Mental Health
in Primary Care in Ireland:
A briefing paper

Mental Health **Reform**
Promoting Improved Mental Health Services

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MENTAL HEALTH IN PRIMARY CARE IN IRELAND: A BRIEFING PAPER

EXECUTIVE SUMMARY

'Primary care' refers to health care delivered in local communities by GPs, public health nurses, social workers and others in non-specialist settings. Individuals access primary care directly by arranging to see a GP or other health service staff member through self-referral. For most people who experience a mental health difficulty, their first port of call for professional support will be their local GP. This primary care system addresses 90% of mental health difficulties in Ireland.

During Mental Health Reform's 2011 consultation with users of mental health services and family members, a number of key issues arose about primary care mental health services:

- The dominance of medication as often the only option offered
- The lack of access to counselling
- GPs not explaining the risks and benefits of medication that they are prescribing to their patients
- The need for GPs to be able to access counselling or psychotherapy for someone without having to go through a psychiatrist, and to be able to access Community Mental Health Team staff directly
- GPs' lack of knowledge about mental health and the need for GPs to be more skilled in and knowledgeable about mental health issues
- Having to seek help through A&E due to a lack of effective liaison between GPs and specialist mental health services outside of Monday-Friday, 9-5 hours
- Concern that the cost of a GP visit could deter someone from seeking help

On the other hand, individuals commented on the positive experiences they had from a GP who was willing to take the time to listen to their concerns, as well as GPs who were able to signpost them on to community supports.

A significant proportion of visits to GPs concern mental health issues. People in Ireland appear more willing to contact a GP about mental health issues than specialist mental health services: the Health Research Board's National Psychological Well-being and Distress survey found that almost 90% of respondents were willing to contact a GP about a mental health issues while only 48% were willing to contact a psychiatrist.[1] However there are important differences between the types of mental health issues treated in primary care and those treated in specialist mental health services. The most common issues treated in primary care are depression, anxiety and substance abuse,[2] although GPs also manage up to 30% of presentations of severe and enduring poor mental health.[3] GPs also tend to see people who have mental health difficulties arising from chronic physical health problems. In

[1] Doherty, et al. (2007) *National Psychological Well-being and Distress Survey: Baseline Results.* Dublin: Health Research Board, p.53.
[2] World Health Organisation (2001) *The World Health Report 2001 – Mental Health: New Understanding, New Hope* available at http://www.who.int/whr/2001/en/index.html, pp.23-24.
[3] Kierans, J. and Byrne, M. (2010) 'A potential model for primary care mental health services in Ireland', *Irish Journal of Psychological Medicine* 27:3:152-156.

contrast, specialist mental health services tend to treat people with severe, enduring mental health difficulties.[4]

There is an international trend towards making mental health services available through primary care. The World Health Organisation (WHO) has highlighted that primary care mental health services can play a key role in increasing access to treatments for mental health conditions.

Without effective mental health care at primary level, it is likely that inappropriate referrals to mental health services will occur, resulting in inefficient use of resources. The best use of both specialist and primary mental health services occurs when an individual can get the help they need at the lowest level of support appropriate for them. That means accessing support through primary care in the first instance and only accessing specialist mental health services when and for as long as necessary.

In Ireland, strategy on mental health in primary care has come from both a national primary care strategy and the Government's mental health policy. The 2001 primary care strategy sought to promote a team-based, multidisciplinary approach to primary care that included psychological expertise.

A Vision for Change recognises a 'pivotal role' for primary care in providing mental health care. The policy assigns a key role to GPs as 'gatekeepers' to specialist mental health services who will detect and diagnose mental health difficulties and either treat the individual or refer him/her to specialist services.[5] *A Vision for Change* recognises that people who experience long-term mental health difficulties are at higher risk of physical health problems and states that GPs have a key responsibility to provide general health care to this group.[6] The policy recommends a consultation/liaison model between primary care and mental health services to improve communication and coordination between the two, and that everyone should have access to a comprehensive range of interventions in primary care for mental health problems that do not require specialist mental health services.

The primary care recommendations have been some of the least implemented of all the recommendations in *A Vision for Change.* Initiatives have been undertaken to provide training to primary care staff in Mental Health in Primary Care but these have yet to reach the vast majority of GPs. The HSE has launched the national Counselling in Primary Care (CIPC) service. The CIPC service marks a significant improvement in primary mental health care. It will provide free short-term counselling to adult medical card holders by referral from their primary care team. There has also been good progress in improving access to GPs for service users in inpatient mental health units. However the most important continuing gap is the lack of a national approach to coordination between mental health and primary care services. The HSE's *Guidance Paper* on a 'shared care approach to primary care and mental health services' falls short of being a national, binding corporate policy, though it provides valuable corporate support for shared care. There is a need for leadership from the Director for Mental Health to drive national implementation of this guidance.

[4] Sainsbury Centre for Mental Health (2005) 'The Neglected Majority: Developing intermediate mental health care in primary care', London: SCMH, p.1.
[5] Department of Health (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Dublin: DOH, p.63.
[6] Ibid., p.64.

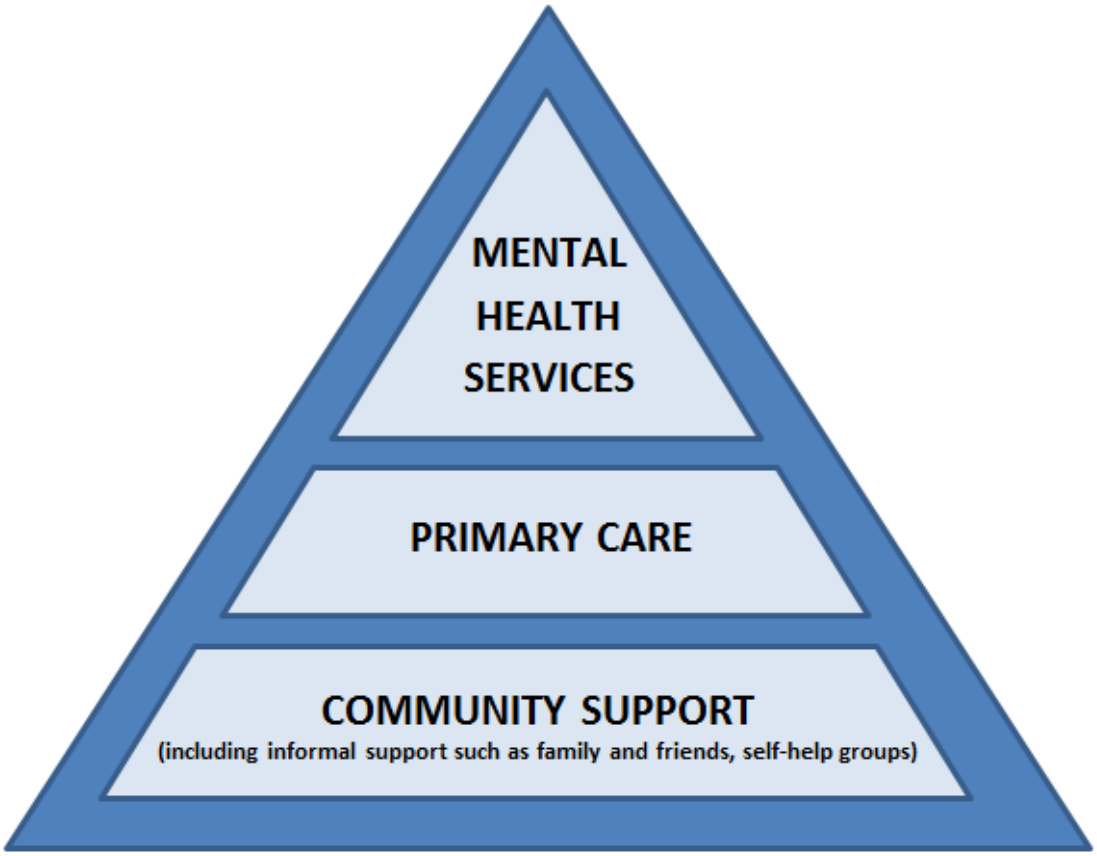
Mental Health Reform believes that the follow recommendations would help to progress the recommendations in *A Vision for Change:*

