The Interface between Primary & Secondary Care: a developing model

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Around 95% of mental health problems are managed solely within the primary care setting, with only 1 in 20 people being referred to specialist mental health services (Sharp & Morrell, 1989). The latter are likely to be managed by workers from both primary care (PCT) and community mental health teams (CMHT). Impacting on the workload of the PCT, this presents several challenges (Goldberg & Gournay, 1999):

- few primary care workers have a working knowledge and skills in mental health (Onyett, 1996; Butler, 2000)
- only about a third of GPs are believed to have completed a mental health placement as a part of their training, and the validity of the current method of training has been disputed;
- primary care workers are often unsure about the potential benefits of new treatment approaches, which include the recently described psychological interventions (Agius & Butler, 2000);
- it has been suggested that primary care workers may be likely to under-diagnose common mental health problems, such as depression, and provide inadequate treatment (Paykel & Priest, 1992; Kessler et al, 1999).

Furthermore, it is increasingly accepted that PCT-members have an important role in the management of mild to moderate mental health problems, providing that evidence-based practice protocols are developed and followed (Armstrong, 1997; Mann et al, 1998). Various studies have highlighted the need for, and value of, training and supervision in mental health issues for primary care professionals, whether GPs (Turton et al, 1995; Kerwick et al, 1997), practice nurses (Crosland & Kai, 1998) or other disciplines. This has been more recently recognised in the increasing availability of well-established courses: depression care for primary care nurses, offered by the National Depression Care Training Centre (Armstrong et al, 1999); modular mental health management course for multi-disciplinary 'doctor-nurse' tutor pairs, offered by the RCGP Unit for Mental Health Education in Primary Care (Tylee, 1999).

Within Bedfordshire, a service initiative has been developing since December 1997, at which time we were involved in attending the RCGP course, above. Our objective was to develop a local service initiative, which would assist in enhancing the management of mental health problems across the primary and secondary care interface (Agius & Butler, 1999). This incorporated a number of elements, including: the development of practice-specific action plans; the facilitation of educational seminars and short workshop programmes on mental health topics; the production of evidenced-based

resource materials; the development of audit tools; the production of mental health guidelines, now available on CD-ROM; and, the development of a theoretical model for effective practice.

More recently, we began to propose a model for effective working at the interface between primary and secondary mental health care (Agius & Butler, 1999). This is based upon one of the models described by Gask et al (1997), and focuses upon the role of the liaison community mental health nurse (CMHN) as a member of both the PCT and CMHT (Fig. 1). In our area, each PCT now has a named CMHN who adopts a liaison role for the practice. This is presently being further developed to form a full liaison service.

The role of the liaison CMHN is being further developed locally, to include:

- acting as a liaison / link between PCT and CMHT, facilitating clinical communication between both teams;
- representing the PCT at CMHT meetings, and vice versa;
- accepting referrals directly from PCT-members, in accordance with the need to prioritise those practice patients who have serious and enduring mental health problems;
- assisting the PCT to develop and maintain a register of practice patients who have serious and enduring mental health problems;
- offering consultation and advice to PCT-members in identifying and managing mental health problems in the primary care setting, facilitating referral to appropriate agencies;
- offering clinical supervision to PCT-members in identifying and managing mental health problems in their practice patients;
- liaising with the Community Trust's primary care mental health facilitators, in providing educational sessions on mental health issues for PCTs.

Our proposed model, which has assisted us to clarify the roles of various PCT and CMHT-members, continues to develop. This has incorporated the further development of a local programme of training in mental health. GPs and practice nurses are offered training to identify and manage depression effectively, and to use basic cognitive-behavioural techniques such as problem-solving. The CMHNs, who primarily work with people with serious mental illness, receive training in cognitive-behavioural interventions, and this will shortly be complemented with training in behavioural family therapy and medication management. As described above, CMHNs are now increasingly being expected to combine their role of managing serious mental illness with those of offering clinical supervision to primary care nurses, advising GPs, and acting as an easy point of reference for communication between the primary care team and the CMHT.

The process for linking the various components of this service initiative is represented in Fig. 2 – an extended form of the better known quality improvement and audit cycle.

Our work has led to the development of a local mental health training unit in the Trust, which offers modular courses on psychosocial interventions for serious mental illness and in primary care mental health. We are now turning

our attention to training for our CMHNs in advanced skills such as assertive outreach, managing those patients who present with psychosis for the first time, and managing dual diagnosis.

We are now convinced that this work forms a valid contribution to the implementation of the National Service Framework for Mental Health (DOH, 1999), since it addresses a large part of the preparation necessary for implementing many of the standards which are described.

