

# Better equipped, better care

Improving mental health training  
for GPs and practice nurses

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Staff across primary care services – General Practitioners (GPs), practice managers and practice nurses, health visitors and, in Wales, Local Primary Mental Health Support Services (LPMHSS) – all provide a vital contribution to supporting people with mental health problems. This report largely focusses on the training needs of GPs and practice nurses in a GP practice setting and the support they receive for their own mental health.

# Methodology

In developing this report we have sought the views and experiences of a wide range of people, including people who have received support from GP practices for their mental health as well as the people delivering their care.

## **Our research for this report has included:**

- A literature review
- Stakeholder interviews with experts from across primary care and mental health
- Three focus groups with people with mental health problems
- An online survey of 1,400 people with mental health problems
- Freedom of Information requests to Health Education England and the Welsh Deanery on the number of GP Speciality Trainees undertaking rotations in mental health between 2013-15
- A survey of over 1,000 primary care staff (including GPs, practice nurses and others) to capture their experiences of their own mental health

We have also made use of the extensive engagement exercise undertaken by the Mental Health Taskforce, which involved over 20,000 participants. In identifying our recommendations, the advice and guidance of experts from across the health sector has been invaluable.

# Recommendations

Mental health is core business for primary care services. GPs and practice nurses play a vital role in supporting the one in four people who experience a mental health problem in any given year. However, too often GPs and practice nurses have not been given sufficient training and support to enable them to provide the best possible care for people with mental health problems. In order to enable GPs and practice nurses to provide the highest quality mental health care, we recommend:

## Improving the mental health of primary care staff

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**NHS England, Clinical Commissioning Groups in England and Local Health Boards in Wales should ensure that all primary care staff are able to access effective occupational health services and mental health support**

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NHS England's plan to establish a national service to improve GPs' access to mental health support should be extended to ensure that all primary care staff – including practice managers and receptionists – can also access vital support. Likewise, in Wales, the Government's plan to invest in occupational health support services for GPs should be extended to provide support to all primary care staff.

## Improving pre-qualifying training for GPs

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**Health Education England and the Welsh Deanery should ensure every GP Speciality Trainee is able to undertake a rotation in a mental health setting**

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Currently, the only option for trainee GPs to gain practical experience of mental health services is likely to be hospital based or secondary care focused. While important, this experience won't reflect the kinds of treatment that most people with a mental health problem are likely to need. In order to ensure that every GP Speciality Trainee gains practical experience in a mental health setting, Health Education England and the Welsh Deanery must ensure that trainees are able to undertake a rotation in alternative community based mental health settings – for example Improving Access to Psychological Therapies services (IAPT) – as part of their pre-qualification training.

## Continuing professional development

**The General Medical Council (GMC) should specify a set proportion of annual Continued Professional Development (CPD) credits for GPs to undertake which have a mental health focus**

Ensuring that GPs maintain an up-to-date understanding of mental health is vital. Within current continuing professional development programmes, it remains optional. The GMC should take a lead and specify a set proportion of annual CPD credits for GPs to undertake which have a mental health focus and reflect the need to achieve parity of esteem between physical and mental health. At Mind, we would welcome the opportunity to support the development of this recommendation.

**The Nursing and Midwifery Council (NMC) should specify a set number of training hours that practice nurses should spend with a focus on supporting people with mental health problems**

Like GPs, practice nurses play an important role in supporting people with mental health problems and should maintain an up-to-date knowledge of mental health. The NMC should take a lead and specify a set number of training hours that practice nurses spend with a focus on supporting people with mental health problems, and reflect the need to achieve parity of esteem between physical and mental health.

**GP practices should allocate sufficient funding to support protected training time for all staff**

All GP practice staff - including practice nurses and non-clinical staff such as practice managers and receptionists - need to be encouraged and supported to develop and learn in their roles so that they have the confidence and competence to support people with mental health problems. This means setting aside sufficient funding for high quality training. It also means budgeting for staff to have protected time away from their daily work pressures to fully engage in learning.

## Commissioning services that support mental health knowledge and awareness

**NHS England, Clinical Commissioning Groups in England and Local Health Boards in Wales should include requirements for staff training on mental health within commissioning agreements for primary care services**

Local commissioners in England and Wales have a responsibility to ensure that the services they commission meet the needs of their communities. When commissioning primary care services this should ensure services support the continued professional development of their workforce, and that all staff receive the appropriate level of training to support people with mental health problems, such as suicide prevention training for frontline staff.

