

Report on the Healthwatch Wandsworth Consultation about “Talking to GP’s about mental wellness or mental health”

Background

People repeatedly tell us that mental health is the most important health and social care topic to them, so we made mental health (MH) a top priority area for us too this year. At our public event on 27 February 2019 we held a discussion around mental health to help us investigate and understand the kinds of support available in Wandsworth and how we can make better use of them. NHS estimates show that one in four of us will experience MH problems, and yet for decades mental health services have been the ‘poor relation’ compared to acute hospital services for physical conditions (ref 1).

We all have mental health to consider and look after in varying degrees and we may all need help from local services at some point in our lives, for ourselves or for someone we know. Poor mental health can affect our capacity to communicate with others, to form meaningful relationships and to build resilience to manage life’s challenges. To access support, we often need to speak to our GP but many people have told us they find it challenging to open up to their GP about mental health concerns.

We focused our talks on children and young people's mental health services (for an update on progress since an initial discussion at our event held at the same time the previous year), the therapies available through the Talk Wandsworth service and how we can talk to our GP about our mental health. We wanted to make sure people had a full picture of services as many are new in the area and also wanted to include an opportunity to explore people’s experiences accessing these services. Lastly, we wanted to promote the design and delivery of services around the needs of people who might need support to overcome MH difficulties.

Our Discussion - Talking to GPs about mental wellness or mental health

We deliberately included open questions in our discussion and asked for people’s experiences with, and perspectives on, mental health and mental illness - as well as recommendations for managing and supporting improved mental health.

In this report we have analysed qualitative feedback and extracted emergent themes about things that are most important to those who were present. Some responses are sometimes repeated under different themes and some themes may overlap.

Findings

45 people participated in our discussion, a sample of questions, responses and themes are attached as Appendix A. In the sections following, we describe and discuss people’s perceptions of mental health/illness including their beliefs related to the barriers around accessing mental health care and support. Finally, we present recommendations and concluding remarks regarding approaches to improving overall support for people’s mental health and wellbeing.

Question 1A: What mental health and wellbeing support might people need from their GP when managing their mental wellbeing, mental health resilience or a mental health condition?

We posed the first question to understand the different kinds of support people desire when discussing mental ill health with their GP. Our analysis includes the following three themes;

- Short appointment times and getting an appointment with a GP
- Choice, autonomy and signposting to other help
- GP and receptionist attitudes, understanding, training and knowledge about services

Participants raised a variety of concerns related to mental health support, but most notable were concerns around “appointment times and access to support”. For example, people said that *“its off-putting to get encouraged or get someone to go to the GP, as they are aware that as soon as they are in the door there is limited time they can spend with the GP”*. Additionally, people understood ‘support’ as “support networks” but also raised concerns around carers, *“parents not being supported”*.

Under the theme of “choice and autonomy and signposting to other help” our participants desired a *“choice of treatments”*, *“being able to see GPs specialism online and choosing GP”*, as well as continuity *“seeing the same GP”*. They also mentioned other routes to support and how signposting would be useful. One person said that there *“needs to be someone before the GP”*, another suggested referrals via a mental health awareness specialist in the practice or another nearby practice. Many suggested that GPs need to be more aware of local services.

Another reoccurring response related to “GP and receptionist attitude, understanding and training”. We know that GPs play a vital role in supporting the one in four people who experience MH problems in any given year. Thus, it was recommended that *“the attitude from GPs need[s to] be positive”*, *“the GP needs to know a lot more about mental health”* and *“in order for people to go to their GP, people need to know their GP can understand it”*. Some felt that GPs should recognise the impact of mental health on long-term physical conditions, while others felt that too often GPs are not given sufficient **training and support** to enable them to provide the best possible care for people with MH problems. Consequently, mental illnesses are poorly understood and unrecognised - often leading to delays in diagnosis and treatment (ref. 2):

“GP confusing autism with Mental Health (MH), MH not accepting referral”
“Inconsistency with GPs [...] understanding of conditions”

In addition, people raised concerns about their engagement with reception staff as being a barrier to seeking support. They recommended that *“receptionists need to be more compassionate”*, including a *“receptionist’s telephone approach” e.g. asking people why they want to see the doctor can be done more discreetly*. It is important that GPs and receptionists are encouraged and supported to develop and learn in their roles, so that they have the competence and confidence to support people with MH difficulties.

