

**KNOW
WHERE
TO GO**

A SAMH SURVEY OF GENERAL PRACTITIONERS IN SCOTLAND

March 2014



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**84.6% OF GPs THOUGHT
THERE WERE GAPS IN SERVICE
PROVISION FOR PATIENTS WITH
MENTAL HEALTH PROBLEMS IN
THEIR AREA.**

EXECUTIVE SUMMARY:

Each year one in four people in Scotland will experience a mental health problem.

Yet 800,000 adults across Scotland don't know how to access help for their mental health¹. What's more, over 25% of people who experience mental health problems wait more than a year to seek help after first developing concerns about their mental health². By delaying seeking help, people are more likely to suffer greater negative impacts and are likely to need more complex interventions and a longer period of recovery. In 2012, SAMH launched the Know Where to Go campaign to help people know about the help and support available online, over the phone and in person; and to ensure that people are able to seek, find and get appropriate help for their mental health when they need it.

Research by SAMH in 2012 found that when asked where they would go for help if they were concerned about their mental health, 75% of people said they would start with their GP³. The Royal College of GPs Scotland (RCGP) has identified mental health as one of three top priorities for GPs in Scotland, and their research shows that 30% of patients presenting at GP appointments have a mental health component to their presenting problem.⁴

In February 2013 SAMH, in partnership with RCGP Scotland, undertook a survey of Scottish GPs to gather information on service provision, training and support in treating and referring patients with mental health problems. In total, 464 GPs responded to the survey, more than ten per cent of the total number of GPs in Scotland.⁵

KEY FINDINGS:

GPs highlighted the lack of timely access to adequately resourced services for patients with mental health problems, lengthy waiting times, and the perceived lack of up to date information on services available for referral in the local area. **84.6% of GPs thought there were gaps in service provision for patients with mental health problems in their area.** Many GPs also took the opportunity to comment that they felt long waiting times undermined their ability to help their patients.

A further theme emerging was the desire for better training and more information on ways to support patients with mental health problems. 49.9% of respondents stated it had been over a year since they had last undertaken accredited training on any aspect of mental health, 11.9% said they had never done so. There was a strong desire for more mental health information and resources to support GPs in diagnosing, treating and supporting patients. 73.3% of GPs said they would like more information about non-pharmaceutical treatment options for common mental health problems. **81.6% said they would like more resources that help patients to self-manage their mental health conditions.** 87.3% of GPs said there was a need for information guides on local services for referral, including social prescribing opportunities.

The full report, including recommendations for improving access to and funding for services, patient-centred care and training, can be found at www.samh.org.uk

¹ Red Circle/SAMH Research Report 2011

² Red Circle/SAMH Research Report 2011

³ YouGov Poll, commissioned by SAMH 2012

⁴ RCGP Scotland Policy Paper on Mental Health 2012

⁵ The BMA identified 4,270 GPs in Scotland, Oct 2012

INTRODUCTION

EACH YEAR ONE IN FOUR PEOPLE IN SCOTLAND WILL EXPERIENCE A MENTAL HEALTH PROBLEM.

Yet 800,000 adults across Scotland don't know how to access help for their mental health.¹ What's more, over 25% of people who experience mental health problems wait more than a year to seek help after first developing concerns about their mental health.² By delaying seeking help, people are more likely to suffer greater negative impacts and are likely to need more complex interventions and a longer period of recovery. In 2012, SAMH launched the Know Where to Go campaign to help people know about the help and support available online, over the phone and in person; and to ensure that people are able to seek, find and get appropriate help for their mental health when they need it.

Research by SAMH in 2012 found that when asked where they would go for help if they were concerned about their mental health, 75% of people said they would start with their GP.³ The Royal College of GPs Scotland (RCGP) has identified mental health as one of three top priorities for GPs in Scotland, and RCGP Scotland research shows that 30% of patients presenting at GP appointments have a mental health component to their presenting problem.⁴

In February 2013 SAMH, in partnership with RCGP Scotland, undertook a wide ranging survey of Scottish GPs gathering information on service provision, training and support in treating and referring patients with mental health problems. In total, 464 GPs responded to the survey, more than ten per cent of the total number of GPs in Scotland.⁵

This research formed part of the Know Where to Go campaign, aiming to help people know about the wide range of mental health information, help and support available to them. This stage of the campaign focused on GPs and primary care, during which SAMH developed resources to help patients understand their rights in treatment; short guides to helping someone make and prepare for a GP appointment; and a factsheet for friends and family members supporting a loved one with mental health problems.