# Introduction

One in four<sup>1</sup> people will experience a mental health problem in any given year. While more and more are seeking help for their symptoms, most don't get any professional help. The vast majority of those who do get treatment are seen within primary care – 81 per cent of people first come into contact with mental health services via their GP, with 90 per cent of people receiving treatment and care for their mental health problem solely in primary care settings<sup>2</sup>. It is estimated that one third of GP appointments involve a mental health component<sup>3</sup>. Mental health is core business for primary care.

Just as for someone experiencing a physical health problem, a GP or practice nurse should be, and is, the first port of call for someone worried about their mental health. GP practice staff are there to identify the support someone needs, coordinate their care, and help them navigate the complexities of the NHS in a

compassionate and considered way. They are also well-placed to keep an eye on the sometimes complex relationship between someone's physical and mental health.

Accessing the right mental health care at the right time is crucial for people with mental health problems. GP practices provide vital support for people seeking help for their mental health, whether it's someone speaking about their mental health for the first time, or someone with a long-term condition. Getting effective mental health support early on via a GP practice can improve a person's recovery and help prevent someone's mental health from getting worse.

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**My GP practice is amazing.  
I wouldn't be here now  
without them.**

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However, we know that too often people don't receive the level of care they should expect from their GP practice. There are a number

of reasons for this. As with many parts of the healthcare system, primary care is under strain from significant NHS reorganisation and the need for the NHS to deliver £22bn of efficiencies by 2020, while its workforce is under pressure to meet the increasing demand on services. There is also a need for greater awareness and understanding of mental health among GP practice staff themselves.

This report's focus is on how we can best equip GP practice staff to provide excellent primary mental health care, but we know this is not the only barrier to improving services.

GP practice staff rely on being able to refer the people they see to other services within primary or secondary care and in the community. However, these services are also stretched, meaning long waiting times or high thresholds for accessing support. Sometimes services may exist but staff are unaware of them.

Primary care services, and GP practices in particular, have a crucial role to play in supporting people with mental health problems. If we get primary mental health care right, its impact for people living with mental health problems can be truly transformative.

In England,  
**Only 24  
per cent**

of people with a common  
mental health problem  
receive treatment<sup>4</sup>.

Around  
**One in three**

GP appointments  
involves a mental health  
component<sup>5</sup>.

On average,  
**GPs spend  
nearly a fifth**

of their appointment  
time on social issues<sup>6</sup>.

In Wales  
**only 12  
per cent  
of people**

report receiving  
treatment for a mental  
health problem<sup>10</sup>.

**61 million  
prescriptions**

for antidepressants were  
administered in 2015, an  
increase of more than 56  
per cent since 2012<sup>7</sup>.

People with physical  
long-term conditions are  
**two to three  
times more likely**

to experience mental  
health problems<sup>8</sup>.

Medically unexplained  
symptoms account for up to  
**a fifth of GP  
consultations<sup>9</sup>.**

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# Current challenges facing primary mental health care

## How GP practices can support better mental health

For most of us, our local GP practice is the first place we go when we're feeling unwell. We seek advice and answers from our GP or primary care professional for all our health concerns – including any concerns we may have about our mental health.

Since 2000, there has been a steady increase in the proportion of adults with mental health problems using community and day care services<sup>11</sup>. In part this is because of efforts to reduce stigma around mental health and to increase awareness and understanding through programmes such as Time to Change<sup>12</sup>. With more people coming forward and seeking help, it is even more important that GP practices are equipped to provide the best possible care and support for people with mental health problems.

GP practices provide important support for people needing help for their mental health: from people who have first become worried about their mental health and want to talk through their concerns, to people with long-term or severe mental health problems which need regular management and ongoing support. Anyone with a mental health problem being supported by mental health specialists in the community will also need support from their GP for their physical health needs, and vice versa.



Felicity, 27, is studying for a mental health nursing degree in Plymouth. She said:

“Having a supportive GP who understood mental illness made all the difference. I initially went to my appointment about my ear infection, but because he asked how other things were, I ended up breaking down in tears and explaining that I wasn’t in a good place mentally either. He talked me through options, such as talking therapy and antidepressants, if I decided I wanted to go down those paths, and arranged a follow up appointment in two weeks.

“When I went back to the GP after a fortnight, I decided to take citalopram and he signed me off work for a further week, and then another. I ended up leaving my job, moving down to Devon to be near my family. I now have a new job, a new partner, and I’m working towards my dream job of becoming a mental health nurse. A lot of what has happened was down to my GP, who was so much better than I ever could have hoped. I know not all patients are as fortunate which is why I’m supporting Mind’s call to improve mental health training for GPs and practice nurses.”

Good primary care services recognise the early signs of a mental health problem and provide proactive, timely intervention – whether from GP, practice nurse<sup>13</sup> or another member of staff – that supports people to stay well in their communities and prevents people from reaching crisis point.

