

Scottish Primary Care Mental Health Research and Development Programme

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About the Programme

Unlike other areas of healthcare such as cancer, heart disease, diabetes, or asthma, the area of primary care mental health does not attract the same level of funding for research either from the medical research councils or from disease specific charities (which core fund many academic research posts). NHS Research & Development activities are also focused on physical illness and heavily weighted towards activity within secondary care. As a result, there is less emphasis placed upon, and less of an evidence base from within primary care, on mental health. In response to this, the Scottish Government has (since January 2006) provided infrastructure support for a primary care mental health research and development programme led jointly by the Universities of Stirling and Edinburgh and the Scottish Development Centre for Mental Health (SDC) – funding for this programme will continue for another two years until December 2010.

The programme promotes a more holistic approach, mental health promotion and prevention, self help and social interventions. The programme complements the majority work and view (dominated by biomedical approaches) and is

contributing to the culture shift in priorities in mental health towards primary care.

Key Objectives

1. Increase primary care professionals' knowledge, capacity and capabilities in mental health
2. Build capacity for mental health research in primary care

The key objectives for the programme have been to increase primary care professionals' knowledge, capacity and capabilities in mental health and to build capacity for mental health research in primary care. To that end, the programme hosts a substantial body of projects addressing key areas within the mental health agenda in Scotland: suicide prevention; self help/self care; chronic physical conditions/co-morbidity; peer support and recovery; depression and long term incapacity; and social interventions and community capacity building.

The development activities have been driven by the need to support both the promotion and prevention agenda in primary care (Community Health Partnerships (CHPs)) and to support

the implementation of Delivering for Mental Health. This has resulted in the development of a seminar series for CHPs around the key learning for primary care mental health delivery, and a developmental project to specifically help CHPs address the mental health needs of those with chronic physical illnesses such as Coronary Heart Disease and Diabetes (Commitment 3 in Delivering for Mental Health). It has also enabled continuing development work on community/social referrals.

The programme continues to expand its knowledge transfer activities, through links to the CHP learning network and the new Mental Health and Long Term Conditions Collaboratives (set up by the Scottish Government to facilitate the achievement of its targets and priorities) and dissemination of knowledge through a variety of written documents and reports which are widely circulated across the health care sector, attendance and presentations at events, and input to national advisory groups. The networking and dissemination activities are also strengthened by its Advisory Group which includes wide representation with key links into primary care, health improvement and community capacity building.

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About the Programme

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Priorities

1. Promoting a holistic view
2. Self help/self care
3. Tackling inequalities
4. Employability

Experience to date within the programme indicates that considerable further development is required to enable CHPs (which have a clear role in mental health improvement) to formulate clear objectives to address common mental health problems of their local population. CHPs also need continued support to build and sustain the cross sectoral partnerships required to deliver evidence based services and resources that include psychological, pharmacological, social and community interventions within a coherent framework. The forthcoming phase of the programme will place emphasis on addressing the development requirements of CHPs in setting and implementing priorities for primary care mental health which we hope will be focused on:

1. Promoting a holistic view of health and developing the capacity of CHPs to provide services and supports that meet the physical and mental health needs of individuals, particularly people with long term conditions and HIV. This work will encompass increasing local understanding of current referral pathways, blockages and opportunities for collaborative working.

2. Self help/self care: Several strands or work contribute to this important theme including: the piloting of Living Life to the Full (LLTFF) materials to encourage self help in those with chronic physical illness and co-morbid depression; the encouragement of self help within the care pathways to be developed within the Living Better Project; the proposed development of an Advanced Symptom Management System for chronic/treatment resistant depression (ASyMS[®]-D) which will include self care protocols; and the evaluation of self management training in bi-polar disorder. Again, this focus also relates to the ongoing development of stepped/matched care pathways by CHPs and will include the dissemination of information and evidence around social prescribing.

3. Tackling inequalities, particularly in the provision of mental health promotion, care and treatment in primary care; and particularly inequalities faced by older people.

4. Employability and the barriers faced in successfully implementing impending welfare reform - improving individuals' health, tackling poverty and promoting employability.

In addition, the programme has been working at a European level, firstly in the award winning European Alliance Against Depression Project — Winner of the European Health Forum Award in recognition of an outstanding contribution in meeting European

health challenges by implementing a health policy initiative of European importance). This has been implemented in Scotland in partnership with NHS Lothian; and secondly through its involvement in a new project "Optimising Suicide Prevention Interventions". Scotland will lead the evaluation that will enable knowledge transfer in relation to implementing multi-level interventions in different healthcare contexts and organisational structures. One of the programme partners, SDC, is currently leading the SUPPORT project, which supports EU mental health policy development and promotes the visibility of mental health activities at European level (www.supportproject.eu). The European Pact on Mental Health includes the prevention of suicide and depression as one of five thematic priorities.