- The HSE should develop a national implementation plan to implement shared mental health care in primary care. This plan should be agreed with all of the relevant disciplines, including the Irish College of General Practitioners (ICGP) and the College of Psychiatrists of Ireland (CPI). This plan should build on the HSE's guidance paper *Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services*.
- Government should progress regulation of counselling and psychotherapy.
- The HSE should develop a directory of information for GPs on options for care and support (e.g. exercise, prescribing, bibliotherapy, Counselling in Primary Care service, support groups, etc.).
- The HSE should implement its recommendations on addiction services contained in its guidance on primary care and mental health.
- Government should ensure that mental health and substance misuse services in primary care will be provided for under the new Universal Health Insurance scheme.
- Government should support alternative routes of access into mental health services for young people such as the Jigsaw projects.

1. INTRODUCTION

'Primary care' refers to health care delivered in local communities by GPs, public health nurses, social workers and others in non-specialist settings. Individuals access primary care directly by arranging to see a GP or other health service staff member directly through self-referral. There are more than 3,000 GPs operating in Ireland and 425 Primary Care Teams providing primary care services in Primary Care Centres and other settings.[7] This primary care system addresses 90% of poor mental health in Ireland. By contrast, specialist mental health services provide care that an individual cannot access by self-referral. People in need of specialist mental health services must be referred by a GP, other primary care staff member or through an Accident and Emergency unit.

For most people who experience poor mental health, their first port of call for professional support will be their local GP. Most people who experience difficulty with their mental health will be able to get their care through their GP. A small proportion (about 10%) will require mental health services delivered by specialist mental health professionals such as a psychiatrist, psychologist or mental health nurse. GPs may refer individuals to these services if they need more specialist care.



WHO (2003), as adapted by Department of Health (2006)[8]

[7] Department of Health Annual Output Statement 2012, p.18.
[8] World Health Organisation (2003) *Mental Health Policy, Plans and Programmes. Policy Guidance Package*. Geneva: WHO. Adapted by Department of Health (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Dublin: DOH, p.21.

All of the four HSE regions have reported developments in mental health in primary care, primarily consisting of co-located mental health services in primary care centres. In Wexford a specialist Suicide Crisis Assessment Nurse service has been developed to provide GPs with urgent easy access to services for their patients.[9] As of 2011, the Independent Monitoring Group for *A Vision for Change* reported that there were thirty-one mental health centres located within primary care centres.[10]

During Mental Health Reform's 2011 consultation with users of mental health services and family members, a number of key issues arose about primary care mental health services:

- The dominance of medication as often the only option offered
- The lack of access to counselling
- GPs not explaining the risks and benefits of medication that they are prescribing to their patients
- The need for GPs to be able to access counselling or psychotherapy for someone without having to go through a psychiatrist, and to be able to access Community Mental Health Team staff directly
- GPs' lack of knowledge about mental health and the need for GPs to be more skilled in and knowledgeable about mental health issues
- Having to seek help through A&E due to a lack of effective liaison between GPs and specialist mental health services outside of Monday-Friday, 9-5 hours
- Concern that the cost of a GP visit could deter someone from seeking help

On the other hand, individuals commented on the positive experiences they had had from a GP who was willing to take the time and listen to them, as well as GPs who were able to signpost them on to community supports. One person described his GP's support as a 'crucial' alternative to having to go into hospital. Another person expressed how important it was that her GP knew her in depth.

Other gaps in the current provision of primary care mental health services include after-hours and follow-up services. The after-hours primary care services such as CareDoc often do not pick up on people with mental health issues, instead referring them directly to A&E services. On the other hand, GPs don't always get the information they need from mental health services to be able to provide adequate follow-up after discharge from hospital. Sometimes a patient will present to his/her GP after an acute mental health crisis without any referral letter or background information.

These experiences show how primary care mental health services can benefit people in need of support as well as highlighting existing gaps in Ireland.

This briefing paper describes Ireland's current policy on mental health in primary care and discusses key issues for the development of effective mental health services in primary care settings. The first section provides an overview of relevant policy recommendations from *A Vision for Change* and the Government's primary care strategy *Primary Care A New Direction*. The second section discusses the core issue of the interface between primary care and specialist mental health services. Section three discusses access to counselling and psychotherapy through primary care.

[9] Waterford/Wexford 2010 report to the Independent Monitoring Group for *A Vision for Change* for 2010.
[10] *Fifth Annual Report of the Independent Monitoring Group for A Vision for Change,* p.41.

A. THE NATURE AND EXTENT OF MENTAL HEALTH NEEDS IN PRIMARY CARE

There is a reciprocal relationship between physical and mental health. As the WHO has stated, "There is no health without mental health." Poor mental health increases the risk of having a physical health problem, while many physical health problems increase the risk of having poor mental health.[11]

A significant proportion of visits to GPs concern mental health issues. In a survey of Irish GPs, more than a third said that over 10% of their workload had psychological or mental health issues, while more than a third of GPs considered that 10-20% of their caseload had mental health issues. The most common conditions cited by GPs as presenting issues were anxiety disorders (49%), depression (24%) and emotional difficulties (20%).[12] A more recent small-scale study found that one in three of the adult attendees to GP practices had varying degrees of psychological distress.[13] People are also more likely to attend a GP for their mental health problem than to attend either outpatient or inpatient mental health services.[14] And people in Ireland appear more willing to contact a GP about mental health issues than specialist mental health services: the Health Research Board's National Psychological Well-being and Distress survey found that almost 90% of respondents were willing to contact a GP about a mental health issues while only 48% were willing to contact a psychiatrist.[15] Thus it is clear that there is widespread use of GPs for support with individuals' mental health.

There are important differences between the types of mental health issues treated in primary care and those treated in specialist mental health services. The most common issues treated in primary care are depression, anxiety and substance abuse,[16] although GPs also manage up to 30% of presentations of severe and enduring poor mental health.[17] GPs also tend to see people who have poor mental health arising from chronic physical health problems. In contrast, specialist mental health services tend to care for people with severe, enduring mental health difficulties.[18] Thus while mental health problems are common in primary care, the types of issue they focus on tend to relate to mild or moderate mental health issues, or those which arise from a coinciding physical health problem.