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**The first GP I saw at this practice brought mental health up with me before I brought it up with her. When she left, that experience made me feel so much more comfortable talking to another doctor about my mental health.**

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But not everyone feels they are fully listened to when they visit their GP practice. Short and hurried appointments, or a misplaced focus on an existing health condition can exacerbate this and means that there is not enough time to explore someone’s mental health concerns. This impacts negatively on the person’s ongoing care.

There isn't enough time to properly go into detail when I only have ten minutes to talk about my issues. I get flustered, don't like talking about it, get muddled up and can't express myself properly.





## Find the Words

Earlier in 2016, we launched our 'Find the Words' guide, aimed at helping people open up about mental health when talking to their GP.

When experiencing the symptoms of mental health problems, our local GP is the first place we'll go. However, it's not always easy having that first conversation about your deepest feelings with your GP, someone you may hardly know. The 'Find the Words' guide is there to help you make the most of those few minutes that you have with your GP.

[mind.org.uk/findthewords](http://mind.org.uk/findthewords)

## Putting the person first

Even though an estimated one in three GP appointments will involve mental health, too often it remains unspoken. Because of stigma and their own lack of understanding around mental health, people can find it harder to discuss their emotional health with their GP than they do a physical health concern.

Even making an appointment to see a GP or practice nurse can be challenging, with a recent survey of 2,000 people by Cancer Research UK identifying having to talk through symptoms with reception staff as a key barrier to seeking support. The survey also found that 35 per cent of people considered "not wanting to make a fuss" as something that would put them off making an appointment<sup>14</sup>.

On average, GP appointment times are nine minutes<sup>15</sup>. Even if a GP or practice nurse suspect someone might be struggling with their mental health, they will need to build a positive rapport with that person before being able to begin to explore their mental health. Within the limited time frame of a typical appointment, this can mean mental health is left unaddressed or further appointments are required before it is discussed, further delaying diagnosis and treatment.

It can also be difficult for GP practice staff to disentangle and identify mental health

problems within a short appointment time. On average GPs spend nearly a fifth of their appointment time on social issues such as housing and debt<sup>16</sup>. These issues can often be closely linked to the mental health of an individual. Again, this may lead to people attending GP appointments on several occasions before their mental health problems are addressed.

From the patient's perspective, it can take time to build a trusted relationship and gain the confidence needed to describe other matters and mental health worries. Often a physical concern will be a symptom of a mental health worry, while 'medically unexplained symptoms' – where physical and mental health concerns are often intertwined – account for 15-30 per cent of new GP appointments and 45 per cent of overall appointment time<sup>17</sup>.

Getting the balance right between physical and mental health, especially when these are closely intertwined, can also be difficult. During our research, many people told us that they felt their physical health had been overlooked in favour of their mental health, while others with long-term physical health conditions reported that they were not getting adequate mental health support.

Effective primary care from a GP practice will often be delivered by a range of professionals from different disciplines who work together with the patient to identify what support they might need. When working well, primary care promotes a genuine relationship of shared decision-making, built on trust between the professional and the individual person. Effective care from a GP practice successfully coordinates a person's care across different teams and services and helps them navigate the wider health system. But many people don't receive such well-coordinated care, nor do they see different professionals working in a collaborative way to support them.

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**I went about physical symptoms but the GP could tell that I was actually very stressed and highly anxious. They asked me the appropriate questions and highlighted that my mental health was the underlying issue leading to the physical symptoms.**

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Having both a mental health and physical health condition can often mean someone with a higher level of need will need to use services more frequently with regular primary care contact. We know that 46 per cent of people with mental health problems also have long-term physical conditions and people with mental health problems can receive poorer physical health care<sup>18</sup>. It is therefore unsurprising that people with mental health problems are also three times more likely to attend A&E with an urgent physical health need and almost five times more likely to be admitted as an emergency<sup>19</sup>.

There is an important role for GP practices in helping people to make sense of both their physical and mental health needs and to find treatments and solutions which work for them. People told us they wanted staff to have a better understanding of the psychosocial causes of mental health problems, as well as the symptoms, particularly for people with complex needs<sup>20</sup>. High quality primary care services in the community can ensure people's physical and mental health problems are treated holistically, preventing someone's health deteriorating and developing the need for secondary care services.

## Treatment choice

The most common support GPs offer people with mental health problems is medication<sup>21</sup> even though this may not be the most appropriate option. Under time and workload pressures, with limited availability of services to which they feel they can refer patients and a short window to have a conversation about treatment options, GPs may feel they have no alternative. While medication has an important role in many people's lives, for many common mental health problems it shouldn't be the first option, nor the only option, given to someone<sup>22</sup>.

Alternatives to medication should be available and, when prescribed, the side effects should be clearly explained. Ongoing monitoring of any side effects on both physical and mental health should also be planned for.

