



A National Review of Primary Care Mental Health Demand & Activity (summary report)



October 2022

About this National Review

Governance: This National Review has been commissioned by the Prevention and Wellbeing Workstream of the Strategic Programme for Primary Care in partnership with mental health services and the Welsh Government Primary Care and Mental Health policy team. This National Review is owned by the Strategic Programme for Primary Care.

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Data: The information within this National Review relates to surveys undertaken and information collected by the National Collaborative Commissioning Unit except that commissioned from the Secure Anonymised Information Linkage Databank. We would like to acknowledge the Databank team: Marcos Del Pozo-Banos, Sze Chim Lee, Yasmin Friedman, Ashley Akbari, Fatimah Torebi - Senior Data Analysts, Swansea University; Ronan Lyons, Professor of Public Health. Swansea University; Ann John, Clinical Professor in Public Health and Psychiatry, Swansea University; National Lead for Suicide and Self-Harm Prevention, Public Health Wales.

People not numbers: Whilst this National Review has many graphs and statistics, we note that behind every number is an individual.

Terms: The term 'Primary Care' can relate to a wide range of first point of contact services provided in the community. In this National Review it exclusively relates to General Practitioners, Primary Care Mental Health Services and third sector organisations. The term 'pandemic' in this document refers to the COVID-19 pandemic and its impact after December 2019 and the term 'pre-pandemic' refers to the time period before December 2019.

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Please note, this is an abridged summary report. If you require a copy of the full report, please email SPPC@wales.nhs.uk

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PART A - BACKGROUND

1. Background

Primary Care is about 'essential healthcare' which is universally accessible to individuals and families in the community and provided as close as possible to where people live and work. Providing mental health services in this setting involves diagnosing and treating people with mental health needs; putting in place prevention strategies and ensuring that staff are able to apply key psychosocial skills in order to improve overall health outcomes for individuals¹.

Primary Care services are often the first point of contact for people experiencing mental health issues including those with high levels of need and complexity². For some time before the pandemic it has been reported that demand for mental health support in Primary Care was increasing across the UK as a result of greater awareness and help-seeking, as well as changes in the prevalence of some conditions³.

In 2017, a report into Primary Care in Wales⁴ stated that GPs were concerned around the increase in mental health workload and that they were feeling 'less confident' in managing complex cases, particularly where there were 'external factors such as debt or unemployment'. The same report stated that the development of Primary Care Mental Health Services has been 'patchy' across Wales.

The World Health Organisation recognises that the pandemic has had a severe impact on the mental health and wellbeing of people around the world⁵. Those disproportionately affected by the pandemic were young adults, older people, and people with pre-existing mental health issues, people with long-term conditions, single parents, transgender people, and those unemployed or in insecure employment, those from Black and minority ethnic backgrounds, and women⁶.

Although mental health services in Wales were categorised as an essential service during the pandemic, some people were unable to access services or delayed seeking help. There were concerns about a potentially high burden of unmet need after pandemic restrictions were lessened, and that some people with existing mental health ill needs may have become 'more severely ill'⁷ during the pandemic.

The Welsh Government's Health and Social Care Recovery Plan (March 2021) cautioned that the NHS may be 'overwhelmed' with referrals for mental health support⁸. Notably the plan states that this increased demand will be driven by the socio-economic impacts of the pandemic rather than 'medical/specialised mental health need'.

If the provision of services at the Primary Care level to address mental health need is inadequate then individuals will seek help from other areas of healthcare such as emergency departments or their issues may escalate until only a crisis response will be sufficient to meet their needs.

¹ What is primary care mental health?: WHO and Wonca Working Party on Mental Health. Ment Health Fam Med. 2008 Mar;5(1):9-13. PMID: 22477841; PMCID: PMC2777553

² The Kings Fund (2020) Mental Health And Primary Care Networks

³ McManus S, Bebbington P, Jenkins R, Brugha T (eds) (2016). Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014 [online]. NHS Digital website

⁴ Inquiry into Primary Care Clusters, HSCSC 2017

⁵ WHO/2019-nCoV/Sci_Brief/Mental_health/2022.1

⁶ <https://reader.health.org.uk/unequal-pandemic-fairer-recovery>

⁷ <https://research.senedd.wales/research-articles/a-mentally-well-wales/>

⁸ Welsh Government (2021) Health and Social Care in Wales – COVID-19: Looking forward

2. Governance

The Strategic Programme for Primary Care in Wales is a Health Board-led programme working in collaboration with Welsh Government. The Programme looks to all health, social and wellbeing providers, Health Boards and other stakeholders to work collaboratively in sharing local initiatives, products and solutions that could add value to the delivery of Primary Care services on a 'once for Wales basis'. The Programme identified mental health as a priority area and has established a Mental Wellbeing subgroup to the Prevention and Wellbeing workstream.