This series of newsletters will be available in 2009 to highlight the on-going and future activities of the programme.

There is more information on how you can contribute to the programme and the discussion on the back page.

Margaret Maxwell, January 2009.

Collaborating for Mental Health

A Conference organised by the Scottish Primary Care Mental Health Research and Development Programme and NHS Tayside

This conference, held in Dundee on 3rd Sept 2008, aimed to promote the development of effective partnerships between community groups, the voluntary sector and statutory services within Community Health Partnerships. It was a timely event in that it took place just as the Government was laying out the actions proposed under Equally Well to address inequalities in health, with further initiatives expected imminently on early years, on tackling poverty and on the link between the environment and health. The event attracted a range of people from different types of services and projects across Scotland who had experience in addressing the mental health needs of local communities.

The programme featured a keynote presentation from Professor Mac Baird of the University of Minnesota who set the scene for the day by laying out a compelling case from research and primary health care practice for holistic approaches to mental health at primary care level. Some of the key themes from the conference comprise the following:

1. The important role that community based groups and organisations play in enabling issues that affect the mental health of local people to be addressed at community level, through approaches that build

strengths and resilience and promote social organisation and action. Examples here included the work of the Thistle Foundation in Edinburgh supporting healthy living and the work of the Sandyford initiative in Glasgow in reaching out to groups who might not take up more conventionally delivered health promotion and health care services.

2. Formal processes and structures for planning and commissioning provide a framework within which to cultivate solid working relationships where different sectors aspire to work together. However, experience suggests that they also need to develop common agreement on the goals and values they want to pursue and the models and approaches they will use. This was illustrated in a parallel presentation from Aberdeen on experiences in building links between regeneration and health.

3. There is a continuing need to improve how things connect up: policy; research and practice; national and local level developments; social, psychological and medical responses, in order to address the complex and interlinked problems people experience in daily life. One of the key challenges for service organisation, for example, is to enable access to help and advice at the right level at the

right time, starting with self help and self directed support.

Overall, the conference recognised that primary care has to be a focal point to tackle the multiple manifestations of disadvantage that impact on the mental health and wellbeing of individuals and communities. This can only be undertaken by unlocking the full range of skills, experiences and resources available across agencies and within local communities. The Scottish Primary Care Mental Health Research and Development Programme will continue to support this agenda in the next two-year phase of its work programme.

Allyson McCollam, January 2009.

Presentations from the conference are available at:

<http://www.sdcmh.org.uk/events/pgs/pastevents.html#PrimaryCare>

Links to services and organisations that featured on the conference programme:

www.amha.org.uk

www.dundeehealth.co.uk

www.sandyford.org

www.thistle.org.uk

www.stonewallscotland.org.uk

Living Better

Improving Mental Health and Wellbeing of People with Long Term Conditions

Living Better is a project promoting the mental health and wellbeing of people with diabetes and heart disease.

Research indicates up to a third of people with diabetes, and patients with a myocardial infarction will develop depression, and depression increases the likelihood of death from heart disease (Davies et al (2004), Barth et al (2004), Lin et al (2006)).

Given this evidence, The Scottish Primary Care Mental Health Research and Development Programme (SPCMHRDP) and The Royal College of General Practitioners (RCGP) Scotland were interested to support primary care practitioners and managers with their efforts to develop integrated mental and physical health promotion, care and treatment.

The SPCMHRDP and RCGP partners have developed *Living Better* with Diabetes UK Scotland, Chest Heart and Stroke Scotland, British Heart Foundation, and Depression Alliance Scotland. The project is funded by the Scottish Government until December 2010.

The project has a national steering group and links with initiatives such as The Mental Health and Long Term Conditions Collaboratives, and the development of Integrated Care Pathways. Primarily, it works at Community

Health Partnership (CHP) level, with mental health, health improvement, diabetes and heart disease service providers; with patient groups and people who have diabetes or heart disease. It is supporting local areas to promote holistic care for individuals, for example through joining up mental health and long term conditions pathways of care.

A focus of the project is strengthening anticipatory care for people with long term physical health problems. For example, people with long term conditions assessed (using PHQ9 or HADS) as experiencing moderate to severe mental health problems, currently, are likely to be signposted to mental health services. However, what happens to people not in need of treatment by a primary mental health care team, people who fall below the assessment cut-off but may still be experiencing a variety of complex problems that negatively affect their mental health? Often there are programmes and interventions available which could support that individual - such as self-help groups, exercise referral, voluntary sector projects - but the pathway to those supports isn't clear for the individual or the clinician carrying out the assessment. *Living Better* works with local areas to assess current opportunities and gaps in care pathways; to develop an increased understanding of

complexity in people's lives, for example through promoting more holistic, complexity-based assessments, and possible responses to this; and to promote a greater focus on mental health improvement, and stronger links between the voluntary and statutory sectors.