During the public engagement exercise undertaken by the Mental Health Taskforce, people highlighted the importance of staff having the skills to work collaboratively with patients to identify goals and plan care, as well as to involve carers appropriately and meaningfully<sup>23</sup>. Alternatives to medication, such

as psychological therapies, should be made available to every person presenting with a mental health problem. Exercise, healthy eating and forms of social prescribing such as peer support and outdoor activity all have an important role in providing choice of treatment away from traditional medication.

Given the difficulties in even having a conversation about a mental health problem, the subsequent response and sensitivity of GP practice staff is crucial in building trust with people.

**I didn't feel that my GP really cared about what I was sharing with her, which was upsetting because it was tough to ask for help. I also felt that she didn't explain why she prescribed me medication on my first visit or how it worked, which left me feeling scared and uneasy**

**Some medical professionals tend to write you off... once you admit to having mental health issues. They no longer take your physical health as seriously.**

## Supporting diverse communities

Barriers and poor experiences of GP practice care are regularly highlighted by people with mental health problems and a negative first experience can make it even more difficult when seeking help again. For certain communities, accessing a GP service is even more challenging because of lower levels of GP registrations, and a lack of information on how to access services appropriately<sup>24</sup>.

While there are many groups who are at higher risk of developing mental health problems, some face additional barriers to accessing this essential primary care mental health support. For example, in some Black, Asian and minority

ethnic (BAME) communities, higher levels of stigma around mental health problems may prevent people from seeking help. The recent Adult Psychiatric Morbidity Study highlighted the variation in access to treatments among different ethnic groups, with adults from Black communities most likely to receive no treatment at all for a mental health problem<sup>25</sup>.

In other communities, mental health is not seen as primarily a health issue, and so people may seek support through non-health networks of support. Other groups of people, such as homeless people, refugees and asylum seekers or young men, are simply less likely

to be registered with a GP. As a result, people from these groups are more likely to come into contact with services only when they reach a crisis, by which time the impact on their lives is more damaging and the treatment options more restrictive.

These are just some of the challenges people working in primary care have to overcome. That's why ensuring staff are properly equipped to spot mental health problems and know how best to manage people who are struggling with their mental health is vital. The first place to start is with the primary care workforce's own mental health and wellbeing.

## The policy context

**In its Five Year Forward View for England (2015)<sup>26</sup>, the NHS set out to radically shift the emphasis of the health service towards giving people greater control over their care, developing innovative ways to deliver care to people in their own communities, and better integrating primary and secondary care services.**

To complement this vision, the Five Year Forward View for Mental Health<sup>27</sup> set out how these changes can support improved mental health care in England. It identified the importance of the role of primary care in ensuring people with poor physical health get access to prevention and screening for mental health problems in primary care. It also highlighted the need to ensure all GPs in England receive core mental health training as well as the development of a new extended Scope of Practice in Mental Health for GPs.

Alongside these plans, NHS England has also set out its vision for improving primary care in its General Practice Forward

View<sup>28</sup>. This plan highlighted the need for both investment and reform to meet the challenges faced by primary care, particularly the need to give GPs the resources and flexibility to spend more time with people who might need a greater level of support.

In Wales, the Government has set out its vision for improving mental health services in its Together for Mental Health strategy<sup>29</sup>. The strategy prioritises early intervention and moving more resources into primary care, as well as investing in the development of the primary care workforce.

The Mental Health (Wales) Measure (2010) also emphasises the importance of primary care and established Local Primary Mental Health Support Services (LPMHSS), located with and alongside GP surgeries<sup>30</sup>. The Measure sought to improve and expand primary care services by providing assessment and treatment options for people experiencing mental health problems. LPMHSS are also able to refer to secondary mental health services

where appropriate, as well as signpost individuals and their carers to other sources of support, such as third sector services. Post legislative scrutiny of the Mental Health Measure found that “the knowledge and understanding of general practitioners and primary care staff in mental health is improving but requires further work”<sup>31</sup>.

The Welsh Government’s Programme for Government<sup>32</sup> published in September 2016 contains a commitment to “invest in training NHS staff and create a single body to commission and provide training and education for all healthcare professionals, especially the primary care workforce, to support the work of GPs”.

# Supporting the mental health of primary care staff

We all need to look after our mental health, and that includes GPs, practice nurses and their colleagues. Not only is it important for their own health, but primary care staff being well and being supported means they can provide the best care for their patients. The NHS has

undergone significant changes in recent years and increasing demand is stretching services and putting more pressure on its workforce<sup>33</sup>. Primary care services are under particular strain and we know that compared to many other groups, those working in primary care are

experiencing particularly high levels of stress which is impacting on their mental health<sup>34</sup>.