This research also forms part of a suite of SAMH research into mental health and primary care carried out in 2013, alongside [What's the Script?](#) – a report on patients' experiences of medicines used in mental health, and completed by forthcoming research into access to psychological therapies in Scotland. This research is timely in the context of the Scottish Government's [Mental Health Strategy for Scotland \(2012 - 2015\)](#) and the implementation of the HEAT target to deliver faster access to psychological therapies, within 18 weeks by December 2014.

¹ Red Circle/SAMH Research Report 2011

² Red Circle/SAMH Research Report 2011

³ YouGov Poll, commissioned by SAMH 2012

⁴ RCGP Scotland Policy Paper on Mental Health 2012

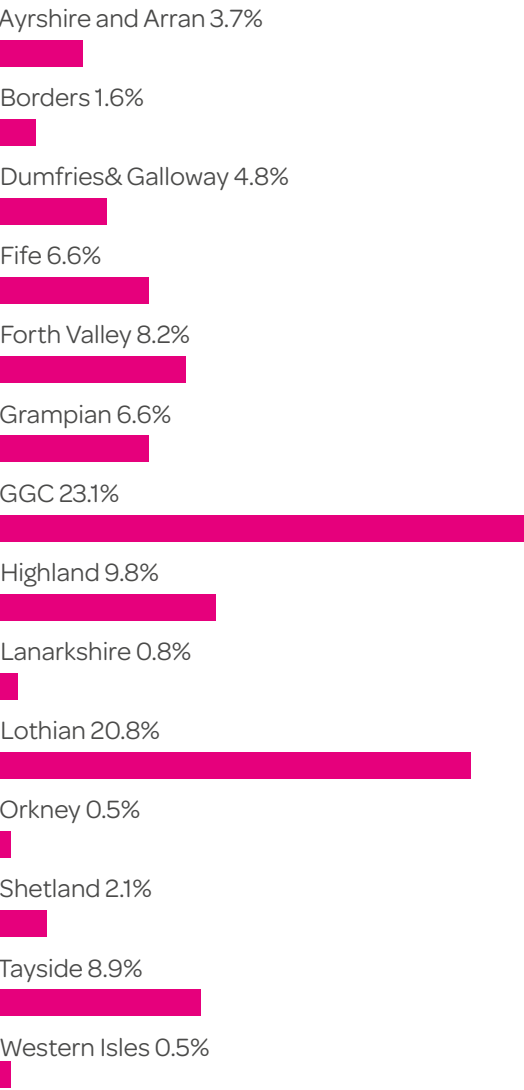
⁵ The BMA identified 4,270 GPs in Scotland, Oct 2012

RESEARCH METHOD AND SAMPLE SIZE

In total, 464 GPs responded to the survey, which included a mix of multiple choice questions and free text boxes. Quotes included throughout this paper are comments made by respondents in the free text boxes.

