribution of these carers is not always valued, particularly by users who have only received care in primary care settings. Primary care is however only one of several places where a user may go for help. They may just as easily go to social care, the voluntary sector or the private sector, which includes the complementary and alternative health sector (see the review on nutritional approaches by Patrick Holford in this issue). We therefore need to hear the perspectives of users who rarely use primary care for mental health reasons, such as adolescents, young people and the homeless. A key objective for the programme is to see it through service users' eyes and to challenge

traditional organisational, professional and cultural separation of services. Two key areas of concern are:

- enabling users to develop greater understanding and expertise about the management of their own condition and developing the capacity of the voluntary sector to provide mutual support groups and other programmes
- enabling primary care users and carers to contribute and influence the development and delivery of primary care mental health services.

### Integrated care and integrating services for those with severe mental health problems

A significant group in primary care are those patients comprising around a third of those with severe and enduring mental illness, who are solely under the care of their generalist, for a variety of reasons. These users will at times have many differing needs which may include mental healthcare, social care, drug side-effects, occupational and financial needs, etc. The onus will be on primary care staff to know how to access this help or provide it themselves. Other users may choose to access all care from their mental health services and rarely attend primary care. These users will have physical care needs that have to be met. All these needs require dedicated staff using dedicated registers and recall systems to achieve good care which involves close liaison and good interface arrangements between primary care and mental health services as well as social care and voluntary care. Other primary care providers such as NHS Direct and NHS walk-in centres need to be involved.

### Research and development

It is likely that many good research ideas will emerge from the components of the programme and these will need to be gathered, developed and prioritised, and acted on. The Institute of Psychiatry and Manchester University are jointly running NIMHE's Mental Health Research Network. The Primary Care Programme will work closely with any primary care research networks set up to write multicentre research protocols developed by this network.

## Delivering the programme

A national programme manager has been appointed to organise, co-ordinate and implement the programme plan with the programme board which will be advised by a representative reference panel. The manager will be working closely with the eight development centres to ensure the five areas are being progressed in each region. In addition, development centres will take the national lead, sometimes in combination, for each of the five areas. Early priorities are to establish networks for commissioners, promote the further uptake of existing leadership programmes and raise awareness about the proposed new primary care graduate workers and their likely role. Future editorials will describe the progress of the three-year programme. While this is an ambitious programme it is fully committed to a 'bubble-up' approach which emphasises the power of helping users, carers and front-line staff find and implement their own solutions. Readers who wish to be involved are strongly encouraged to contact us.

### REFERENCES

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- 5 Department of Health (2000) *The National Plan for the New NHS*. Department of Health: Leeds. [nhsweb.nhs.uk/nationalplan/statement.htm](http://nhsweb.nhs.uk/nationalplan/statement.htm)
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- 7 Department of Health (2003) *Fast-Forwarding Primary Care Mental Health. The plan for graduate primary care workers*. Department of Health: London. [www.doh.gov.uk/mentalhealth/fastforward.htm](http://www.doh.gov.uk/mentalhealth/fastforward.htm)