Mind surveyed over 1,000 primary care staff in England and Wales including GPs, practice nurses, practice managers, receptionists and pharmacists. Our results<sup>35</sup> found that:

**83%**

say that workplace stress affects their ability to sleep

**Almost nine in ten primary care workers**

find their work life very stressful or fairly stressful

**One in three**

feel disclosing their stress levels would lead them to being perceived as less capable than other colleagues

**Two in five**

say workplace stress had led them to resigning or considering resigning

**One in five**

say it has led them to develop a mental health problem

**A third**

feel their boss would be sympathetic but not actively help



Most people experiencing a mental health problem manage their condition well, maintain their employment and perform their role to a high standard. But as for all of us, an important part of managing a mental health problem is being able to seek support when it is needed. Stigma and self-stigma – in particular worries about career repercussions or even being found not fit to practise – is a major barrier to primary care professionals seeking help. Our survey of staff found that almost one in three people working in primary care feel disclosing stress to their manager would lead them to being perceived as less capable than other colleagues<sup>36</sup>.

A reluctance to seek support can lead to someone's mental health problem becoming worse. When staff are feeling under pressure and their wellbeing is neglected, their mental health is likely to deteriorate with a potential impact on the quality of care they are able to provide to their patients.

In order to provide the best care for their patients, primary care staff should be able to work in an environment where they can talk openly about their mental health, and feel confident that when they do, they'll receive the support they need.

The Mental Health Taskforce in England has called for the NHS to support and monitor the mental health of its staff and every trust to provide effective occupational health services<sup>37</sup>. Alongside this, NHS England is establishing a national service to improve GPs' access to mental health support in 2017. As part of NHS England's plan to retain and promote a healthy workforce, it has already committed resources over the next four years to funding the implementation of the General Practice Resilience Programme, as set out by the GP Five Year Forward View<sup>38</sup>. The programme aims to alleviate some of the pressure on GPs by providing local practices with local resilience teams or pools of experienced practice staff, to help with practice management, recruitment issues, and capacity<sup>39</sup>.

In April 2016, the Welsh Government announced they were investing £200,000 to expand occupational health support services to all GPs in Wales as part of a wider review of how Occupation Health services are delivered<sup>40</sup>. This service does not yet extend to all practice staff, however we support the Royal College of General Practitioners' (RCGP) call to ensure all practice staff in Wales have access to this support.

While we're pleased that ambitions to support GPs have been set out in both England and Wales, we think there's still much more to be done. In both countries support should extend to the wider GP practice and primary care workforce, not just GPs.

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**I couldn't stop crying and I thought: I can't do this, I'm not strong enough to do this. I felt that I had failed.**

Dr Zoe Norris

## Case study: Time to Change Mental Health Pilot Project<sup>41</sup>

In February 2015, Time to Change launched a new project to tackle stigma within mental health services. Working with two partner trusts, 2gether NHS Foundation Trust and Northumberland, Tyne and Wear NHS Foundation Trust, they ran a year-long project aimed at making staff feel

more confident about disclosing their own experience of mental health problems.

The project was designed and delivered in partnership with a team of mental health professionals and people who use mental health services. Within the trusts, 220 staff took part in facilitated workshops that

encouraged an open dialogue about mental health at work.

The project increased the confidence of staff in speaking about their own mental health to colleagues and peers. After attending workshops, there was a 9 per cent increase in staff feeling that people reporting stigma had valid concerns.



### We recommend:

NHS England, Clinical Commissioning Groups in England and Local Health Boards in Wales should ensure that all primary care staff are able to access effective occupational health services and mental health support

NHS England's plan to establish a national service to improve GP's access to mental health support should be extended to ensure that all primary care staff – including practice managers and receptionists – can also access support. Likewise, in Wales, the Government's plan to invest in occupational health support services for GPs should be extended to provide support to all primary care staff

**There is that fear that if you talk about your mental health then that will somehow get in to your health records, and in to your professional record as well.**

# Improving mental health training for GP practice staff

## Existing training requirements

Equipping GP practice staff to perform their roles effectively is key to improving primary mental health care. The workforce is the heart of our healthcare system and communities are dependent on their expertise and compassion. GPs, in particular, are expected to have knowledge that spans the breadth of physical and mental health so that they can respond to the needs of whoever comes through the surgery door. There is no doubting it is a difficult and demanding role.

However, people with mental health problems seeking support have told us that while some received an excellent and empathetic response from GP practice staff, too many feel staff lacked sufficient understanding of mental health or of the treatments and support that would be helpful to them. Many people also reported that staff didn't seem to have the skills to support them if they were struggling to articulate their mental health problem. An ability to empathise and understand the difficulties faced by someone struggling with their mental health was repeatedly raised as important by people with mental health problems. We know someone's

first experience of talking to a professional about their mental health can be critical, with a less sympathetic response making it less likely someone will turn to health services when they need mental health support in the future.