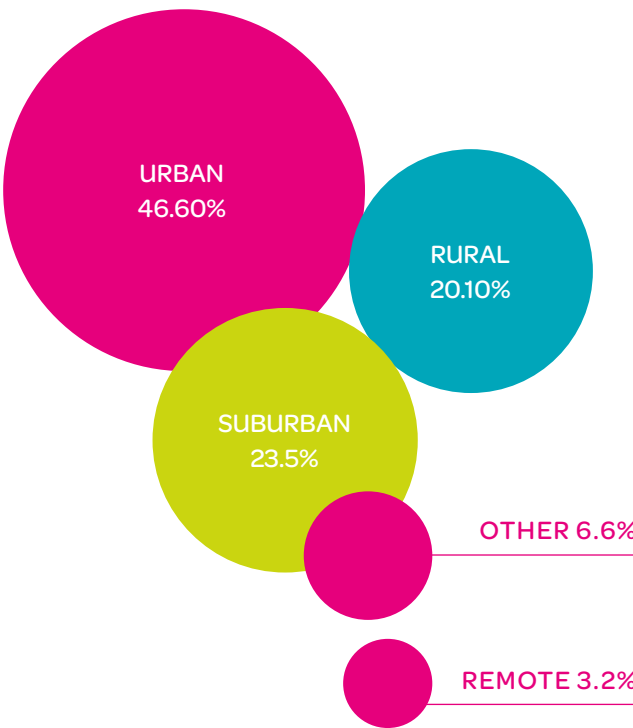
Every health board in Scotland was represented in the sample, although a significant percentage of responses come from Greater Glasgow and Clyde (23.1%) and Lothian (20.8%).

SURVEY RESPONDENTS BY HEALTH BOARD AREA



Just under half of respondents identified their practice area as urban (46.6%).

GEOGRAPHICAL SPREAD OF GP PRACTICES



Practising GPs made up 84.7% of respondents. Practice size varied from 30 to 26,000 patients.

Such a large and representative sample, covering all health board areas, varied practice list sizes and demographic areas provides us with a robust insight into the needs of GPs across Scotland. The following paper will look at some of the key findings of this research in the areas of resources, information and training; and non-pharmaceutical treatments for mental health and gaps in services.

SECTION 1

RESOURCES, INFORMATION AND TRAINING

49.9% of GPs said they last undertook accredited training on any aspect of mental health more than a year ago.

11.4% said they have never undertaken accredited training on any aspect of mental health.

87.3% of GPs wanted information guides on local services for referral, including social prescribing opportunities (see p6).

81.6% wanted resources to help people self-manage their conditions.

TRAINING

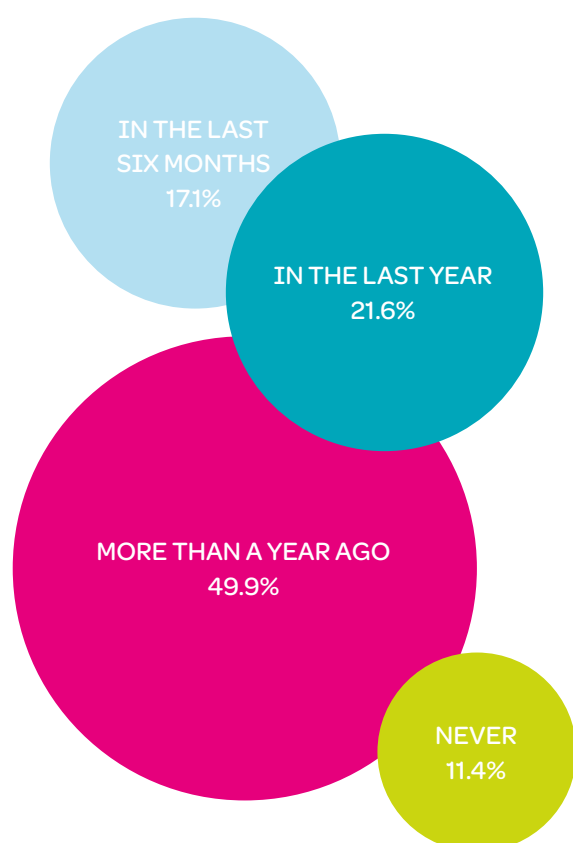
We asked GPs when they last undertook accredited training on any aspect of mental health. Half of GP respondents (49.9%) said it had been more than a year since they had undertaken training, 21.6% said they had undertaken training the previous year, 17.1% said in the last six months, but 11.4% said they had never undertaken accredited training on any aspect of mental health.

Those who had undertaken training, regardless of when it took place, were asked what form this training took. 34.1% said it was face to face training, 27.9% said it was a protected learning time session, 25.9% said it was e-Learning, and 26.3% said 'Other'.

As a GP trainee I feel that mental health training should be made mandatory.