The current Welsh Government Mental Health Delivery Plan⁹ includes a commitment to deliver a Primary Care Model for Wales that improves access to mental health support.

In May 2021 the Prevention and Wellbeing Workstream of the Strategic Programme for Primary Care established a time-limited group jointly chaired by Julie Denley, Director of Primary Care & Mental Health, Cwm Taf Morgannwg UHB and Shane Mills, Clinical Director of the National Collaborative Commissioning Unit. The group included representatives from; Health Boards, third sector, Public Health Wales, Welsh Government, Strategic Programme for Primary Care, Welsh Health Collaborative and NHS Delivery Unit. A time-limited reference group of Health Board Primary Care Mental Health representatives was also established.

The membership of the group acknowledged the necessity to ensure collaboration between the Strategic Programme for Primary Care, mental health and social prescribing, and between NHS, Welsh Government and third sector.

The group were interested in the consistency of provision and requested that the NHS Wales National Collaborative Commissioning Unit undertake a National Review to provide a greater understanding of the issues around demand, regional variation and use of the third sector.

The group were committed to engaging with Health Board and Primary Care stakeholders during this National Review and to understand if there was any stakeholder consensus on future direction.

3. Scope

The scope of this National Review was to provide a greater understanding on:

- Key themes for providing mental health support in Primary Care.
- Demand and activity.
- Variation in NHS Primary Care Mental Health Service provision.
- Third sector mental health support at Primary Care level.

Whilst some crossover is unavoidable the following linked areas were specifically excluded from this National Review:

- Mental Health (Wales) Measure 2010-Part 1 Local Primary Care Mental Health Support Services as scrutiny of these services is undertaken elsewhere.
- Specific services for children and young people as these are being addressed through the Building a Healthier Wales Co-ordination Group.
- Social prescribing as the Primary Care Hub, Public Health Wales are supporting the development and implementation of Welsh Government's National Framework. Public Health

⁹ https://gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19_0.pdf

Wales' report from 2021, Understanding Social Prescribing in Wales¹⁰, describes the baseline from which a social prescribing model for Wales is to be developed.

- GP and Primary Care mental health training is currently under review by Health Education and Improvement Wales.

4. Methodology

In order to ensure that the work was evidence-based and appraised the variation in services provision it was proposed that the work be divide into three sections:

Section 1 - Key Themes of Effective Mental Health Primary Care

- The Welsh Institute for Health and Social Care at the University of South Wales would be commissioned to complete a literature scoping review on the key themes of effective Primary Care Mental Health Services. The Institute would also develop a bespoke 'matrix' that may be used as a developmental and benchmarking tool in future.
- Exploration of links with social prescribing.

Section 2 - Demand and Activity

- Information would be gathered from sources such as: prescribing data, Community Advice Liaison Line, and Local Primary Care Mental Health Support Services.
- Data analysis would be commissioned from the Secure Anonymised Information Linkage Databank.
- Information would be gathered from a GP and Primary Care Mental Health Practitioner survey.

Section 3 - Third Sector Support

- Provision would be mapped.
- Third sector commissioning variation would be explored.

All three Sections are considered below in more detail.

¹⁰ <https://phw.nhs.wales/publications/publications1/understanding-social-prescribing-in-wales-a-mixed-methods-study-a-final-report/>

PART B- NATIONAL REVIEW

SECTION 1 - PRIMARY CARE MENTAL HEALTH SERVICES

5. Key Themes of Effective Primary Care Mental Health Services

The Welsh Institute for Health and Social Care at the University of South Wales was commissioned as part of this National Review to undertake a scoping review to understand the impact of deploying services to address mental health issues in Primary Care. The Scoping Review screened 234 papers and reviewed 19 papers.