Although we know that approximately a third of GP consultations have a mental health element<sup>42</sup>, GPs' initial training on mental health is surprisingly limited. Medical students who wish to become a GP undertake the three year Speciality Training for General Practice (following a three year medical degree and a two year Foundation Programme). As well

as undertaking a series of compulsory clinical modules, GP Speciality Trainees will also undertake three rotations in hospital specialities totalling around 18 months of training, before 18 months posting as a GP Speciality Registrar in a general practice. Rotations offer GPs practical experience and insight into other parts of the health system. With the increasing shift away from treating people in acute hospital settings towards more community-based provision, ensuring GPs are able to develop this practical experience of these settings will become ever more important.

## Clinical modules

All GP Speciality Trainees are required to complete the 'Care for people with mental health problems' clinical module during their training. This is the only module out of the 21 compulsory clinical modules that is dedicated to mental health<sup>43</sup>.

## Hospital speciality rotations

As part of Speciality Training for General Practice, trainee GPs also undertake 18 months as a Specialty Registrar in a range of 'rotations' in hospital specialties. Typically, this will involve three rotations of six months. Among these options, psychiatry is the only available mental health rotation, with the setting often hospital-based and certainly in secondary care. While a

rotation in psychiatry is undoubtedly useful for GPs there are other settings, such as local IAPT services and voluntary sector mental health services, which would give GPs insight into the services where a larger number of their patients will receive treatment.

## 18 months as GP Speciality Registrar

A trainee will also spend 18 months as a GP Specialty Registrar in general practice. While some trainee GPs will have an excellent mental health experience during this rotation, others will not – much of this will depend on the existing approach and attitude to mental health within the practice and that of staff already qualified and practising. This low level of formal pre-qualification training in mental health is not

only an issue for GPs, but also practice nurses working in general practices. Practice nurses provide health care to people which can be delivered without direct GP involvement and can include: health screening, administering routine intravenous mental health medication or taking blood samples, supporting people to lead healthy lifestyles, and referring on to available local psychosocial support.

They may also, of course, be the key contact for many people with long-term physical health conditions who may struggle to cope emotionally. This means that they will regularly see people with mental health problems. A 2014 survey of practice nurses found that 82 per cent have responsibilities for aspects of mental health and wellbeing for which they have had no training<sup>44</sup>.

More training needs to be given to GPs so they understand what it's like to be mentally ill.

## Our research

In order to find out how many GP trainees were gaining practical experience of mental health services, we submitted Freedom of Information (FOI) requests to Health Education England and the Welsh Deanery. We asked each what proportion of GP Speciality Trainees (GPSTs) undertook a rotation in psychiatry between 2013 and 2015. Responses showed significant variation in numbers of GPSTs undertaking training in a mental health setting, with an average of less than half choosing a rotation in psychiatry. None of the local teams offered an alternative mental health setting to psychiatry as part of the three year GP traineeship.

**I couldn't actually bring myself to speak at the time. I think I walked into the GPs office crying and handed her a list of my symptoms. It was such a relief that she could do something to help and understood. I hadn't ever told anyone up to that point.**

Local Team	2013	2014	2015
Kent, Surrey and Sussex	75%	71%	72%
East Midlands	54%	63%	68%
North, Central and East London			
North West London	59%	56%	57%
South London			
North East	48%	42%	47%
East of England	46%	44%	45%
Wales	46%	45%	45%
West Midlands	45%	46%	39%
South West	34%	34%	35%
Yorkshire and Humber	36%	33%	32%
North West	34%	31%	31%
Thames Valley			
Wessex	36%	36%	31%

The findings highlight that with limited choice on offer and without any obligation to develop practical experience within a mental health setting, most GPs enter practice with a low level of formal training and limited practical experience of mental health services. We believe all GPSTs in England and Wales should undertake a rotation in a mental health setting, and that a wider range of options should be made available to trainees.

**“For too long mental health has been considered by some GPs and practice nurses as a specialist subject. This simply isn’t the case.”**

**Tooling up and gearing up for mental health in primary care, 2016**

The RCGP has previously called for extended GP training (from three to four years) and as part of this they recommended that “GP trainees should undertake placements that provide them with appropriately supervised experience of paediatric problems and mental health problems<sup>45</sup>”. While the RCGP educational case was approved and had gained support from Medical Education England<sup>46</sup>, the Chief Medical Officer<sup>47</sup>, and others, financial restraints and a GP recruitment crisis has led to the campaign faltering<sup>48</sup>.