Giving GPs the opportunity and encouragement to upskill in dealing with mental health problems is essential.

WHEN WAS THE LAST TIME YOU UNDERTOOK ACCREDITED TRAINING ON ANY ASPECT OF MENTAL HEALTH?



Those who responded 'Other' were asked to specify what form this training took. A small number of responses specified in this category described training done while a GP, such as specific courses on substance misuse, eating disorders and child protection issues, and PBSGL modules (Practice Based Small Group Learning).

In the main, the narrative comments were revealing as the 'training' named fell mainly into one of two categories: GPs searching out information and attending events on their own initiative, and training undertaken whilst in GP training.

Many of the comments falling into the first category simply mentioned attending a meeting, attending a lecture or conference, chatting to CPN colleagues or personal reading/internet research. Many of these responses also mentioned that it had been some time since the learning event took place.

In the second category, there were a number of mentions of Senior House Officer (SHO) training – for example, a junior doctor undergoing training in a speciality. In this case all mentions of SHO training were all attached to psychiatry. There were also general mentions of placements in psychiatry as a GP trainee.

RESOURCES GPs USE, AND RESOURCES GPs NEED

We asked GPs a series of questions to get a clearer picture of the resources and information already available and used by GPs, as well as insight into resources they would find useful if made available. In terms of current resources, responses varied a great deal from ‘none’ and ‘Basically I use my own knowledge... I don’t tend to need to look further’ to the more specific responses naming resources summarised in Table 1 below.

TABLE 1.

Summary of narrative responses to survey question: Which resources do you currently use which you find useful for information and guidance on mental health?

Which resources do you currently use which you find useful for information and guidance on mental health?	Summary of 463 narrative responses received	
Colleagues/local services	Community Psychiatric Nurse (CPN) Community Mental Health Team (CMHT) Mental Health Officers (MHO) colleagues	
Textbooks/clinical handbooks	NICE guidelines SIGN guidelines Diagnostic and Statistical Manual of Mental and Behavioural Disorders Oxford Handbook on Psychiatry Newcastle, Tyne and Wear resources	
Health Board Intranet	Numerous mentions of health board intranets, where these exist	
Websites/online research	<div>Moodjuice</div> <div>Edspace</div> <div>patient.co.uk</div> <div>Steps for Stress</div> <div>Refhelp</div> <div>Living Life to the Full</div> <div>Lifelink</div> <div>BMJ</div> <div>Royal College of Psychiatrists</div> <div>BMJ learning modules</div> <div>SAMH</div> <div>GP notebook</div>	<div>www.moodjuice.scot.nhs.uk</div> <div>www.edspace.org.uk</div> <div>www.patient.co.uk</div> <div>www.stepsforstress.org</div> <div>www.refhelp.scot.nhs.uk</div> <div>www.lltff.com</div> <div>www.lifelink.org.uk</div> <div>www.bmj.com</div> <div>www.rcpsych.ac.uk</div> <div>www.bmj.com/uk/education</div> <div>www.samh.org.uk</div> <div>www.gpnotebook.co.uk</div>
General	library books textbooks leaflets Google internet	

Provision/access for non-pharmalogical treatment for mental health is poor and those referred wait a long time for appointments- leading to high levels of defaulting. Access to self-referral for activities and support services would benefit a lot of people with mental health problems and these services need to be widely advertised, not just accessible via GP.

In terms of the resources which GPs would find useful, responses mainly pointed to a need for up-to-date information on local services available for referral, the processes for referral and also pleas for more services and shorter waiting times.

“The main difficulty is keeping up to date with locally available services- knowing what is available at any one time.”

87.3% of GPs requested information guides on local services for referral, including social prescribing opportunities. Social prescribing is a formal means of making links to locally accessible opportunities for patients, expanding the options available in primary care consultation – options that “make available new life opportunities that can add meaning, form new relationships, gives the patient the opportunity to take responsibility or be creative”⁶. Such opportunities are often accessed via the third sector – voluntary work, further education, libraries, social clubs, sports clubs, nature/conservation work, book groups, art or exercise classes, available locally.⁷ Social prescribing can contribute to reducing the prevalence of mental health problems; improving mental health outcomes and therefore demands on health services; improving community wellbeing; and reducing social exclusion⁸.