Living Better operates in six pilot areas in Scotland - Angus, North Lanarkshire, CHPs in Greater Glasgow and Clyde and the Western Isles. One of its aims is to promote learning between local areas. Contributing to this is the project's research component.

The project includes baseline research to identify current practice in diagnosis, care and treatment of the patient group. The research work will continue throughout the project, analysing the project's processes, barriers, success factors and outcomes in the local areas. Given this is intensive work the project is specifically focussing on two GP practices in each CHP.

In each of the areas, it is anticipated the project will last for 18 months, and it is in its initial stages.

For more information about the project, please contact Linda McGlynn, Living Better Project Officer on linda@sdcmh.org.uk.

Pippa Coutts, January 2009

References

1. Davies SJC, Jackson PR, Potokar J, Nutt DJ. Treatment of anxiety and depressive disorders in patients with cardiovascular disease *BMJ* 2004;328:939-943.
2. Barth J, Schumacher M, Herrmann-Lingen C. Depression as a Risk Factor for Mortality in Patients With Coronary Heart Disease: A Meta-analysis. *Psychosomatic Medicine*, 2004;66:802-813.
3. Lin EHB, Katon W, Rutter C et al. Effects of enhanced depression treatment on diabetes self-care. *Ann Fam Med* 2006;4:46-53.

New Publications

1. A new guide to developing and delivering social prescribing and community referrals

The Care Services Improvement Partnership North West England has recently released *Social Prescribing for Mental Health – A Guide to Commissioning and Delivery* (Friedli, L., with Jackson, C., Abernethy, H., and Stansfield J.)

The guide describes what social prescribing is and the evidence base for social prescribing and community referrals improving mental health and well-being. It gives ideas on commissioning for, and delivery of, social prescribing. The guide derives from a CSIP North West Social Prescribing Development Project with Lancashire Primary Care Trusts, and will shortly be available on the internet through www.northwest.csip.org.uk

Social prescribing is a mechanism for linking patients in primary care with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, learning, volunteering, mutual aid, befriending and self-help, as well as support with, for example, employment, benefits, debt, legal advice, and parenting problems.

- Social prescribing for mental health provides a framework for: developing alternative responses to mental distress;
- A wider recognition of the influence of social, economic and cultural factors on mental health outcomes across the whole spectrum of disorders; and
- Improving access to mainstream services and opportunities for people with long-term mental health problems.

Scottish Development Centre for Mental Health (2007) *Developing social prescribing and community referrals for mental health in Scotland*. Edinburgh: Scottish Government. www.scotland.gov.uk/Topics/Health/health/mental-health/section25-31/communityprescribing

2. The World Health Organization and the World Organization of Family Doctors has launched a report on the integration of mental health in primary care.

'*Integrating mental health into primary care – a global perspective*' presents the justification for integrating mental health, and advice on how to do so. Drawing on both the latest evidence and on in-depth analysis of 12 case examples of successful integration, the report highlights 10 broad principles to guide countries in their efforts to successfully integrate mental health into primary care.

You can download a copy of the report from

http://www.who.int/mental_health/policy/services/en/index.html

Upcoming Bulletins

This is the first in a series of newsletters to highlight the on-going and future activities of the programme. They will be produced quarterly and sent to our mailing list. If you would like to subscribe to the mailing list, please email susan@sdcmh.org.uk using the words 'Subscribe SPCMRD Bulletin' in the subject box.

The newsletters can be obtained from the SDC website or by requesting copies from susan@sdcmh.org.uk.

If at any time you would like to unsubscribe to the bulletin, please email susan@sdcmh.org.uk using the words 'Unsubscribe SPCMRD Bulletin' in the subject box.

Your contributions

We hope you find this bulletin interesting and we welcome any comments you may have, together with suggestions for future articles. The bulletins are produced quarterly in January, April, July and October, if you would like to submit to a particular issue, please contact susan@sdcmh.org.uk to discuss submission dates, word limits and content.

Contact Us

The Scottish Primary Care Research and Development Programme is a partnership between The Scottish Development Centre for Mental Health and The Universities of Stirling and Edinburgh, funded by the Scottish Government to contribute to the following key objectives:

1. Capacity building for mental health in primary care: increasing professional knowledge, capacity and capability; developing services and working with Community Health Partnerships to set and implement priorities for primary care mental health
2. Policy development
3. Disseminating learning around mental health in primary care – providing access to appropriate information and evidence to those with responsibilities for primary care mental health planning and service delivery.



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