The review identified five key themes on effectiveness:

Accessibility: How difficult or easy it is to access or interact with services; by the patient or Practitioner.

Communication: Positive communication between patient and Practitioner or within care teams was found to be a pertinent factor.

Capability: The capability of practitioners in their skill set, competence and confidence. Training that enabled collaboration and shared learning providing additional reassurance and validation to practitioners.

Buy in: Patient, organisation, and Practitioner buy-in can be facilitated or inhibited by how a service fits in with values and beliefs including the patient's cultural beliefs, social disparities and linguistic skills or the inflexibility of experienced practitioners to try a new intervention.

Resource: Staff-room-time-funding. Digital delivery can appear to be resource efficient but can negatively impact on time and resources where practitioners require additional space to carry out appointments or where it is perceived as an additional task beyond usual practice.

6. New Services or Initiatives

There is a recurring theme of new services being developed in response to what is perceived as both unmet need and insufficient levels of support for people with mental health issues presenting at Primary Care under existing structures. NHS and the Welsh Government drives to implement schemes such as the Community Advice & Listening Line, 111 press 2 for urgent mental health support, Urgent Primary Care Centres, national funding of third sector support, and national availability of online support, are all responses that aim to address the rise in mental health demand in Primary Care. It is important to ensure linkage between these services/schemes and have clarity on outcomes and where each fits within established or new pathways. It is also important to ensure the Primary Care and mental health communities and organisations continue to work in partnership to achieve shared goals of high quality, timely and accessible support for people with poor mental health.

7. Primary Care Mental Health Services - Overview

Whilst all seven Health Boards have a Local Primary Care Mental Health Support Service in place as part of the requirements of the 2010 Mental Health (Wales) Measure, six Health Boards have also developed some form of Primary Care Mental Health Service.

A summary of Primary Care Mental Health Services, in each Health Board area, is detailed below in alphabetical order.

7.1 Primary Care Mental Health - Aneurin Bevan University Health Board

Aneurin Bevan University Health Board has Psychological Wellbeing Practitioners deployed in Primary Care to increase the service provision for people with mental health issues of mild-moderate severity. These Practitioners are non-registered, educated to degree level with British Psychological Society accredited qualification or equivalent qualification/experience in applying Cognitive Behavioural Therapy to this patient population.

7.2 Primary Care Mental Health - Betsi Cadwaladr University Health Board

The Primary Care model in Betsi Cadwaladr University Health Board is part of the 'iCAN' model and is still emerging. The service began through the introduction of 'iCAN' hubs across North Wales and following piloting of therapists based in GP surgeries, additional therapists are being recruited to cover all GP clusters.

7.3 Primary Care Mental Health - Cardiff & Vale University Health Board

Cardiff & Vale University Health Board have, since 2019, an established Primary Care Liaison Service placing Mental Health Specialist Practitioners into GP surgeries to assist GPs and their patients who present with mental health needs. These staff work within GP practices to see individuals at the GPs request to assist them in understanding what the nature of the problem is and also what the best and most efficient route to recovery is for them.

7.4 Primary Care Mental Health - Cwm Taf Morgannwg University Health Board

Cwm Taf Morgannwg University Health Board have in place Primary Care Mental Health workers based in GP clusters. They work as part of a Primary Care based team (including Physiotherapists, Occupational Therapists, Pharmacists, GPs) offering support to those people who present with complexity as well as running mental health clinics in many of the GP practices which offer brief screening and signposting with the aim of supporting people to access local community based wellbeing and mental health support, providing advice and liaison to the Primary Care team, as well as having a direct referral process into NHS mental health services where required.

7.5 Primary Care Mental Health - Hywel Dda University Health Board

Hywel Dda University Health Board have in place two schemes Primary Care Occupational Therapy and Clinical Health Psychology.

Primary Care Occupational Therapy is available in some GP Clusters and utilises aspects of the 'Anticipatory Care Approach' to support individuals' plan for expected change at some point in the future. The workers seek to address and resolve underlying issues that are the root cause of multiple and regular contacts with GPs.

Clinical Health Psychology is available in some GP Clusters and looks to bridge the gap between physical and mental health. The service is staffed by Assistant Psychologists and Clinical Psychologists, providing psychological treatment for people with physical health conditions with either mental health, psychological distress or behaviour challenges impacting upon physical health management.