Of the other options presented, 81.6% said they would like more resources that help patients to self-manage their mental health conditions, 74.3% said easily accessible current guidelines, 31.5% a training course on mental health treatment, and 11.9% chose ‘Other.’

Those who selected ‘Other’ were asked to specify. The comments can be grouped mainly into: training for GPs, and services for patients.

WHAT KIND OF INFORMATION ON MENTAL HEALTH GENERALLY WOULD BE USEFUL TO YOU?

Information guides on local services for referral, including social prescribing opportunities 87.3%

Resources that help patients to self manage their mental health conditions 81.6%

Easily accessible current guidelines 74.3%

A training course on mental health treatment 31.5%

Other 11.9%

⁶ British Journal of General Practice “Social prescribing in General Practice: Adding meaning to medicine” June 2009

⁷ British Journal of General Practice “Social prescribing in General Practice: Adding meaning to medicine” June 2009

⁸ Scottish Government “Developing Social Prescribing and Community Referrals for Mental Health in Scotland” November 2008

ADDITIONAL COMMENTS FROM GPs:

“What kind of information on mental health generally would be useful to you?”



“For mental health it needs to be local, local, local and, as much as possible, face to face. Very few of my mental health patients successfully engage with websites, worksheets or telephone counselling. They like one to one therapy, group activities, personal support in the form of local mental health support workers popping in or phoning regularly...”

“Online, smart phone apps for patients.”

“Information for patients on how to access mental health services directly without having to go through the GP each time. Especially for patients known to the MHS.”

“E-learning modules.”

“Information on how our local mental health services actually work, how to get services to accept referrals to avoid patients falling between stools. Timeous feedback from outpatient clinics. How to get patients CPN or other appropriate support. Guidelines for referral fine if secondary care services abide by them.”

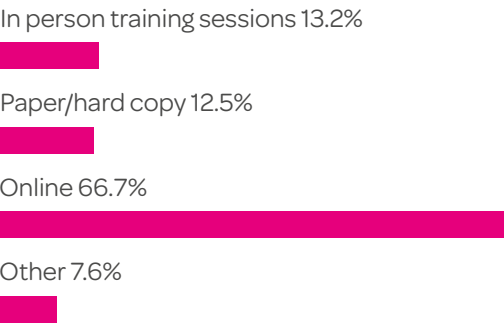
“The single most important thing currently missing is adequately funded, quickly available therapeutic counselling.”

“I would like to know exactly what is offered in my locality- there seem to be numerous options but it’s not clear how these are accessed or who decides on the allocation.”

When asked in what form they would like to receive the information, 66.7% of GPs stated they would find it most helpful to receive information online, with only 12.5% looking for paper/hard copy resources, and 13.2% choosing in-person training sessions. 7.6% chose 'Other'. A selection of comments from this group is also summarised on the following page.

While the comments come from those who selected 'Other' in both the question on the types of information they would like, and the question on the form they would like to receive the information in, they also provide a snapshot insight into the views of GPs on resources, materials and services.

IN WHAT FORM WOULD YOU FIND IT MOST USEFUL TO RECEIVE THIS INFORMATION?



In summary, our research highlighted that GPs are looking for online, concise and up-to-date information mainly on what services and support are available locally, with adequate time and support from relevant colleagues to study and assimilate the information. For their patients, GPs highlighted the need for accessible hard-copy materials, and more local services for referral.

It is clear from this section of the survey, and following sections, that there is a perceived gap in resources and services available for patients with mental health problems.

ADDITIONAL COMMENTS FROM GPS:

“In what form would you find it most useful to receive this information?”

“Online and in a way that things can be saved onto computer desktop, for ease of printing e.g. patient information sheets.”

“People at the end of a phone.”

“Any form in which one is given the time to learn and assimilate i.e. resource support to allow time.”

“Regular repetition e.g. annually, needed as info overload means resources not used regularly are forgotten.”

“Either email/online, or in terms of guides for local services hardcopy would be good. Patient info cards/flyers?”