[11] Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M.R. and Rahman, A. (2007) 'No health without mental health', *Lancet,* 8:370(9590):859-77.
[12] Copty, M. (2004) *Mental Health in Primary Care,* Dublin: Health Service Executive/Irish College of General Practitioners, p.13.
[13] Hughes, M., Byrne, M. & Synnott, J. (2010) 'Prevalence of psychological distress in General Practitioner adult attendees' *Clinical Psychology Forum* 206:33-38.
[14] Doherty, et al. (2007) *National Psychological Well-being and Distress Survey: Baseline Results.* Dublin: Health Research Board, p.12.
[15] Ibid., p.53.
[16] World Health Organisation (2001) *The World Health Report 2001 – Mental Health: New Understanding, New Hope* available at http://www.who.int/whr/2001/en/index.html, pp.23-24.
[17] Kierans, J. and Byrne, M. (2010) 'A potential model for primary care mental health services in Ireland', *Irish Journal of Psychological Medicine* 27:3:152-156.
[18] Sainsbury Centre for Mental Health (2005) 'The Neglected Majority: Developing intermediate mental health care in primary care', London: SCMH, p.1.

B. Effective approaches to mental health in primary care

Without effective mental health care at primary level, it is likely that inappropriate referrals to mental health services will occur, resulting in inefficient use of resources. Lack of support for GPs can result in people availing of Accident & Emergency services for a mental health crisis more often than might otherwise be necessary. GPs in Ireland may also lack basic information about local mental health services, including supports provided by voluntary organisations and peer support groups.[19] Conversely, where primary care services have good capacity to support people's mental health, they can provide support that is easily accessible to people in their local community. Primary care mental health services can also support individuals with long-term mental health conditions who can thus be discharged from specialist mental health services back to their GP.

The best use of both specialist and primary mental health services occurs when an individual can get the help they need at the lowest level of support appropriate for them. That means accessing support through primary care in the first instance and only accessing specialist mental health services when and for as long as necessary. A Vision for Changeaffirms that GPs play an important role as 'gatekeepers' to the mental health service since the majority of individuals will be referred to mental health services through their GP.[20] For those individuals who end up needing specialist mental health support, it is important that they are discharged back to primary care as soon as possible. In this way, mental health services can focus on individuals who need their specialist skills and intensive support. This process can also contribute to de-stigmatising mental health conditions, since people with long-term conditions can get their support needs met through the same primary care health provider as others in their community.

One of the strengths of mental health primary care services is that they tend to view their patients holistically rather than in terms of specific diseases or conditions. GPs also have the advantage of knowing their patients over time and within their local social and domestic context. This can be important for mental health conditions, which can often be influenced by social factors and for which family support can play a big role. GPs also often have a good knowledge of local community resources such as support groups, family resource centres and other local supports that can form a vital part of the individual's recovery network.

[19] Whitford, D.L. and Copty, M. (2005) 'General practice in Ireland: are we equipped to manage mental health?', Irish Journal of Psychological Medicine22:2:40-41.
[20] Department of Health (2006) A Vision for Change: Report of the Expert Group on Mental Health Policy, Dublin: DOH, p.60.

C. POLICY ON MENTAL HEALTH IN PRIMARY CARE

There is an international trend towards making mental health services available through primary care. The World Health Organisation (WHO) has highlighted that primary care mental health services can play a key role in increasing access to treatments for mental health conditions. The WHO also argues that primary care mental health services are affordable.[21] The WHO has found the following advantages to integrating mental health care into primary care:

- Less stigmatisation of patients and staff, as mental and behavioural disorders are being seen and managed alongside physical health problems
- Improved screening and treatment, in particular improved detection rates for patients presenting with vague somatic complaints which are related to mental and behavioural disorders
- The potential for improved treatment of the physical problems of those suffering from poor mental health and vice versa
- Better treatment of mental health aspects associated with physical problems.

(taken from WHO (2001) *World Health Report 2001 – Mental Health: New Understanding, New Hope*, p.89)

While it is important not to drive unnecessary medicalisation of poor mental health, it is clear that having good quality mental health support available through primary care (psychological as well as pharmaceutical) would make mental health support accessible to more people.

The WHO identifies potential barriers to implementing shared mental health care, including if there is a heavy workload in primary care services, the extent to which primary care professionals will be interested in mental health, and poor liaison between primary and specialist services.[22]

In order to address these potential barriers, the WHO developed a set of principles for integrating mental health services into primary care, which are paraphrased below:[23]

1. mental health policy and plans must include primary care
2. advocacy is required to change attitudes
3. appropriate training of staff is needed
4. goals should be achievable
5. primary care staff must receive the support of specialist mental health professionals
6. medication must be available through primary care
7. integration is a process, not an event
8. there should be a 'mental health service coordinator' to drive integration
9. primary care needs to work together with other government non-health sectors and with non-governmental/voluntary organisations
10. financial support and human resources are needed, including training costs for staff and possibly additional staff situated in primary care

[21] World Health Organisation (WHO)/World Family Doctors Caring for People (WONCA) (2008) *Integrating mental health into primary care: A global perspective,* Geneva: WHO.
[22] WHO (2005) *Mental Health Policy, Plans and Programmes* (updated version 2), Geneva: WHO, p.85.
[23] WHO & Wonca (2008)

In Ireland, strategy on mental health in primary care has come from both a national primary care strategy and the Government's mental health policy. The primary care strategy (*Primary Care: A New Direction*), launched in 2001, was intended to underpin a new approach to healthcare in Ireland that placed primary care at the centre of health care. This intention has been reinforced by the current Government, which has committed to developing universal access to primary care. While not endorsing the 2001 strategy, the current Government committed in its Programme for Government to establishing a Universal Health Insurance system that will provide free access to primary care at the point of delivery.

The 2001 primary care strategy sought to promote a team-based, multidisciplinary approach to primary care. Under the Primary Care Strategy, 'primary care'

> "encompasses a wide range of health and personal social services delivered by a variety of professions… Primary care includes the range of services that are currently provided by general practitioners (GPs), public health nurses, general nurses, social workers, practice nurses, midwives, community mental health nurses, dieticians, dentists, community welfare officers, physiotherapists, occupational therapists, home helps, health care assistants (see Appendix 1), speech and language therapists, chiropodists, community pharmacists, psychologists and others." (p.15).

This team-based approach is also evident in the continued commitment by the Minister for Health and the HSE to establishing Primary Care Centres where groups of GPs would practice together, and Health and Social Care Networks through which GPs can access a network of specialist services in the community such as speech and language therapists, community pharmacists, dieticians, community welfare officers, dentists, chiropodists and psychologists.

The 2001 health strategy recognised the need to integrate primary, secondary and tertiary services in health care, though it did not specifically address this integration in relation to mental health. However, the strategy did recognise the distinction between primary and specialist care and gives mental health as an example.[24] The strategy also identified the post of mental health nurse as a potential, though not a required member of a primary care team.[25]

The 2006 mental health policy *A Vision for Change* contains a full chapter on primary care. As noted above, *A Vision for Change* recognises a 'pivotal role' for primary care in providing mental health care. Primary Care is a core location for access to mental health supports where support from family and friends alone will not suffice and before seeking specialist mental health services. *A Vision for Change* also assigns a key role to GPs as 'gatekeepers' to specialist mental health services: "it is the role of GPs to detect and diagnose a mental health problem and either treat the individual themselves in the primary care setting, or refer the individual on to a mental health service."[26] *A Vision for Change* recognises that people who experience poor mental health long-term are at higher

[24] See Department of Health (2001) *Primary Care: A New Direction*, p.61.
[25] Ibid., p.23.
[26] Department of Health (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Dublin: DOH, p.63.

risk of physical health problems and states that GPs have a key responsibility to provide general health care to this group.[27]

A Vision for Change sets out eleven recommendations on improving mental health in primary care. These recommendations concern access to physical health services for people using mental health services, access to mental health services in primary care and effective coordination between mental health and primary care services.