7.6 Primary Care Mental Health - Swansea Bay University Health Board

Swansea Bay University Health Board have in place Mental Health Primary Care Link workers which was introduced to free up GP appointments for less complex mental health issues, to work as a same day mental health service and to elevate the pressures off LPCMHSS. The service predominantly comprises Registered Mental Health Nurses and Social workers. There is approximately a ratio of 70,000 registered population per practitioner. Practitioners use the Mental Health Triage Tool¹¹ to prioritise presentations received directly from GP practice reception.

8 Social Prescribing Links

Public Health Wales' recent report on Social Prescribing Interfaces¹², illustrates the interactions of social prescribing with existing physical and mental health services and activities. Through exploring this model, the report highlights that preventative activities and early interventions for mental health conditions may also be considered as wellbeing activities and community assets. Therefore, a social prescribing service may refer individuals to these services.

The report also describes how in some instances, social prescribing can act as additional support, used alongside prescribed treatment. For example, an individual receiving a clinical intervention for anxiety can also be signposted or referred to social prescribing for a range of community or non-clinical support. On the other hand, following an assessment, a health or social care professional may decide that an individual would benefit from alternative support only, rather than a healthcare intervention. Subsequently, the individual would be signposted or referred to social prescribing for a range of community or non-clinical support. For example, an individual experiencing social isolation.

Additional considerations include recognising that individuals may have numerous health and wellbeing needs, requiring access to multiple services, activities and assets.

The Welsh Government is currently consulting¹³ on the development of a model of social prescribing for Wales, to develop a common understanding of the language used to describe social prescribing and identify actions which embed the model through a national framework.

There is overlap between social prescribing and some of the pathways in place for Primary Care mental health support and collaboration between extant and developing services in these areas is vital.

¹¹ UK Mental Health Triage Scale and Guidelines – UK Mental Health Triage Scale

¹² <https://phw.nhs.wales/publications/publications1/social-prescribing-interfaces/>

¹³ [Developing a national framework for social prescribing | GOV.WALES](#)

SECTION 2 - DEMAND AND ACTIVITY

9 Overview of Demand

In order to plan for the provision of future services it is essential that current demand is clearly understood. By analysing demand and activity information and considering population demographics it may be possible to better understand if services are adequately meeting population needs and where any gaps in service provision may be appearing.

Across the UK it is estimated that:

- 1 in 4 adults experience a mental health issue during their lifetime¹⁴.
- 1 in 6 adults in England report experiencing at least one 'common' mental health issue (such as stress, anxiety or depression) in any given week¹⁵.
- 1 in 8 children has a diagnosable mental health condition¹⁶.

A 2015 Welsh health survey¹⁷ has estimated that, for people living in Wales:

- 13% of adults were reported to have received treatment for a mental health issue (16% of women and 10% of men).
- 20% of adults in the most deprived areas reported being treated for a mental health issue, compared to 8% in the least deprived areas.
- GPs in Wales spent more than 20% of their working day dealing with mental health issues.

A report by Cardiff University on the impact of the pandemic in Wales¹⁸ demonstrated that it had exacerbated existing mental health inequalities, specifically:

- The proportion of people reporting severe mental health issues increased from 11.7% pre-pandemic to 28.1% by April 2020.
- Young adults aged 16-24 experienced the largest deterioration in their mental health as a result of pandemic, with their average indicator worsening by 24% relative to the pre-pandemic period.
- On average, women exhibited worse levels of mental health after the onset of the pandemic compared to men.
- Black, Asian and Minority Ethnic individuals in Wales reported on average more than 4.1 issues associated with mental distress, while White British reported 2.7 issues, a difference of 55% in relative terms.
- The mental health gap between those on the lowest and highest incomes widened significantly during the pandemic. Mental health scores for people on low incomes worsened by 39% by November 2020, compared to by 6.5% deterioration for the highest income earners.

10 Understanding Demand

Understanding the volume and complexity of issues presenting at Primary Care level is a difficult task due to the complexities of how mental health issues present, their association with social issues and the systems in which this information is recorded. Accessing anonymised GP patient records can give us some data but this is limited to the significant variations in detail and subjectivity of individual data input. There are also significant barriers to rapidly accessing the data recorded by clinicians in Primary Care, including the use of third-party clinical software and data governance issues.