SECTION 2

NON-PHARMACEUTICAL TREATMENTS AND GAPS IN SERVICES

73.3% of GPs would like more information about non-pharmaceutical treatment options for common mental health problems.

46.8% of GPs are not aware of, or not sure if they are aware of, the SIGN guideline on non-pharmaceutical treatments for depression.

84.6% of GPs think there are gaps in service provision for patients with mental health problems in their area.

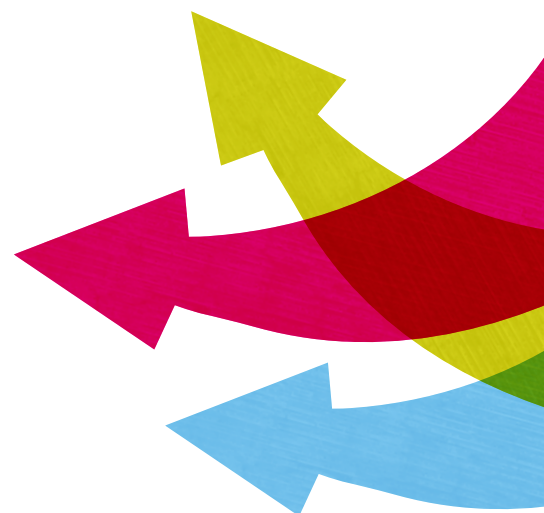
We asked GPs a series of questions about the role of non-pharmaceutical treatment options, including social prescribing, in general practice treatment and referral for mental health problems. When asked which kind of information on mental health generally would be useful to them, 87.3% of GPs said information guides on local services for referral, including social prescribing opportunities such as walking groups, stress management groups, voluntary sector support services.

73.3% of GPs said they would like more information about non-pharmaceutical treatment options for mental health problems (although it should be noted that almost a quarter felt there was already enough information, and 4.7% said they did not want more information on non-pharmaceutical treatment options).

We asked GPs if they were aware of the SIGN (Scottish Intercollegiate Guidelines Network) [guideline](#) on non-pharmaceutical treatment options for depression, which recommends CBT and talking therapies, structural exercise and other non-pharmaceutical treatments. 53.2% said they were aware of it. 29% of GPs said they were not aware of this guideline, and a further 17.8% said they were not sure.

Of those who were aware of the guideline, 61.4% said they felt this was a useful/practical guideline. When asked for comments on this, the overwhelming response was that the guideline could not be implemented without local, accessible services of the kind recommended in the guideline.

I would like to know exactly what is offered in my locality- there seem to be options but it is not clear how these are accessed.



A SELECTION OF COMMENTS FROM THE SURVEY QUESTION:

Do you feel the SIGN guideline on non-pharmaceutical treatment options for depression is a useful/helpful guideline?



"Waiting times and demand make this a non-starter in terms of practical intervention."

"Absolutely terrible local access to any services, leads to increased prescribing as no other realistic treatment options."

"1 year waiting lists make a mockery of this."

"Fairly lengthy and theoretical with local resources not matching guidance requirements."

"Services don't match guidelines."

"We do not have adequate access to non-pharmaceutical treatment options. We have NO access to psychological therapies in our remote rural area. It makes me very angry,"

"Patients still feel we are 'fobbing them off' with such info."

"It would be useful if the resources were available to back up the recommended options, but they are not!"

GPs need more timeous support. Criticised for prescribing but there is a limit to what we can do if patient waiting months for psychological/psychiatric input.

When asked if they were aware of waiting times for psychological services in their area, the overwhelming response was “too long”. A number of responses stated that waiting times were variable depending on perceived urgency of the patient’s condition or depending on treatment. The shortest waiting time was three weeks for the practice counsellor, while most responses stated between three months and one year.

When asked whether there were gaps in service provision, an overwhelming 84.6% of GPs stated that there are gaps in service provision for patients with mental health problems in their area.

“Access to psychological therapies is extremely poor with long and unacceptable wait times. GPs feel under pressure not to refer people to already stretched services...”