We strongly support this proposal but until it is introduced we would like to see immediate progress towards ensuring GP trainees undertake a mental health rotation within current course length. Health Education England and the Welsh Deanery should ensure every GPST is able to undertake a rotation in a mental health setting by extending the options available to trainees to include alternatives to psychiatry such as IAPT and Child and Adolescent Mental Health Services (CAMHS).

**We recommend:**

**Health Education England and the Welsh Deanery should ensure every GP Speciality Trainee is able to undertake a rotation in a mental health setting**

Currently, the only option for trainee GPs to gain practical experience of mental health services is likely to be hospital-based or secondary care focused. While important, this experience won’t reflect the kinds of treatment that most people with a mental health problem are likely to need. In order to ensure that every GP Speciality Trainee gains practical experience in a mental health setting, Health Education England and the Welsh Deanery must ensure that trainees are able to undertake a rotation in alternative community based mental health settings – for example Improving Access to Psychological Therapies services (IAPT) – as part of their pre-qualification training.

## Continuing professional development for GPs and practice nurses

As well as ensuring that new GPs have sufficient training and understanding of mental health, we also need to ensure that the existing workforce is suitably equipped to support people with mental health problems. Increasing the mental health focus of the ongoing professional development for GPs and practice nurses is therefore just as important.

Currently practising GPs and practice nurses are required by the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) respectively to maintain their learning and training portfolio by acquiring a set number of Continued Professional Development (CPD) credits (for GPs) and hours (for nurses) to count towards revalidation.

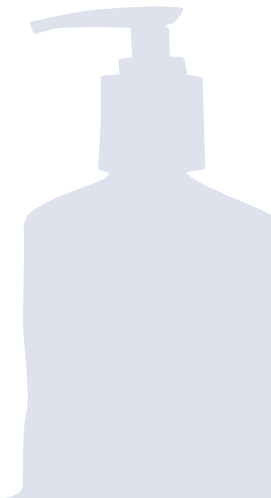
Revalidation is the process by which GPs demonstrate they are up-to-date and fit to practise<sup>49</sup>. GPs are expected to submit annual appraisals which include demonstrating a portfolio of their learning every year. Each GP's appraiser will then make a

recommendation to the GMC based on satisfactory levels of CPD credits attained. While the GMC does not require GPs to have a specific number of credits, the RCGP recommends that a GP demonstrate at least 50 CPD credits per annum on average<sup>50</sup>.

From April 2016, all nurses, including practice nurses, will also have to undertake revalidation every three years. This will require undertaking 35 hours of CPD activities of which 20 must be participatory<sup>51</sup>.

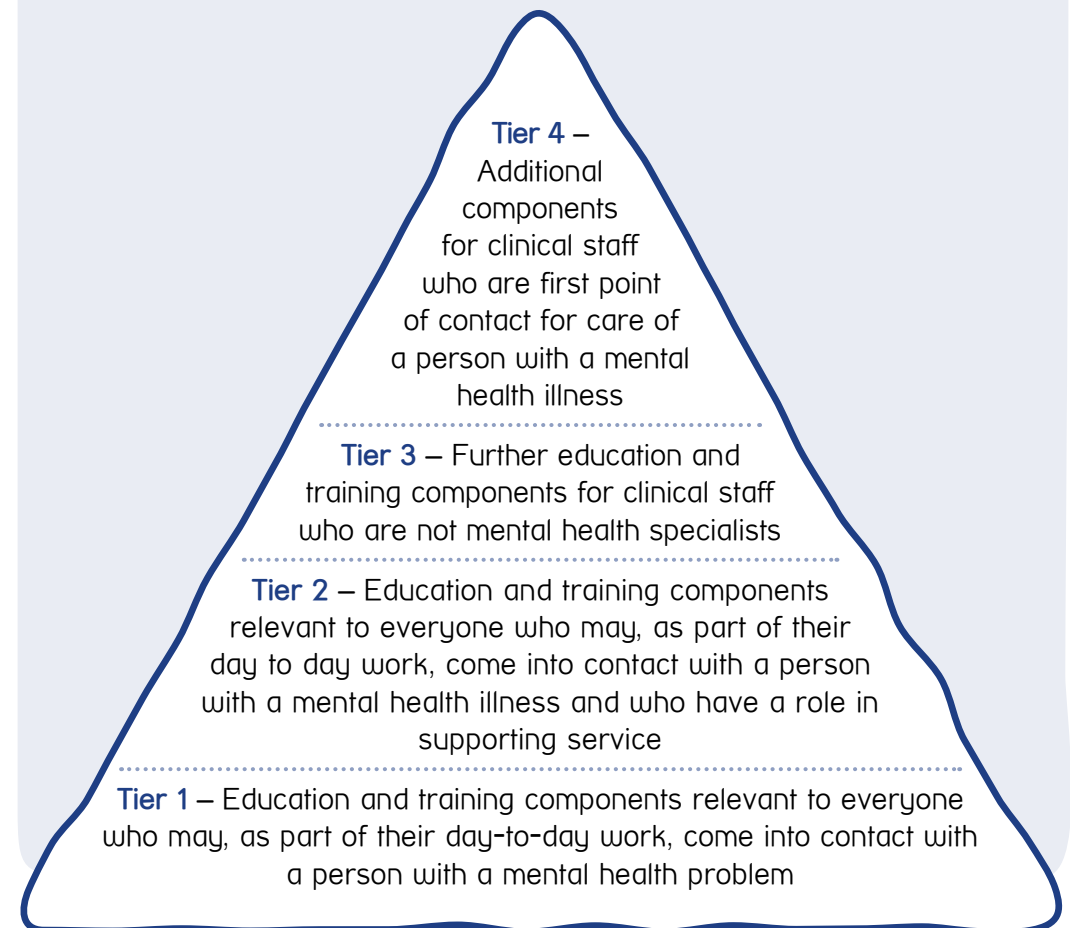
With a third of all GP appointments being related to mental health and ninety per cent of people with mental health problems relying on primary care services for their care, ongoing professional development is one way that the inadequate pre-qualification training for practice staff can be addressed. All GPs and practice nurses should undertake CPD activity with a mental health focus every year. The GMC and NMC should take a lead in specifying how much time GPs and nurses should spend

