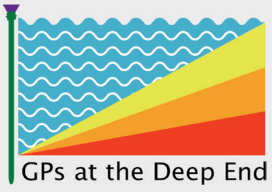
DEEP END SUMMARY 26

Generalist and specialist views of mental health issues in very deprived areas

Seven general practitioners from Glasgow, Edinburgh and Dundee, six specialists from psychiatry and psychotherapy and three observers met for a half day meeting on 26 September 2014 to share and compare views and experience of mental health problems in very deprived areas.

- Generalists and specialists working in mental health care have different purposes, vantage points, perspectives, resource constraints, experience and language, but common cause in understanding the nature of mental health problems in deprived areas and how they are best addressed.
- Mental health services provide excellent care for patients with psychoses or severe depressive illnesses, but everyone struggles to work effectively with patients with relational difficulties, including the consequences of complex trauma and personality disorder.
- Many adult patients in this context face the "double whammy" of ongoing adversity combined with the lack of social and relationship skills to deal with it.
- Patients who do not "fit" established categories and services for dealing with problems can end up "ping ponging" round and out of services in a chaotic way. Many patients have had experience of multiple exclusion and the challenge is to break this cycle.
- Although all services can provide long term care, specialist services try to focus on where they can make a difference, before referring patients back to general practice.
- In Greater Glasgow and Clyde Health Board, there is an interface group to address problems which occur when patients are referred, in either direction, between general practice and mental health services.
- Multidisciplinary working within homelessness services was described as a positive model of service provision for patients with complex, challenging problems.
- The knowledge and expertise of colleagues working in specialist services could be shared more widely with general practitioners, for example "mentalising" approaches and supervision/peer support for complex cases.
- Deep End practitioners need more consultation time and are keen to assess the role of attached workers in helping patients with mental health problems.
- Almost everyone who is significantly "distressed" will meet diagnostic criteria for depression, but not all will be helped by antidepressant medication. The Scottish Government is reviewing the NHS response to distress, a move which was welcomed by GPs but has significant implications for mental health services.
- There is collaborative work to do, in determining what is meant by "complex, challenging needs", developing an ideal treatment plan, and comparing current experience against this ideal
- Separate discussion is needed, between GPs and specialists in child and adolescent psychiatry, to consider the contribution of general practice to the prevention of mental health problems across the life course. A key focus is on effective support for children and families.

"General Practitioners at the Deep End" *work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.*



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