In order to discover more detail about the perceived lack of services in local areas, we asked GPs about referrals they had made in the last three months (Nov 2012-Jan 2013). 83.1% said that they had referred patients to psychological therapies in the last three months.

GPs were asked a series of questions about the types of referrals they had made in the last three months to find out more about GPs use of social prescribing – linking patients in to groups and services which can help with wider psycho-social issues and health determinants such as poverty/debt or isolation.

TABLE 2. GP REFERRALS BY TYPE, NOV 2012 - JAN 2013

In the last three months have you referred patients to:

Local self- management activity groups such as stress management or walking groups?

Yes 41.9%



No 33.4%



No access to such a service 24.7%



Local arts or creative groups?

Yes 7.3%



No 52.8%



No access to such a service 39.9%



Local volunteering opportunities?

Yes 18.5%



No 57%



No access to such a service 24.5%



Local support services such as debt advice or parenting classes?

Yes 52.1%



No 36.5%



No access to such a service 11.4%





TABLE 3. REASONS WHY GPs HAD NOT REFERRED IN THE LAST THREE MONTHS

Reason given	Percentage/comments
Waiting times are too long	42.3%
Referral criteria are unclear	27.8%
No access to such a service	19.6%
Other	40.2% <i>“Local CMHT nearly always refuse referrals”</i> <i>“I have not seen any patients who might benefit from referral recently”</i> <i>“Waiting times are huge and it isn’t a satisfactory service when patients present in crisis”</i> <i>“Unsure of what constitutes psychological therapies and what is out there”</i>

WHAT DO THESE RESULTS TELL US ABOUT GPs AND MENTAL HEALTH?

In addition to the main questions in the survey, we provided a comment box for GPs to tell us anything else they felt was pertinent. 151 GPs made a comment. Generally, the comments all underlined the key themes emerging from the main body of the survey - a lack of resourced and easily accessible local services; long waiting times for existing services which undermined the referral and treatment process; the importance of having access to accurate and up-to-date information on available services; how to refer to these services; and the pressure on GPs in a context of a high need but underfunded support. There was also an emerging theme of lack of training for GPs on mental health; and an expectation for GPs to ‘do something’ tangible – again undermined by the perceived long waiting times for services.

RECOMMENDATIONS

RESOURCES AND ACCESS TO SERVICES

- Through the ALISS system, ensure there is up-to-date, comprehensive information available to GPs on local mental health services and support groups available, including psychological therapies, social prescribing and voluntary sector services.
- Ensure that referral pathways for mental health services are clear and efficient, and ensure there is awareness of these pathways amongst key gatekeepers- whether these services are NHS, Local Authority, third sector or community based.
- Improve access and information for patients on all available services from their first presentation, before they possibly require more complex interventions. This should work as a means of early intervention and in turn take pressure off GPs, allowing for wider discussion of options available with the opportunity of creating local support networks where appropriate.

PATIENT CENTRED CARE

- Ensure that all patients receiving treatment for their mental health have regular reviews of their treatment to ensure a focus on recovery.
- Improve partnerships with patients, ensuring they are more closely involved in deciding how to maintain and improve their health and that all aims and objectives are jointly developed by patients and GPs.
- Information on the treatment available and patient's rights should be provided in an accessible format, and treatment choices considered and explained in partnership.
- SAMH recommends that support for the patient's mental health and emotional wellbeing should be provided alongside the treatment for other long term conditions.

FUNDING AND PROVISION OF SERVICES

- NHS, local authority and voluntary sector service investment and development is required to meet the needs of people with mental health problems across Scotland, particularly in remote and rural, socially-economically deprived communities, and specialist support for older people and young people's mental health.

TRAINING

- SAMH recommends ongoing training for GPs on mental health, including suicide prevention, ensuring all GPs are able to access and complete high quality CPD modules, particularly NHS Education Scotland and the ALLIANCE's *Emotion Matters* online training course.
- SAMH endorses the call of the RCGP for GP's training to be extended to 5 years, given the increasing complexity of their role.

Acknowledgements:

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SAMH endorses the RCGP Put Patients First: Back General Practice Campaign



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