

# Gloucestershire PMHT: Pragmatic steps towards a vision

Alison Sedgewick-Taylor describes the development of a coherent and ambitious model of service to address mental health needs and meet NSF standards.

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**T**HE CHALLENGES faced by mental health service providers are not always easy to reconcile. High psychiatric morbidity in primary care, balanced against the desire to offer high quality and accessible services in accordance with government standards can be a tricky balancing act. Our vision is best summarised by NSF standard two,<sup>1</sup> which states that any service user who contacts a primary health care team with a common mental health problem should:

1. Have their mental health needs identified and assessed
2. Be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it.

We also consider it appropriate that people should have a choice of effective treatment/ care.

The Gloucestershire Primary Mental Health Team (PMHT) formed in 2000 has established a working model to address this ambitious aim by developing pragmatic clinical initiatives, working in partnership with other agencies and building confidence and competence of existing primary care workforce. Our actions, though incremental, have not been piecemeal. Our small and dedicated team has taken a series of steps

towards a cohesive end, where each component action has been strengthened by its congruence with others. This paper will summarise the achievements to date and describe the process of change and the obstacles encountered.

## Background

It is estimated that 20% or more of patients consulting their GP have anxiety and depression as their principal medical condition.<sup>2</sup> The NSF proposes standards regarding the accessibility and availability of appropriate services for those with mental health problems, but referral to specialist mental health services is for most people neither possible nor appropriate. Specialist services have been encouraged to meet the needs of those with more severe and enduring difficulties,<sup>3</sup> leaving those with more moderate conditions to be managed in primary care. The implications of the national standard and local need is beginning to dawn on the new primary care organisations and a radical re-evaluation of mental health care is now underway that offers a real opportunity for patients to get a better deal.

## Clinical initiatives

The Gloucestershire PMHT is using the 'stepped care' approach to build a menu of services from which a person can choose the intervention most suitable to them. Stepped care refers to a model in which the simplest and least intrusive interventions are offered at first presentation, only stepping up to more complex interventions as and when necessary. Although careful risk assessment is required, such approaches can theoretically reduce demand on more specialist services. The approach also offers a more graded discharge route out of specialist services.

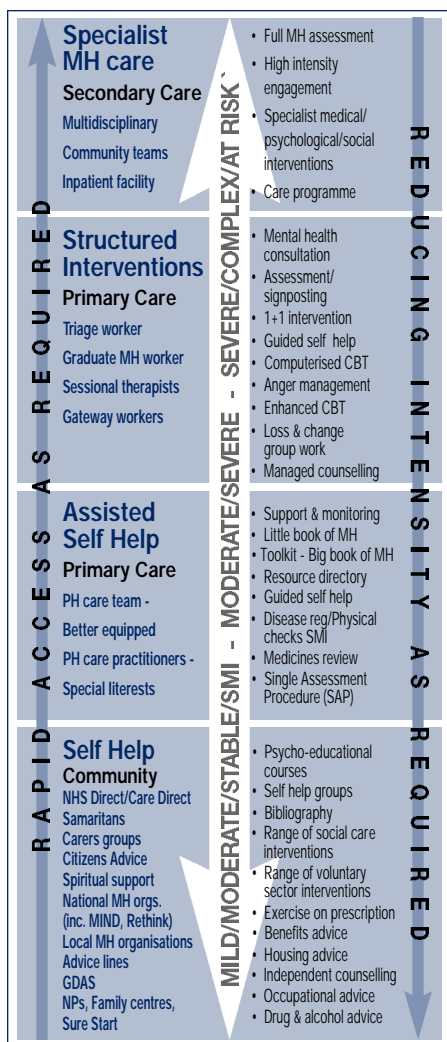


Figure 1: Stepped care model

More traditional methods of delivering psychological treatments will never be able to meet demand. There is an acknowledged need to move beyond individual face to face therapy and include education and self help in a menu of services. The new graduate primary care mental health (PMHW) workforce is appropriately placed within the stepped care framework to facilitate self help within a supported environment. In our