Primary Care Recommendations in *A Vision for Change*

7.1 All individuals should have access to a comprehensive range of interventions in primary care for disorders that do not require specialist mental health services.

7.2 Further research and information on the prevalence of mental health problems in primary care and the range of interventions provided in primary care is needed to effectively plan primary care services and the interface between primary care and specialist mental health services.

7.3 All mental health service users, including those in long-stay wards, should be registered with a GP.

7.4 Appropriately trained staff should be available at the primary care level to provide programmes to prevent mental health problems and promote wellbeing.

7.5 It is recommended that the consultation/liaison model should be adopted to ensure formal links between CMHTs and primary care.

7.6 Mental health professionals should be available in the primary care setting, either within community care, the primary care team or the primary care network.

7.7 Local multidisciplinary CMHTs should provide a single point of access for primary care for advice, routine and crisis referral to all mental health services (community and hospital based).

7.8 Protocols and policies should be agreed locally by primary care teams and community mental health teams – particularly around discharge planning. There should be continuous communication and feedback between primary care and CMHT.

7.9 A wide range of incentive schemes should be introduced to ensure mental health treatment and care can be provided in primary care.

7.10 Physical infrastructure that meets modern quality standards should provide sufficient space to enable primary care and CMHTs to provide high quality care.

7.11 The education and training of GPs in mental health should be reviewed. GPs should receive mental health training that is appropriate to the provision of mental health services described in this policy (i.e. community-based mental health services). Service users should be involved in the provision of education on mental health.

[27] Ibid., p.64.

D. CURRENT STATUS OF PRIMARY CARE MENTAL HEALTH SERVICES

The primary care recommendations have been some of the least implemented of all the recommendations in *A Vision for Change.* The Independent Monitoring Group report of 2012 welcomed work that has been done to improve access to mental health care through primary care, however the Group noted that in the view of the Irish College of General Practitioners (ICGP), GPs continue to have difficulty communicating with specialist mental health services.[28] Since 2006 one of the main initiatives reported by the HSE in implementing the primary care chapter has been in relation to GP training. Three groups of representatives from primary care teams have been trained through an accredited programme in Mental Health in Primary Care, totalling approximately 100 primary care professionals. In the context of more than 3,000 GPs providing health care in Ireland this is modest progress. The other HSE initiative regularly reported has been the existence of a HSE-funded post on mental health in the Irish College of General Practitioners.[29]

Until now there had been inadequate access to a comprehensive set of interventions in primary care. Concerns raised by the Ex-Minister of State with responsibility for primary care, Roisin Shortall, TD about the over-prescription of benzodiazepine medication in primary care were indicative of the lack of alternative supports.[30] In 2012 the HSE acknowledged that there were "significant gaps in provision and access to psychological therapies in Ireland with an over reliance on medication."[31] An initiative in the HSE North East region as part of the National Counselling Service to offer counselling services through primary care was reaching 59 GP clinics by 2010, with almost 3,000 individuals having been offered counselling since its inception in 2003. The Government made a commitment to increase access to counselling through primary care by allocating €5million in the 2012 budget and €2.5 million in the 2013 budget to develop the service nationally for medical card holders (see in-depth discussion below). In July, 2013 the HSE's Counselling in Primary Care service was launched nationally, providing short-term counselling to adult medical card holders referred through their primary care team.

Improving access to physical health care for individuals in residential mental health services is a key recommendation of *A Vision for Change*. People with a long-term mental health condition live twenty-five years less, on average, than those without a mental health condition and though some of this difference is due to suicide, physical health problems play an important role in this gap. The latest report of the Inspector for Mental Health Services shows good progress on improving access to GPs for patients in approved centres, with 77% of approved centres in compliance with the regulation on access to general health care. This represents an improvement of 29% compared to the rate of compliance in 2007. However little is known about the physical health of individuals living with a long-term mental health condition in the community in Ireland or the extent to which their physical health needs are being met.

[28] *Sixth Annual Report of the Independent Monitoring Group for A Vision for Change,* p.44.
[29] Ibid., p.13.
[30] See Department of Health, Press Release dated 21st June 2011 'Minister Shortall launches Report on Responding to Benzodiazepine use in Ballymun'. See also Health Research Board Trends Series 9: Problem benzodiazepine use in Ireland: treatment (2003 to 2008) and deaths (1998 to 2007).
[31] Health Service Executive Primary Care and Mental Health Group (2012) *Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services: A Guidance Paper*, Naas: Office of the Assistant National Director Mental Health, HSE, p.11.

The most important continuing gap, as underscored by the ICGP, is the lack of a national approach to coordination between mental health and primary care services. There is still no consistent process across the mental health services for effective liaison between GPs and community mental health teams, though during 2012 a HSE working group published a guidance paper on a 'Shared Care Approach' between primary care and mental health services that is an important step towards establishing national consistency.[32] This issue is discussed further below. A joint forum has recently been established by the Irish College of Psychiatrists and the Irish College of General Practitioners in order to improve coordination between and integration of primary care and mental health services. In a related development, the HSE Clinical Care Directorate has increased the involvement of the ICGP on its planning groups for each of the clinical care programmes in mental health. This is positive as it will bring two key stakeholders, representatives of GPs and representatives of mental health service professionals, together to work on definite strategies for improving care pathways.

E. SUMMARY

A Vision for Change and the primary care strategy provide a starting point for developing effective access to mental health support through primary care, but it is clear that further work is needed to develop coherent policy on this issue. Ireland lacks a joined up Government policy that reflects the overlapping agendas on both primary care and mental health. There are also clear gaps in implementation, including a lack of widespread training for GPs and inconsistent communication pathways for GPs to mental health services.

2. KEY ISSUES IN PRIMARY CARE AND MENTAL HEALTH

A. A RELATIONSHIP BETWEEN MENTAL HEALTH SERVICES AND PRIMARY CARE

The key to seamless mental health support through primary and specialist care is to have good working relationships between GPs and specialist mental health staff. Such relationships should enable a seamless service from the point of view of the service user across primary care and specialist mental health services. *A Vision for Change* favours a consultation/liaison model of mental health in primary care (recommendation 7.5). This approach is a model of shared care between primary care and other levels of care. It is common in other countries but has not been widely developed in Ireland.[33] The consultation/liaison model involves regular meetings between GPs, psychiatrists and other members of community mental health teams. The goals include:

- Enabling GPs to learn about mental health from specialists
- Creating a clear pathway between primary and secondary care, and
- Reducing referrals to secondary care for mild mental health problems.[34]

[32] Health Service Executive Primary Care and Mental Health Working Group (2012) *Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services: A Guidance Paper*, Naas: Office of the Assistant National Director Mental Health, HSE.
[33] Russell, V. et al. (2003) 'Liaison psychiatry in rural general practice', *Irish Journal of Psychological Medicine* 20:2:65-68.
[34] Russell, V. et al (2003); Wright, B. & Russell, V. (2007) 'Integrating mental health and primary care services: a challenge for psychiatric training in Ireland', *Irish Journal of Psychological Medicine* 24:2:71-74.