Question 1B: Is there anything else or any other support that might support mental health wellbeing and resilience in Wandsworth (this could be something people use themselves), family or a support network?

Another term commonly used in relation to positive mental health is ‘resilience’ which refers to an individual’s ability to handle stress and adversity when experiencing difficult circumstances. Hence, our discussion continued by asking people what other means of support would be beneficial for their MH wellbeing and resilience.

- A range of services and support that require funding, such as support groups and befriending networks, but also funding for individuals to access other services that have an impact on [...] MH wellbeing, such as fitness activities.
- Information and awareness about existing services
- Access to exercise and activities

People said that a wider range of services and support is needed, most commonly *“support groups”*; but they also wanted *“more funding for helping mental health charity services”* and expressed *that “funding should be available to help people access fitness services such as yoga because not everyone can afford the gym”, “in Wandsworth everything is more expensive”*. They highlighted that each person’s needs are very individual and that there should be less focus on medication. One suggestion was that employers could also be offered incentives to help their staff (such as vitality health schemes).

Participants also recommended better dissemination of specific information about available MH services and emphasised the need to promote better *“information and awareness”*. Suggestions included the need for *“more pop-up events for mental health community participation”* and *“more psychoeducation to mitigate stigma” around MH and how to access services.*

Question 2: When speaking to a GP about our mental health and wellbeing and managing our mental health, what works well and what works less well? Is there anything that might make someone hesitate or prevent them from discussing mental health with a GP and what might help change this?

It is sometimes difficult to start a conversation about our personal feelings with our GP and this can be especially hard when we are not feeling well. Keeping this in mind, we wanted to understand more closely **“what works well” vs “what works less well”** when engaging with our GP about MH.

The following suggestions were made:

A) **What works well**

- being *“treated in a positive way”*, using the right language, non-judgemental.

- having *“knowledge of services”*
- being an *“expert by experience”*, first asking patients what they know and what they want for themselves.
- using listening and communication skills in a non-judgemental way
- Patient group champions and kite mark type schemes

B) what works less well

- *“men not accessing therapy”*
- *“support to parents”*
- short appointment times
- need for *“GPs to be less judgemental”*

We then asked people if there is anything that may make someone hesitate or prevent them from discussing mental health with a GP. What could help change this?

The main themes highlighted were:

- **More awareness raising information in GP surgeries**
- **Perceived barriers around support and communication**

People felt there should be *“more signposting, leaflets and posters in GP surgeries about mental health”* and reassurance that they won’t be made to feel *“shame”*, *“stigma”* and *“prejudice”* which participants felt was a key barrier to seeking support. A reluctance to seek support can lead to someone’s mental health problem becoming worse and thus it was viewed as important to mitigate people’s perceptions.

People felt *“receptionist needing more awareness to deal with people suffering with mental health problems”*. Moreover, people want to experience a *“more friendly, empathetic and compassionate”* attitude from GPs and non-clinical staff when seeking help and support for their MH. As highlighted above it is important that people are assured they will receive an understanding response when interacting with staff in a GP surgery. One person suggested that GPs should be more aware of post-natal depression, highlighting earlier suggestions around training on mental health, not just physical health.

Recommendations and Conclusions

The discussion at our event as detailed in this report was undertaken to facilitate incorporation of people’s voices into the development and implementation of local NHS services that promote good mental health support and wellbeing for Wandsworth residents.