¹⁴ Adult Psychiatric Morbidity in England - 2007, Results of a household survey - NHS Digital

¹⁵ Mental health statistics: prevalence, services and funding in England - House of Commons Library (parliament.uk)

¹⁶ <https://mentallyhealthyschools.org.uk/whole-school-approach/wales/understanding-the-mental-health-landscape-in-wales/>

¹⁷ May 2015 (wamhinpc.org.uk)

¹⁸ Cardiff University (2021) Covid-19 in Wales: the mental health and wellbeing impact

The Secure Anonymised Information Linkage (SAIL) Databank has an agreement in place to access the Welsh Longitudinal General Practice dataset covering 78% of the population of Wales for the purposes of past, current and future research projects. Enquiries found that the SAIL Databank was analysing GP mental health data collected via GP inputted read-code data (Jan 2016 – July 2021) for the purpose of another study. The National Review team engaged with the SAIL Databank team to produce a review of Mental Health demand at Primary Care. GP clinical system data was limited in quality but sufficient to assess quantity of demand against some key demographic and social factors. Clinical coding levels could also not be deemed sufficient to indicate whether available services are relevant to the issues presenting and provides limited information of onward referrals.

To supplement the data from the SAIL Databank a non-representative, non-clinical survey was completed in December 2021 with the agreement of the Welsh General Practitioners Committee. This survey was to provide more specific information on types of presenting issues in greater detail and to better understand onward referral patterns.

11 Demand for Local Primary Care Mental Health Support Services

All Health Boards have in place a Local Primary Care Mental Health Support Service with a target to assess 80% of people referred within 28 days. apart from in 2020, probably due to the pandemic effecting access, there has been a steady increase in the number of referrals to the service so that in 2021 there are 44% more referrals to this service than in 2014.

12 SAIL Databank Findings

Based upon the synergies and relevance of existing research work being undertaken, the SAIL Databank was commissioned to produce a report on the data collected in Primary Care in Wales with those people with a mental illness. The data gathered was of weekly contacts and onward referral to secondary mental health services. This data covers patients aged over ten years old living in Wales between January 2016 and July 2021. during the first pandemic 'lockdown' there was a significant decrease in contacts, probably due to disrupted access and reluctance to seek support, this is consistent with other research¹⁹.

12.1 Overall Contacts with a Mental Illness Diagnosis

from 2016 to 2019, there were approximately 2000-3000 GP contacts per week from those with a diagnosis of mental illness and that there was a steady increase, of circa 6%, over these years. During the first pandemic 'lockdown' there was a circa 65% decrease in contacts, probably due to disrupted access and reluctance to seek support. After the first lockdown and within the subsequent period of pandemic restrictions there was a steady increase in contacts, but they still remained significantly below pre-pandemic levels.

12.2 Contacts with a Mental Illness Diagnosis by Gender

from 2016 to 2019, there were approximately 28% more contacts by females (circa 1650 contacts per week), than males (circa 1200 contacts per week). This disparity is consistent with other research that states that males are 'about a third' less likely to request a GP consultation²⁰. During the first pandemic 'lockdown' there was a decrease in contacts by both genders and subsequently there was a steady increase in contacts, but females have seen a steeper rise.

¹⁹ Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study - The Lancet Public Health

²⁰ Wang Y, Hunt K, Nazareth I, *et al* Do men consult less than women? An analysis of routinely collected UK general practice data, *BMJ Open* 2013;3:e003320. doi: 10.1136/bmjopen-2013-003320

12.3 Contacts with a Mental Illness Diagnosis by Deprivation

Research has shown that individuals residing in more deprived areas have a significant association with having had contact with a GP²¹. Individuals with a mental illness living in the most deprived areas of Wales had more contacts with a GP. After the first lockdown, individuals from the most deprived areas had a much steeper rise in contacts than those from least deprived areas.

12.4 Referrals to Secondary Care Mental Health Services by Gender

About a third of GP consultations for those with a mental illness result in an onward referral to a secondary care mental health service.

During the first pandemic 'lockdown' there was a decrease in contacts by both genders and subsequently there was a steady increase in onward referrals, but females have seen a much steeper rise and the number of onward referrals now exceeds pre-pandemic levels.