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FIG. 1

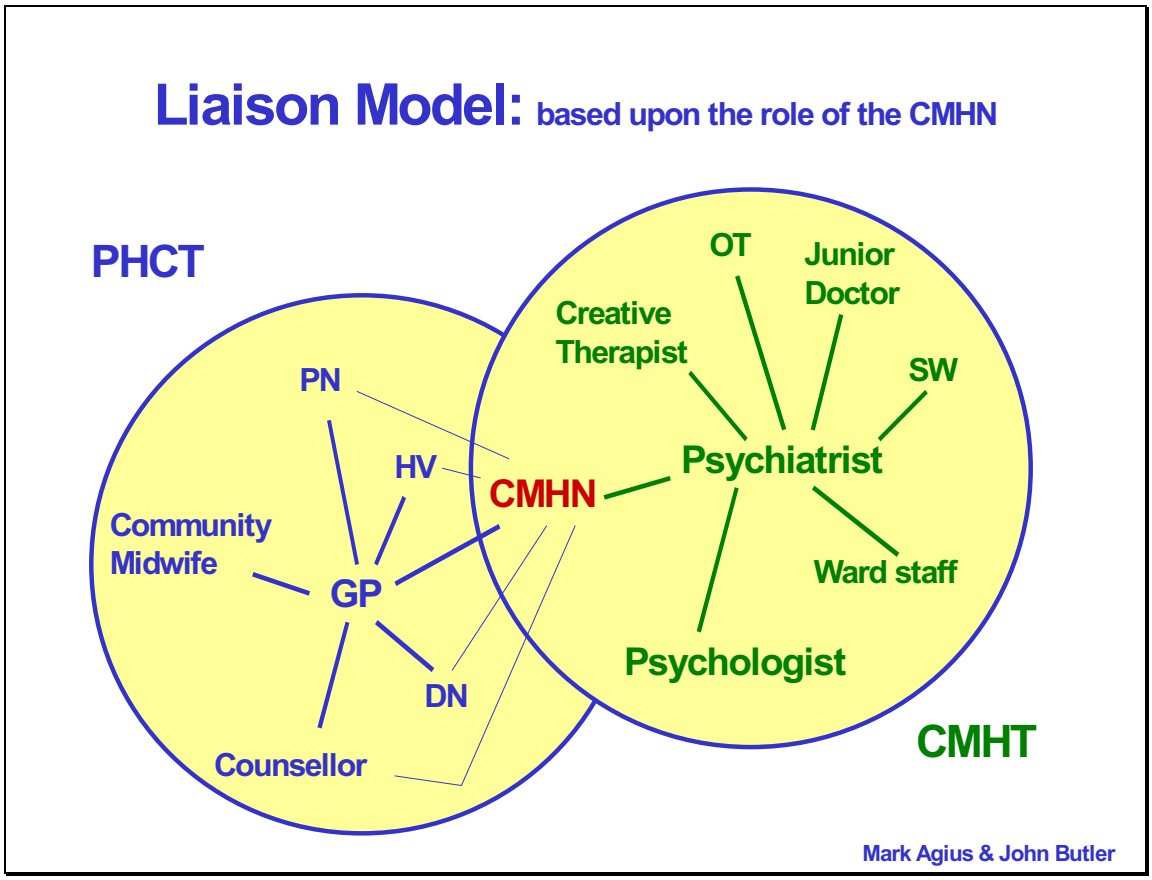
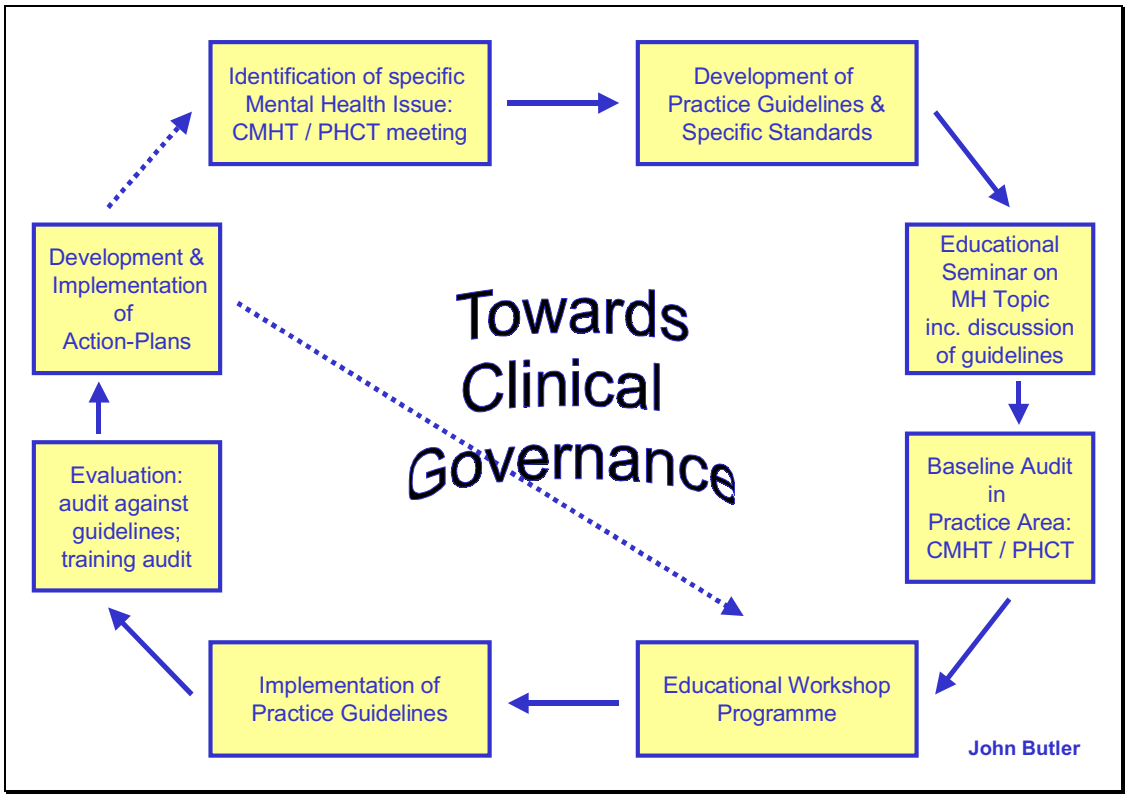


FIG. 2



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