As explained in *A Vision for Change*, the consultation/liaison model:

> "places great emphasis on developing close links between the primary care team and the mental health team in order to reduce rather than increase referrals of milder mental health problems, selectively encourage referral of serious mental illness and enhance GPs' skills in the detection and management of mental illness."[35]

The Mental Health Commission supports the consultation/liaison model and has since recommended that a 'stepped care' model be adopted which can further specify the approach, minimise inappropriate referrals and make best use of resources.[36] In the 'stepped care' model, people receive low levels of support through primary care initially, progressing to more intensive support only if necessary.[37] The Mental Health Commission also recommends that community mental health and primary care services operate in close geographical proximity as this facilitates coordination.[38] The World Health Organisation (WHO) also advocates models of shared care in relation to mental health's position in primary care,[39] and in a study of Irish psychiatrists, 35% ranked shared care as the primary area for improvement in delivering mental health services at primary care.[40]

The HSE's recent *Guidance Paper* on a 'shared care approach to primary care and mental health services', published by the Office of the Assistant National Director for Mental Health, also makes the argument for the benefits of shared care as well as setting out key recommendations for its implementation within the HSE.[41] While this document falls short of being a nationally agreed policy, it provides valuable corporate support for implementing the shared care approach to mental health service delivery across the HSE. The HSE's working group agreed a number of key features of the shared care/consultation liaison approach:

- Co-location of primary care and community mental health teams where possible
- Having a Team Co-ordinator who plays the lead liaison role
- Having primary care staff trained in interventions for mild mental health problems
- Co-terminus boundaries between primary care and mental health service areas
- Regular meetings between PCTs and CMHTs

It is important to note that, while there is clear consensus for some type of shared care between primary care and mental health services, it is not clear that the consultation/liaison model is superior to other models.[42] The effectiveness of the consultation/liaison model is unknown and it is difficult to carry out research on its effectiveness due to the varied ways that the model can be

[35] Department of Health (2006) *A Vision for Change,* p.65.
[36] Byrne, M. & Onyett, S. (2010), *Teamwork within Mental Health Services in Ireland: Resource paper,* Dublin: Mental Health Commission, p.15.
[37] National Collaborating Centre for Mental Health (2011) 'Common Mental Health Disorders: The NICE Guidelines on Identification and Pathways into Care', Royal College of Psychiatrists/British Psychological Society available at www.rcpsych.ac.uk/nice
[38] Byrne & Onyett (2010), p.15.
[39] WHO (2005).
[40] Copty, M. (2004), p. 22.
[41] HSE Primary Care and Mental Health Working Group, op. cit.
[42] Byrne & Onyett (2010).

implemented. However, there is some evidence that the model can reduce inpatient admissions (see below).

There are significant challenges in implementing a consultation/liaison model in Ireland. It has been noted, for example, that implementing this model requires considerable time and dedication from GPs and psychiatrists to attend regular meetings, and that the model may not be suitable to urban areas of social deprivation where there are high levels of severe mental distress.[43] It may not be possible for GPs with large caseloads to make time for lengthy mental health interviews in the context of a busy surgery. Furthermore, GPs may not perceive their role as including on-going mental health care to people with severe mental health conditions. A UK study found that GPs saw their role as primarily that of providing physical care and prescribing.[44] There is also a lack of consensus in Ireland between the Irish College of General Practitioners and the College of Psychiatry of Ireland about the right model of shared care.[45] Leadership at national and regional levels is needed to drive integration of mental health and primary care service delivery across the country.

A significant barrier to implementation of shared care in Ireland is the low availability of primary care services in disadvantaged communities. Shared care will only be effective where individuals have ready access to primary care services and these are unevenly provided in Ireland. Internationally, poorer areas tend to be less well-served by GP services than wealthier areas.[46] In Ireland, it has been acknowledged that primary and secondary care services are configured to give advantage to those with the least health need.[47] The cost to individuals of GP care can also be a hindrance: individuals with poor mental health may hesitate to seek help through a GP due to the initial cost for an assessment. Irish research has found that those with low incomes but without a medical card are less likely to visit a GP.[48] On the other hand, people in the care of a community mental health team may hesitate to be discharged to their GP if they think their costs will increase.

Primary care centres with multidisciplinary teams will be much more capable of providing good quality mental health services than single-GP surgeries. Another barrier is the relatively few mental health services that are co-located within Primary Care Centres. As of 2011, there were 31 community mental health services co-located in Primary Care Centres, and in 2012 a further 17 were being developed.[49]

Rural areas may be more appropriate overall for a shared care approach because patients may be more established within their local community and less likely to move elsewhere.[50] Despite this, GPs in deprived areas do want to liaise more with specialist mental health services.[51]

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[43] Russell, et al. (2003).
[44] HSE Primary Care and Mental Health Group, op. cit., p.16.
[45] Kierans, J. and Byrne, M. (2010) 'A potential model for primary care mental health services in Ireland', *Irish Journal of Psychological Medicine* 27:3:152-156.
[46] Crowley, P. (2005) *Health Inequalities and Irish General Practice in Areas of Deprivation',* Dublin: Irish College of General Practitioners.
[47] Chan, W., Whitford, D.L., Conroy, R. Gibney, D. and Hollywood, B. (2011) 'A multidisciplinary primary team consultation in a socieconomically deprived community: An exploratory randomised controlled trial', *BMC Health Services Research* 2011:11:15.
[48] Nolan, A. & Nolan, B. (2004) *Ireland's Healthcare System: Some issues and challenges,* Dublin: ESRI.
[49] Independent Monitoring Group for *A Vision for Change* reports for 2011 and 2012.
[50] Ibid.

One structure that could assist in building effective liaison between primary care and specialist mental health services is the CMHT Co-ordinator role. *A Vision for Change* recommends that a Co-ordinator be appointed in each CMHT and the HSE has recently published guidance on this role.[52] In its submission to the Independent Monitoring Group for the sixth annual report, the West Cork Service described how the "Team Co-ordinator role has also provided more links with primary care, especially with GPs in West Cork. This has resulted in more effective communication between mental health and primary care and a more efficient service for users."[53] The West Cork Team Co-ordinator is the first point of contact for all referrals except those that are out of hours. In addition, the West Cork service has developed a 'nurse practitioner role' who can provide on-site liaison for GPs in Clonakilty and Skibbereen. If requested by a GP, this nurse can provide psychotherapy and family therapy on-site through primary care without the requirement for referral via a consultant psychiatrist. The West Cork Mental Health Service states that their aim is to provide a high level of integration in the service for individuals with a mental health condition and their families.