The most prevalent themes were that the following could be improved:

- **GP and Receptionist - attitude, understanding and training**
- **Information and awareness**

- Raising awareness about mental health and giving people confidence that they will receive help or be signposted to the help that they need.

People provided a wealth of information related to the support they welcomed and desired from both GPs and non-clinical staff. In line with this feedback, our recommendations are as follows:

- increased MH outreach and education events
- anti-stigma campaigns
- drop-in support groups
- training for those whose jobs require interacting with people experiencing MH illness.

It needs to be clear to people that staff working at a GP surgery will be understanding of, and able to help, people who need support with their mental health. One person highlighted:

“In order for people to go to their GP, people need to know their GP can understand it”.

Overall, people want to encounter a positive experience when needing support from GPs and non-clinical staff. They want to be treated with empathy and understanding and they want less time constraints when trying to articulate these difficulties to their GP. Likewise, we recommend that GP practices offer a welcoming and sensitive environment to people with MH problems, including all staff.

Local commissioners could play a role by ensuring that the services they commission meet the needs of the local community and that all staff receive the appropriate training to support people with MH problems.

People highlighted that stigma and a lack of understanding and awareness appear to prevent many people from getting much-needed care and support for poor MH.

Lastly, as mentioned in the Government’s 2011 health strategy there is “no health without mental health”; the two should go hand in hand and mental health is something that everyone should have time to discuss and get support for if needed.

References:

1. <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/mental-health/>
2. https://www.mind.org.uk/news-campaigns/news/mind-can-help-you-find-the-words-to-speak-to-your-gp-about-mental-health/#.XJkH2s_7QWo

Appendix A

DISCUSSION - Talking to GP's about mental wellness or mental health

Question 1A: What mental health and wellbeing support might people need from their GP managing mental wellbeing, mental health resilience or a mental health condition?

Appointment times and Access to Support

- Carers to accessing the GP can have knock-on effect on the family
- Its off-putting to get encouraged or get someone to go to the GP, as they are aware that as soon as they are in the door there is limited time they can spend with the GP
- Time
- Needs time
- Getting an appointment is a nightmare, will there be someone people can see at a time they need help?
- GP's offer longer appointments for disabilities (doesn't always happen)
- Advance online appointments not available for weeks - once had a GP who said, "I don't deal with mental health".
- Double appointments deregister missed appointments
- Appointment consultation times
- Could the GP come out to the person who needs help?
- Anxiety in young people not being supported
- Support is given out of borough
- Parents not being supported, carers centre is helpful
- Referral or signposting
- There needs to be someone before the GP
- Support networks / shared experience
- Signposting / home visit / transport
- Fist contact welcome / validation - scene set - options - sign posting (clarity)

GP and Receptionist - Attitude, understanding and training on MH (mental health)

- The GP needs to know a lot more about mental health
- GP training or identification

- In order for people to go to their GP, people need to know their GP can understand it
- GP needs to know more about the services available in Wandsworth
- GP confusing autism with Mental Health (MH), MH not accepting referral
- Inconsistency with GPs of understanding of conditions
- Trained in customer care and mental health first aid
- GP asking for my input on how to manage my own wellbeing
- GP's should ask about mental health awareness specialist GP within practise or nearby
- Attitude from GP's need to be positive
- GP needs to be knowledge about available services in the area
- Attitudes Negative
- Receptionist's need to be more compassionate
- Receptionist telephone approach e.g. "Why you want to see the doctor" can be done more discreetly
- Receptionists
- Train staff - telephone manner mental health awareness

Choice and Autonomy/ what people want/ways to improve (can also be part of policy recommendations/suggestions).