developing their mental health knowledge. It is vital all GP practice staff receive the appropriate level of training to support people with mental health problems. For instance, people experiencing a mental health crisis can often seek support at their local GP practice. Making suicide prevention training a core part of existing first aid training for all practice staff would help equip frontline staff – including receptionists – to respond safely and effectively when someone is at their most vulnerable.



## Tooling Up and Gearing Up for Mental Health in Primary Care

London Clinical Networks recently published a new framework for mental health training in primary care. Tooling Up and Gearing Up for Mental Health in Primary Care sets out the training needs for primary care and emphasises the relevance of mental health training to all staff. Its tiered approach identifies the level of mental health training required depending on their likely interaction with people with mental health problems<sup>52</sup>.





## We recommend:

**The General Medical Council should specify a set proportion of annual CPD credits for GPs to undertake which have a mental health focus**

Ensuring that GPs maintain an up-to-date understanding of mental health is vital. Within current continuing professional development programmes, it remains optional. The GMC should take a lead and specify a set proportion of annual CPD credits for GPs to undertake which have a mental health focus and reflect the need to achieve parity of esteem between physical and mental health. At Mind, we would welcome the opportunity to support the development of this recommendation.

**The Nursing and Midwifery Council should specify a set number of training hours that practice nurses should spend with a focus on supporting people with mental health problems**

Like GPs, practice nurses play an important role in supporting people with mental health problems and should maintain an up-to-date knowledge of mental health. The NMC should take a lead and specify a set number of training hours that practice nurses spend with a focus on supporting people with mental health problems, and reflect the need to achieve parity of esteem between physical and mental health.

**GP practices should allocate sufficient funding to support protected training time for all staff**

All GP practice staff - including practice nurses and non-clinical staff such as practice managers and receptionists - need to be encouraged and supported to develop and learn in their roles so that they have the confidence and competence to support people with mental health problems. This means setting aside sufficient funding for high quality training. It also means budgeting for staff to have protected time away from their daily work pressures to fully engage in learning.

**NHS England, Clinical Commissioning Groups in England and Local Health Boards in Wales should include requirements for staff training on mental health within commissioning agreements for primary care services**

Local commissioners in England and Wales have a responsibility to ensure that the services they commission meet the needs of their communities. When commissioning primary care services this should include ensuring that services support the continued professional development of their workforce, and that all staff receive the appropriate level of training to support people with mental health problems, such as suicide prevention training for frontline staff.

# Conclusion

When primary mental health care works well, people feel confident talking to their GP about their mental health. People have the time to discuss their concerns, feel involved in decisions about their care and are offered choices when it comes to their treatment.

Good GP practices offer welcoming and sensitive environments to people with mental health problems, including staff working in the practice.

But too often GP practices are unable to provide this kind of care. The consequences are then felt by people with mental health problems who do not get the high quality support they deserve to stay well.

We know that getting primary mental health care right can be transformative for our communities. By better equipping GPs and practice nurses to provide this care – through improved training and by supporting their own mental health – there will be a positive impact not only on primary care but across the entire health system in England and Wales.

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