ICT infrastructure is also required in the medium-term to underpin effective coordination of care between mental health and primary care settings. The introduction of a national electronic patient record (EPR) would assist liaison by enabling easier information sharing between GPs and mental health professionals about individuals in their care. Such a system already exists for shared care between GPs and other clinical programmes such as combined ante-natal care, using a compatible computer system and shared record-keeping (Healthlink). The HSE's *Guidance Paper* states that electronic referral and discharge pathways between primary care and mental health services are needed in order to put shared care into practice.[54]

A Vision for Change also states that community mental health teams should collaborate with primary care services in establishing protocols for coordinated care. This is especially important to facilitate GPs being able to refer individuals from primary care to the specialist services of a community mental health team. It is also vital to enable the discharge of mental health patients from a hospital back into the community. The HSE Working Group supports the need for national and local policies and protocols to support referral and discharge pathways.[55] The Working Group also recommended that referral pathways be extended beyond GPs and psychiatrists to other members of the primary care team.[56]

Progress on implementing the consultation/liaison model has been slow. The HSE reported in 2010 that nine of its expanded catchment areas did not have a liaison person as the anchor for the consultation/liaison model; six regions did not yet have a referral or discharge protocol with primary care.[57] In a separate survey conducted in 2010, the HSE found that 58% of 78 Primary Care Teams

[51] Ibid.
[52] HSE National Vision for Change Working Group (2012) *Advancing Community Mental Health Services in Ireland: Guidance papers,* Dublin: HSE, pp.57-68.
[53] West Cork Mental Health Service submission to the Independent Monitoring Group for *A Vision for Change* (2011) 'Moving West Cork Mental Health Service in a Recovery Direction' available at www.dohc.ie
[54] HSE Primary Care and Mental Health Working Group, op. cit., p.21.
[55] HSE Primary Care and Mental Health Working Group, op. cit., p.14.
[56] Ibid., p.20.
[57] HSE (2011) 'A Vision for Change Survey Results' available at http://www.hse.ie/eng/services/Publications/services/Mentalhealth/A_Vision_for_Change_Survey_Results.html

who responded to the survey had no formal referral protocols in place with mental health services. Just one in four of these 78 PCTs had a formalised link with specialist mental health services while 30% said they had some level of informal collaboration.[58]

One area where the liaison approach has been tried has been in Cavan. The East Cavan Primary Care Liaison Service was set up in five general practices.[59] This was a special service that was part of a higher training post in psychiatry. From 1995 to 2002, the psychiatrist, a psychiatry trainee and a community psychiatric nurse visited the five practices approximately every six weeks. In each of these sessions, the main activity was discussion of patients. (The patients themselves were not present). With this service in place, GPs rarely made formal referrals to specialist mental health services and only for serious conditions. When patients could be seen by the psychiatrist at the GP practice, this removed some of the stigma. The following issues emerged from this service:

- Staff in primary and secondary care respectively have different ways of approaching patients
- There is a need for more administrative support
- There is a need for more Irish expertise in supervision of trainees in consultation/liaison psychiatry
- The psychiatrist must have the necessary knowledge and be able to communicate it effectively with GPs
- The model should adapt to differences between urban and rural settings, and
- There is a need for more research at the local level[60]

During the period 1995-2002 there were noticeable improvements in communication and access between primary and secondary care within the Cavan service.[61] Furthermore, anecdotally the lead consultant psychiatrist reported a significant reduction in the use of A&E for psychiatric emergencies.[62] The service continued through 2011; however, because it was driven by the initiative of an individual consultant psychiatrist who has since left the country it is unclear whether the service will continue.

Other examples of good practice in Ireland include the Roscommon implementation of the Stepped Care Approach, with five primary care staff supervised by a psychologist from the specialist mental health services in order to provide low-intensity, low-cost psychological treatments through primary care.[63] The West Tallaght primary care and mental health services have also undertaken steps to improve working relationships through, among other actions, mental health professionals attending PCT network meetings and staff of the two teams exchanging contact details to facilitate communication.[64]

It is clear that implementation of a nationwide communication system between GPs and mental health services would improve the capacity of primary care teams to provide good quality mental health care. It also may reduce the use of Accident & Emergency units for mental health crises as

[58] HSE Primary Care and Mental Health Working Group, op. cit., p.17.
[59] Russell, et al. (2003); Wright & Russell (2007).
[60] Wright & Russell (2007).
[61] Russell, et al. (2003).
[62] Conversation between Dr. Vincent Russell and Shari McDaid, Policy Officer at Mental Health Reform.
[63] HSE Primary Care and Mental Health Working Group, op. cit., p.14.
[64] Ibid., p.14-15.

GPs gain confidence in providing for the mental health needs of their patients. This approach would also potentially address some of the concerns raised by users of services and family members for GPs to have both more knowledge about mental health and easier access to specialist mental health services.

Mental Health Reform advocates robust implementation of the consultation/liaison model between primary and secondary/tertiary mental health services. The HSE's Working Group on Primary Care and Mental Health recommended that a comprehensive implementation plan be developed to implement its *Guidance Paper*. Mental Health Reform supports this recommendation. The health services should develop an implementation plan with clear targets, timeframes and responsibilities for implementing the consultation/liaison model with a target of national implementation by 2016.

3. BUILDING PRIMARY CARE CAPACITY IN MENTAL HEALTH

A. STAFF TRAINING

It is crucial for GPs and other primary health care staff to receive training in identifying and treating poor mental health.[65] This training should occur at every stage of their education and in their careers through short courses, continuing education, and on-going supervision and support.[66]

Most GPs do not receive formal training in community-based mental health care, though they may have a mental health clinical placement as part of their training. A survey published in 2004 found that 68% of GPs had no specific training in mental health, while a further 32% had training that consisted of a clinical placement or on-the-job training. The same study found that 71% of GPs would be interested in further training in mental health.[67] *A Vision for Change* also notes that the majority of GP training occurs within specialist mental health services and that "GPs [in training] often do not experience the type of mental health and social problems they will experience in primary care settings."[68] It has been noted above that the HSE has funded a primary care mental health training programme over the last few years, but it is estimated that only around 100 primary care professionals will have undergone this training since publication of *A Vision for Change.*

However there are a number of initiatives that are seeking to increase the skill base of primary care professionals more widely. In 2009, the Irish College of General Practitioners (ICGP) and the College of Psychiatry of Ireland (CPI) (CPI) set up a joint forum.[69] The ICGP and the CPI (and the training bodies within them) are in a position jointly to devise training programmes and materials for GPs.

In 2004 the HSE launched a Mental Health in Primary Care Resource Pack for GPs. In addition, there are e-learning modules on mental health through the ICGP.[70] There is now a National Steering Group to assist in publishing materials for GPs and to support distance learning modules. In 2009, funding

[65] WHO (2001), Copty (2004).
[66] WHO (2005), p.189.
[67] Copty (2004), p.19.
[68] Department of Health (2006) *A Vision for Change*, p.67.
[69] Rogan, M. (2010) 'HSE Progress Report on the 2009 Key Deliverables in the HSE Implementation Plan 2009-2013', 19 Feb 2010, available at http://www.dohc.ie/publications/vision_for_change_4th/hse_nat_reg/HSE_Key%20Deliverables%202009%20Report.pdf?direct=1
[70] Independent Monitoring Group for *A Vision for Change* first annual report for 2006-2007.

was secured to create a set of training materials for GPs and other primary care workers.[71] The ICGP now also provide training in Cognitive Behavioural Therapy (CBT) and have a package in youth/adolescent mental health education.[72] They also provide mental health training to receptionists.[73]

The recognition by both the ICGP and the CPI that improvements to primary care mental health services are needed is welcome. Ensuring that all GPs and practice nurses are skilled in identifying poor mental health is even more important at a time when there are increased levels of mental distress nationwide. There is an urgent need for the ICGP/CPI Forum to bear fruit in terms of clear actions to ensure that all GPs have the necessary mental health care skills. In addition and as the HSE's Working Group has recommended,[74] it is important that undergraduate training programmes for other primary care professionals including nurses and social workers should include training in the skills necessary to provide mental health support in primary care. Community pharmacists also play an important role in supporting individuals living with a mental health condition through the provision of information about medications and monitoring physical health. Trainee community pharmacists require training appropriate to this role.