- Choice of treatments
- Being able to see GP's specialism online and choosing GP
- Seeing the same GP
- Needs to better communication between GP + Mental Health Services
- Person centred, compassion
- Awareness of services
- Recognise mental health impact of long-term conditions
- Separate records mental health affects physical
- Normal discussions - "no health with mental health", this was a 2011 strategy still to be realised
- Focusing on holistic health e.g. Emotional and social wellbeing
- Include a standardised questionnaire in every consultation
- Navigation Essential / not repeating

Question 1B: Is there anything else or any other support that might support mental health wellbeing and resilience in Wandsworth? (this could be something people use themselves), a family or support network.

The "support" people want including more funding and incentives

- Referral to counsellor / care navigator local support www.care4me
- Peer to peer
- Support groups
- Older people groups
- Charities befriending networks
- Counselling (more publicity)

- Identification of carers and friends and family that accompany them - helps with a sense of comfort
- Not one size fits all - treating people like individuals
- Less focus on medication
- We want to see co-production / used in action
- Quiet rooms and calmness
- Going into the big employers (even in the mental health trust, Wandsworth council and Battersea Power station) and ignoring people of the services available
- Food banks - CAB - Debt management, Medication, Shelter, Hot meals
- Recovery care - 6pm / midnight, Weekend all day

Funding and Incentives

- Offering incentives to employers for doing something with their staff (e.g., Vitality health schemes)
- More funding for helping mental health charity services

Information and Awareness

- Every area of marketing and raising awareness should be used (e.g., posters, social media etc.) But the health services should be proactive on this.
- TV (e.g. Soaps and drama's e. EastEnders) can have a huge impact on increasing awareness of mental health
- Health services should be proactive in contacting the soaps to increase awareness of how people can contact the soaps to increase awareness of how people can contact their GP for help
- Mental health awareness for employees with trust aid at work - training
- More information about self-referral e.g. Talk Wandsworth
- Information
- More phyco-education to mitigate stigma, more campaigns and awareness
- More pop-up events for mental health for community participation
- Different services not linking up to collaborate effectively

Access to exercise, activities - (including funding)

- A lot of people have gyms and spaces in parks
- Funding should be available to help people access fitness services such as yoga because not everyone can afford the gym
- Places that people can go that are free, or accessible in price / is a small cost or low cost
- In Wandsworth everything is more expensive
- Diet / exercise advise
- Healthy living help
- Enable activities i.e. mobilities / Physical health

Question 2: When speaking to a GP about mental health and wellbeing and managing our mental health: (think about different groups of people who may likely need support such as carers, new parents, people with long term conditions, LGBT+, LD, BME

A) What works well?

- Expert patient group champions, rainbow registered regional adviser to direct
- Expert by experience
- Flexible creative
- Community models
- Safe locations
- Language used - Very important - reflective to welcome
- (A) Acknowledgement
- Treated in a positive way
- Knowledge of services
- Listening, choice and control non-judgemental
- Communication skills
- (A) ask patient what they know first and what help they want for themselves
- Recognising diversity

B) What works less well?

- Men not accessing therapy (Talk Wandsworth)
- What about autism? Without a learning disability + mental health
- (B - what works less well?) deaf and other disabilities adolescents acknowledging problem
- Support to parents
- Acknowledging that consultation time spent talking only maintenance conversation in a little to make use of time appointment
- GP's need to be less judgemental

Perceived Barriers to support / communication

- Stigma (Education, talk more about it with families)
- Time - stigma
- Shame
- Stigma
- Prejudice
- Stiff Upper lip
- Alcohol / drugs
- Where to start
- Trust in GP?
- Lack of GP time
- Lack of info
- Frustration, anxiety
- No phone - hassle of the 5th in que
- Talking press. Get rid of pressing 1, 2, 3
- Poor past experiences from past

What people want

- Training of receptionist in Mental Health (mhfa)
- GP teach in of post-natal depression for new parents
- Receptionist mental health training

- Receptionist
- Attitude - more friendly, empathic, compassionate
- Receptionist need more awareness to deal with people suffering with mental health problems
- Upskill receptionist training
- More signposting, leaflets and posters in GP surgery about mental health