model, a level of gatekeeping has been introduced to safeguard both staff and patient. Thus, all referrals are screened by a mental health trained clinician prior to allocation to the GMHWs. Cognitive behavioural therapy (CBT) has been identified as the treatment of choice for both anxiety and depression in the DOH publication, Treatment choices in psychological therapy and counselling.<sup>4</sup> A patient pamphlet to accompany this professional publication has further publicised and promoted CBT and increased demand on primary care to provide it. It is within this context that the Gloucestershire PMHT set a goal to make CBT accessible to the general population.

### Stress management courses

These psycho-educational courses are provided in partnership with The (Gloucestershire) Adult Continuing Education and Training Unit (ACET). They have been designed to offer large numbers of people access to information on cognitive behavioural techniques to assist them in the management of their anxiety and depression. The aim is to provide the information in an accessible, non-medical, non-stigmatised and supportive setting. The courses are popular and have helped people with both anxiety and depression to overcome their problems

### Guided self help

A self help workbook is offered to patients and support is offered over the telephone by GMHWs. The programme offers an alternative to the stress management courses for those who prefer assistance in their own homes. This has proved very useful to those in more rural communities where transport is limited or non-existent. A pilot programme yielded high levels of satisfaction and significant symptomatic improvements in patients with moderate anxiety and depression. Secondary care mental health services are now utilising the workbook to complement their clinical skills and as a waiting list option.

### Improving competence and confidence of the primary care workforce

Although the primary stimulus for change in service delivery may be external, the primary motivator for accomplishing change resides

with the people in the organisation.<sup>5</sup> One of the most consistent findings in the research on change is that participation in change tends to reduce resistance, build ownership and improve motivation. The following initiatives aimed at the primary care workforce have been designed to maximise participation.

### Facilitation

The building of relationships between primary health care teams and mental health facilitators has been a key factor underpinning all our actions. Ongoing discussions have shaped and focused our developments

### Certificate in professional studies

This certificated course is designed as an introduction to mental health for primary care staff and is run by the PMHT, primarily using local specialist mental health staff to teach. As part of their final assessment, students design a mental health resource to take back to their practice. This, and the enthusiasm of the clinicians, have helped to put mental health higher on the practice agenda. This 'bottom up' approach has reaped huge benefits.

### Toolkit and resource directory

The National Plan<sup>6</sup> states that protocols for managing mental health should be put in place between primary and secondary care. The PMHT led focus groups on three of five protocols involving multiple stakeholders. Guidelines were designed highlighting best practice and were enhanced by a toolkit of additional information including handouts/reading lists etc. for patients and staff. An accompanying resource directory describing local and national mental health and social care resources has also been developed to further improve access to assistance.

### Conclusion

There is a long way to go to meet the vision but the path has been set. The growing teeth of the PCTs are beginning to bite and commissioning decisions that are clearly guided by a desire to improve and modernise services could finally make the difference. Our strategy is in place to further enhance access to appropriate treatment,

but awaits funding decisions. Further steps include a 'one stop shop' primary care mental health assessment, practice counselling, computerised CBT and practice nurse MH specialists. Thus, we build an environment in which our new workforce of GMHWs and gateway workers can be placed, thrive and make a really exciting contribution to patient care.

What began as a pilot project has developed in logical incremental stages (often only apparent to us and others with hindsight). The staged strategy of continual low scale change has allowed us to carry other members of the organisations with us through experiments to see what is effective.<sup>7</sup> The process of participation has reduced, though not completely eliminated, the potential obstacles to change i.e. resistance, control and power.<sup>8</sup>

Our effectiveness to date can be attributed to the following factors:

- Clear vision for the future
- Focus and consistency of strategy
- Charismatic leadership
- A small, motivated and creative team driven by a powerful set of personal values and beliefs
- Separation from (secondary care) regular organisational structures

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