B. Access to psychological therapies through primary care

One of the strongest messages to come out of the consultation that fed into *A Vision for Change* was that people with poor mental health want alternatives to medication, including access to counselling and psychotherapy. *A Vision for Change* states "…the consensus among users and service providers was that psychological therapies should be regarded as a fundamental component of basic mental health services, rather than viewed as additional options that are not consistently available."[75] This view was reiterated in the Independent Monitoring Group's consultation meetings held in 2012 as well as in Mental Health Reform's consultation meetings conducted in 2011.

A Vision for Change recommends that "all individuals should have access to a comprehensive range of interventions in primary care for disorders that do not require specialist mental health services."[76] This requires that primary care services have access to psychological therapies as part of a holistic approach to mental distress.

There is also adequate evidence demonstrating that psychotherapy is an effective treatment. An Irish review of the evidence has found that psychotherapy either alone or in combination with other treatments/supports is effective for a wide range of mental health diagnoses in adults, young people and children. The average success rate for participants in psychotherapy is 65-72%,[77] while a majority of clients would require 20-45 sessions in order to recover.[78] The WHO argues that there can be successful treatment of depression in primary care using a combination of medication and

[71] Independent Monitoring Group for *A Vision for Change* third annual report for 2008.
[72] ICGP (2011) 'Submission to the IMG' available at http://www.dohc.ie/publications/vision_for_change_5th/submissions/irish_college_gps.pdf?direct=1
[73] Rogan, op. cit.
[74] HSE Primary Care and Mental Health Working Group, op. cit., p.8.
[75] Department of Health (2006) *A Vision for Change,* p.13.
[76] Department of Health (2006) *A Vision for Change*, p.61.
[77] Carr, A. (2007) *The Effectiveness of Psychotherapy: A Review of Research prepared for the Irish Council of Psychotherapy,* Dublin: Irish Council of Psychotherapy.
[78] Carr, A. (2007).

psychotherapy/counselling,[79] while a 2007 study in the UK provides evidence that counselling in primary care brings slight improvements compared with normal GP care and that service users are very happy with such counselling.[80]

There is also evidence that providing counselling through primary care is cost-effective. The HSE Working Group on Mental Health in Primary Care cited a 2001 study in the UK which found that counselling led to savings in the UK. There were fewer referrals to National Health Service (NHS) Out-Patient Services and fewer GP consultations in the year after counselling.[81] In the UK, the National Institute for Health and Clinical Excellence (NICE) advocates that the NHS should provide psychological therapies.[82] There is now a programme called Improving Access to Psychological Therapies (IAPT) in the UK. In three years this programme will have introduced 3,600 new psychological therapists to England's primary care trusts (PCTs) with the aim of reducing waiting times. As of the end of the second year of the programme, recovery rates were averaging 40%.[83]

Given the evidence base and the strong message from people with personal experience of mental distress that they want greater choice in mental health care and services that provide listening, Mental Health Reform believes that individuals with an assessed need should have timely, affordable access to psychological therapy. In keeping with the 'stepped care' model for mental health services in primary care, it would make sense for psychological therapies to be accessible through primary care for individuals who do not require specialist mental health care.

In 2011 the incoming Government made a commitment to provide "ring-fenced funding to recruit additional psychologists and counsellors to community mental health teams, working closely with primary care teams ..."[84] This commitment was further refined so that in 2012 €5 million was allocated to the HSE to increase access to psychological therapies through primary care to people who have medical cards and this was added to in 2013 with a further €2.5 million.

The Northeast Region of the HSE's National Counselling Service has been leading the way on developing access to counselling through primary care. In 2003 the region identified a gap in availability of counselling, with many GPs reporting that they did not refer patients for counselling because of lack of services, waiting lists and cost. 54% of GPs in the region would have preferred to have counselling available at their GP practice.[85] A pilot project was then set up making 1,500

[79] WHO (2003). *Mental Health Policy and Service Guidance Package: The Mental Health Context*. Geneva: WHO.
[80] Taylor, et al. (2007) 'Public health interventions to promote positive mental health and prevent mental health disorders among adults: Evidence Briefing', National Institute for Health and Clinical Excellence, available at http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/public_health_interventions_to_promote_positive_mental_health_and_prevent_mental_health_disorders_among_adults.jsp
[81] Mellor-Clarke (2001) Counselling in Primary Care in the Context of the NHS Quality Agenda: The Facts. British Association for Counselling and Psychotherapy, cited in *Guidance Document on the Provision of Counselling in a Primary Care Setting* by the HSE Working Group on Mental Health in Primary Care, p.3.
[82] Mental Health Foundation, Mind, rethink, The Sainsbury Centre for Mental Health & YoungMinds. (undated) *We need to talk: The case for psychological therapy on the NHS* available at http://www.mind.org.uk/assets/0000/1929/weneedtotalkreport.pdf
[83] Clark, D.M. (2011) 'Implementing NICE Guidelines for the Psychological Treatment of Depression and Anxiety Disorders: The IAPT experience', *International Review of Psychiatry* 23:4:318-327.
[84] Department of the Taoiseach Programme for Government 2011.
[85] See HSE Working Group on Mental Health in Primary Care (2006), op. cit.

counselling hours available in 20 GP practices from 2005-06. The service, run by Rian Counselling was extended in 2007 and as of 2010 had 59 GP practices participating, linked to 15 counsellors.[86] The model used by Rian Counselling is comprised of

- on-site counselling
- the use of an established assessment process
- the allocation of a maximum of 20 sessions, and
- the incorporation of evaluation and feedback.

The service offers three main types of therapy:

- 30% have received Integrative Therapy,
- 34% Person centred Therapy
- 18% Cognitive Behavioural Therapy (CBT)

The service is available to adults who have a medical card or doctor visit-only card. A total of 2,879 adults had used the service by 2010, with 57% of clients seen within just 5 weeks and on average receiving six sessions. Notably, only 16% of clients availed of the full twenty sessions.

An evaluation of the programme using the Clinical Outcomes in Routine Evaluation system has found it to be successful: 64% of clients moved from the clinical range (for depression, anxiety or other mental health issue) to the normal range by the time they had finished the counselling sessions.[87] Clients and GPs in the Irish service were also very satisfied. GPs in particular were satisfied that the service did not carry stigma, waiting times were short and access to counselling was straightforward.

In July 2013 the model developed in the Northeast region was extended to the other three HSE regions. The new Counselling in Primary Care (CIPC) service offers all adult medical card holders the potential to access free short-term counselling by referral from their primary care team. The service is geared towards mild and moderate mental health difficulties including depression, anxiety, loss/bereavement, stress, etc. It is not intended as a crisis intervention service. The service is not intended for people with moderate to severe mental health difficulties and referrers are advised that such conditions are not suitable for the service. The service is also not intended for people with addiction issues. The model for the CIPC service includes:

- A management structure in which the Director of the National Counselling Service is responsible for clinical governance
- A standardised referral protocol between GPs and the PCCS
- Counselling provided by HSE-contracted counsellors/therapists
- Supervision of external counsellors/therapists by HSE Clinical Co-ordinators
- Liaison between the counselling service and GPs/Primary Care Teams by the HSE Clinical Co-ordinators to ensure an integrated service
- Standardised policies and procedures including Children First, Data Protection, etc.
- Evaluation built into the model

[86] Ward, F. (2010) 'Building trust. Counselling in Primary Care: Early intervention for adults who have experienced childhood abuse', Conference presentation available at http://www.hse-ncs.ie/en/ResearchResources/HSENCS10thAnniversaryConferencePresentations/PDFFile_16570_en.pdf
[87] Ward (2010), op. cit.

