

### Primary mental health care services

The 10 key messages below are drawn from the Joint Commissioning Panel for Mental Health's guide on commissioning primary mental health care services. To read the full guide, please visit [www.jcpmh.info](http://www.jcpmh.info)

#### 1 Commissioning primary mental health care is relevant to:

- NHS England (because it holds contracts for general medical services and needs funding infrastructure for primary mental health care)
- Clinical Commissioning Groups (as secondary care contracts need to reflect what's happening in primary care, and because grass roots GPs need to lead the primary mental health care agenda)
- Health and Wellbeing Boards (because public mental health, the promotion of wellbeing, and the prevention and early detection of mental disorder, are all related to activity in primary care).

#### 2 In primary mental health care:

- the GP needs to be at the centre of providing whole person care to people with overt or covert mental health issues
- the primary care team needs to work proactively with sub-populations of registrants at particular risk of mental disorder (unemployed or low-income families, looked-after children, the elderly (particularly if they are living alone), people with long-term physical conditions, people with protected characteristics, and relatives and carers of people with mental disorder).

#### 3 Primary mental health care is sometimes problematic but there are guiding commissioning principles:

- the primary/secondary interface should not interrupt care, cause delays, or exclude people because of rigid access criteria
- there should be a systematic process for organising allocation to, and progress along, care pathways in primary care settings

- all healthcare professionals should understand what collaborative care means
- GPs must have the confidence and resources to treat people with mental disorders themselves.

#### 4 A well-commissioned primary mental health care service should be:

- values-based – it takes into account clinical expertise, patient and carer perspectives, and scientific evidence
- age inclusive (care shouldn't be compartmentalised or interrupted because of age)
- integrated (with secondary and tertiary care and with physical, social and spiritual care)
- holistic
- preventative (by way of early detection and intervention)
- anticipatory (people shouldn't have to wait until they're ill or complex enough)
- focused on recovery (the absence of symptoms is not sufficient to establish recovery – it is about hope, love, opportunity and agency)
- underpinned by systematic outcomes monitoring
- linked with the local community, voluntary and faith (VCF) sector.

#### 5 Primary mental health care should be stepped according to the complexity and severity of presentations. Commissioners should ensure the following are available to primary care teams to enable them to respond:

- case management (and methodical management of systematic care pathways)
- peer mentorship, health training and social prescribing

Launched in April 2011, the Joint Commissioning Panel for Mental Health is comprised of leading organisations who are aiming to inform high-quality mental health and learning disability commissioning in England. The JCP-MH:

- publishes briefings on the key values for effective mental health commissioning
- provides practical guidance and a framework for mental health commissioning
- supports commissioners in commissioning mental health care that delivers the best possible outcomes for health and well being
- brings together service users, carers, clinicians, commissioners, managers and others to deliver the best possible commissioning for mental health and wellbeing.

For further information, please visit [www.jcpmh.info](http://www.jcpmh.info)

- cognitive behavioural therapy (including guided self-help and education groups) for anxiety disorders
  - low intensity interventions from psychological wellbeing practitioners or counsellors for milder presentations of depression
  - high intensity interventions from therapists trained in disciplines such as cognitive, interpersonal and psychodynamic psychotherapies for more severe depression
  - collaborative care with psychiatric or acute liaison services for complex, comorbid or medically unexplained presentations.
- 6 Commissioners should ensure that GPs are able to:**
- screen for mental health problems in patients with long term conditions
  - undertake proactive physical health analysis for patients with severe mental disorder (e.g. the Lester UK Adaptation of the Positive Cardio-metabolic Health Resource [www.rcpsych.ac.uk/pdf/RCP\\_11049\\_Positive%20Cardiometabolic%20Health%20chart-%20website.pdf](http://www.rcpsych.ac.uk/pdf/RCP_11049_Positive%20Cardiometabolic%20Health%20chart-%20website.pdf))
  - offer whole person care bundles for patients with mixed physical and mental disorders.
- 7 The optimum primary mental health care team should comprise:**
- the core primary care team of GPs, practice nurses and health visitors
  - peer workers
  - dedicated primary mental healthcare workers (such as Psychological Wellbeing Practitioners and High-intensity Therapists)
  - other Improving Access to Psychological Therapy workers (such as employment advisors and GP advisors who, in turn, have links with housing, welfare benefits and addictions)
  - integrated specialism (such as primary care liaison psychiatrists and CPNs who, in turn, have links to expertise such as forensics and eating disorders)
- school nurses
  - local authority workers (from education and public health)
  - appropriate managerial capacity to set up and run the systems required.
- 8 The outcomes that should result from effective commissioning include:**
- better quality of life across populations with long-term conditions
  - reduced discrepancy in under-75 mortality within populations
  - improved wellbeing in those at risk of poor wellbeing within populations
  - reduced suicide across populations
  - recovery in people with mental health problems
  - social inclusion
  - reduction of duration of untreated disorder
  - improved wellbeing
  - improved patient and carer experience.
- 9 These guidelines should help commissioners and the Mental Health Strategy *No Health Without Mental Health* in community settings – where the majority of poor wellbeing and mental ill health exists.**
- 10 Examples of best practice:**
- Karis Neighbour Scheme [www.karisneighbourscheme.org](http://www.karisneighbourscheme.org)
  - Sandwell and West Birmingham Clinical Commissioning Group's Collaborative Primary Care model [www.nhsconfed.org/Publications/reports/Pages/CaseStudyReportOnSandwell.aspx](http://www.nhsconfed.org/Publications/reports/Pages/CaseStudyReportOnSandwell.aspx)
  - Changing Minds Education Centre [www.changingmindscentre.co.uk](http://www.changingmindscentre.co.uk)
  - Health and Wellbeing Centre with navigators [www.echwc.nhs.uk](http://www.echwc.nhs.uk)