However it is worth noting that the CIPC model being funded is not the only way of providing counselling services through primary care. The UK's IAPT programme takes a different approach by incorporating the counselling service into a 'stepped model' of care.[88] The IAPT approach is being piloted in Roscommon and this will enable a comparison between the two approaches within an Irish context. There is also a gap in the regulatory framework for psychological therapies in Ireland with no statutory regime governing the registration of counsellors/therapists.

The roll-out of the CIPC service marks a significant improvement in primary care mental health services. However, even with this plan, there would continue to be a gap in access to counselling for people on low incomes. Given the links between poverty and poor mental health, it is particularly important that those on low incomes as well as those on medical cards have access to counselling services. In Ireland over a fifth of workers earn less than two-thirds of the median wage (approximately 364,000 workers).[89] Quality counselling and psychotherapy services should be accessible to everyone who needs them.

C. Dual diagnosis issues in primary care

The co-occurrence of poor mental health and problematic drug and alcohol use is widely recognised. A UK study found that 44% of mental health service users had previous year problem drug use or harmful alcohol use, while 75% of drug service users and 85% of alcohol service users had a diagnosable mental health disorder in the previous year.[90] The primary care strategy *Primary Care: A New Direction* sets out that primary care services will cover the general aspects of both mental health and 'drug misuse'.[91] *A Vision for Change* also contains recommendations that seek to clarify the relationship between mental health and addiction services. The report sets out that "mental health services for both adults and children are responsible for providing a mental health service only to those individuals who have co-morbid substance abuse and mental health problems."[92] The report also specifies that general adult CMHTs should generally cater for adults with dual diagnosis. However, *A Vision for Change* does not address how individuals with lower-level mental health difficulties (e.g. depression, anxiety) and problematic substance use/abuse who do not require specialist mental health services would receive integrated care through primary care.

Primary care professionals play an important role in supporting individuals with dual diagnosis in a number of ways. GPs may be the first port of call for individuals who potentially have a dual diagnosis. GP assessments are thus a key point where dual diagnosis may initially be identified. GPs need to be able to distinguish between symptoms of problematic substance or alcohol use and those

[88] See IAPT for Adults Minimum Quality Standards available at http://www.iapt.nhs.uk/silo/files/iapt-for-adults-minimum-quality-standards.pdf. Also see NHS 'Realising the benefits: IAPT At Full Roll-out' (2010) available at http://www.iapt.nhs.uk/silo/files/realising-the-benefits-iapt-at-full-roll-out.pdf

[89] The figure of one-fifth of workers earning less than two-thirds of the median wage taken from Loftus/Behaviour & Attitudes (2012) *Decent Work? The Impact of the Recession on Low Paid Workers*, Dublin: Mandate Trade Union. Calculation of number of workers based on CSO employment figures for April-June 2011 available at http://www.cso.ie/en/statistics/labourmarket/principalstatistics/

[90] Weaver, T., et al. (2003) 'Comorbidity of substance misuse and mental illness in community mental health and substance misuse services', *British Journal of Psychiatry* 183:304-313.

[91] Department of Health and Children (2001) *Primary Care: A New Direction*, Dublin: The Stationery Office, p.26.

[92] Department of Health (2006) *A Vision for Change*, p.146.

of psychosis, some of which can be quite similar.[93] GPs will provide on-going support to individuals with a dual diagnosis who have been discharged from specialist services. And GPs must provide physical health services to individuals with a dual diagnosis who are at higher risk of physical health problems than the general population.[94]

Mental Health Reform continues to hear reports of both statutory and voluntary service providers outside the mental health system having difficulty getting mental health support for their service users who have a dual diagnosis.

There is growing recognition that individuals with mild or moderate mental health problems and problematic substance or alcohol use are likely to be presenting to primary care services. In the UK this recognition has given rise to guidance for the primary care psychological therapies services on how to address dual diagnosis.[95] The HSE's *Guidance* document on mental health and primary care also recognises the issue of dual diagnosis and makes three recommendations:

- The effect and impact of alcohol and drug misuse needs to be highlighted. The preventive role of the Primary Care Team in this area needs to be supported by training and resources from Specialist Services
- Clarity needs to be provided on the organisation, delivery and alignment of substance misuse services to Primary Care and a national standardised model of service agreed and implemented
- Strong links should be established with local addiction services as well as links with local addiction support groups such as AA and Narcotics Anonymous, etc.

It is clear that there are structural gaps that militate against good quality, integrated support for individuals with a dual diagnosis in primary care. It will be important for this issue to be considered in the planning for new primary care, mental health and addiction service structures. Implementation of the HSE Working Group's recommendations on addiction services would also go some way to improving the experience of people with a dual diagnosis who seek help through primary care.

[93] National Collaborating Centre for Mental Health (2011) *Psychosis with Co-existing Substance Misuse: The NICE Guideline on Assessment and Management in Adults and Young People*, Clinical Guideline 120, Leicester: The British Psychological Society, p.106.
[94] Drug Scope/UK Drug Policy Commission/Centre for Mental Health (2009) *Dual Diagnosis: A Challenge for the Reformed NHS and for Public Health England* available at http://www.ukdpc.org.uk/publication/dual-diagnosis-challenge-reformed-nhs/
[95] Drug Scope/UK Drug Commission/Centre for Mental Health (2009), op. cit.

4. CONCLUSIONS AND RECOMMENDATIONS

There is widespread consensus on the need to improve primary mental health care in Ireland. GPs are often the first port of call for people in mental distress, though the types of conditions that are treated in primary care can be different to those treated in specialist mental health services.

The best use of both specialist and primary care mental health services is to provide the individual with the help they need at the lowest, most accessible level. Primary care mental health services are well-suited for mental health care because they may know their patients over time and within their local social and domestic context.

However, GPs need adequate support and access to multidisciplinary resources to be able to provide good quality mental health care in primary care. There are a range of initiatives in Ireland to develop better primary mental health care; however, few of these so far have resulted in systematic, nationwide improvement, and the primary care recommendations in *A Vision for Change* have been some of the least implemented in the policy.

Mental Health Reform believes that the follow recommendations would help to progress the recommendations in *A Vision for Change:*

- The HSE should develop a national implementation plan to implement shared mental health care in primary care. This plan should be agreed with all of the relevant disciplines, including the ICGP and the CPI. This plan should build on the HSE's guidance paper *Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services*.
- Government should progress regulation of counselling and psychotherapy.
- The HSE should develop a directory of information for GPs on options for care and support (e.g. exercise, prescribing, bibliotherapy, Counselling in Primary Care service, support groups, etc.).
- The HSE should implement its recommendations on addiction services contained in its guidance on primary care and mental health.
- Government should ensure that mental health and substance misuse services in primary care will be provided for under the new Universal Health Insurance scheme.
- Government should support alternative routes of access into mental health services for young people such as the Jigsaw projects.

About Mental Health Reform

Mental Health Reform is the national coalition of organisations working to promote improved mental health services and social inclusion of people with mental health conditions in Ireland. We work with our members to help bring about structural and cultural changes in mental health services.

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