12.5 Referrals to Secondary Care Mental Health Services by Deprivation

Individuals with a mental illness, living in the most deprived areas of Wales and contacting a GP, were more likely to be referred to Secondary Care Mental Health Services. There is a significant difference between the increase in the rate of onward referrals for individuals from the most deprived areas and those from least deprived areas after the first lockdown.

13 Medication Prescribing

Data from England has shown an increase in the number of prescriptions for medicines generally linked to mental health over the last five years. This data shows an increase in antipsychotic and antidepressant prescriptions and a decrease in hypnotics and anxiolytics prescriptions²².

For medications generally linked to mental illness prescribed by GPs and dispensed in the community in Wales there has been an 18% rise across these areas between 2016 and 2021. Since 2016 there has been; a 27% increase in antidepressants prescribed, 14% increase in antipsychotics prescribed, 15% decrease in anxiolytics prescribed, 5% increase in hypnotics prescribed (after a steady decline pre-pandemic), and a 13% rise prescriptions of medications linked to attention deficit hyperactivity disorder (ADHD).

14 Community Advice & Listening Line (C.A.L.L.) Helpline

The Community Advice & Listening Line helpline is funded by Welsh Government and offers emotional support and information on mental health and related matters to the people of Wales. Overall there has been a 61% increase in calls to this helpline between 2016 and 2021.

15 Primary Care Survey

Mental health is shaped to a great extent by the social, economic, and physical environments in which people live and social inequalities are associated with increased risk of many mental health issues²³. There is an interconnectedness between poverty, employment status, social relationships and mental health. In order to better understand the interconnected aspects of mental health and social issues a

²¹ Gopfert A, Deeny SR, Fisher R, Stafford M. Primary care consultation length by deprivation and multimorbidity in England: an observational study using electronic patient records. *Br J Gen Pract*. 2021 Feb 25;71(704):e185-e192. doi: 10.3399/bjgp20X714029. PMID: 33318089; PMCID: PMC7744040

²² Medicines Used in Mental Health - England - 2015/16 to 2019/20 | NHSBSA

²³ World Health Organisation (2014) Social Determinants of Mental Health

survey was constructed to be undertaken by GPs and Primary Care Mental Health Practitioners. In this non-clinical, non-representative survey participants were requested to highlight any, and all needs disclosed by individuals across twenty areas. Mindful of the extreme workload of GPs this survey was undertaken with the permission of the GP Committee for Wales and kept short. The survey was deployed for two days in December 2021 and was completed for 622 patients, 357 responses from GPs and 265 responses from Primary Care Mental Health Practitioners.

15.1 Primary Care Survey Findings - Demographics

Of the 622 survey responses the age of the presenting individual was banded into four age groups as shown below:

- 2% (12) of individuals were under 16 years old
- 28% (176) of individuals were between 17 and 25 years old
- 62% (387) of individuals were between 26 and 64 years old
- 8% (47) of individuals were over 64 years old

The majority of individuals were female (63%) and the minority (37%) male.

15.2 Primary Care Survey Findings – Number of Issues

Of the 622 survey responses there were 1537 issues recorded, an average of 2.5 issues per individual. Out of the 20 issue areas the range of issues in an area experienced by an individual was between 1 and 9 as shown below:

- 27.5% (171) individuals had a single issue.
- 33.9% (211) individuals had two concurrent issues.
- 21.4% (133) individuals had three concurrent issues.
- 8.4% (52) individuals had four concurrent issues.
- 4.5% (28) individuals had five issues.
- 4.3% (27) individuals had six issues or more.

15.3 Primary Care Survey Findings – Nature of Issues

A 2015 survey²⁴ found that GPs in England reported spending 19% of their time on social issues that are not principally about health. The same survey reported that 49% of GPs stated that the time they spent on these ‘non-health’ issues helps them understand their local community’. 80% of GPs reported that dealing with ‘non-health’ issues meant they had less time for other patients’ health needs and if this demand could be met in other ways, this could ‘free up time’ to focus on patient healthcare.

Through the National Review survey, the percentage of individuals with a particular issue was recorded (note that many individuals had more than one issue and the percentile is rounded), and the findings are as follows:

Mental health: Overall 94% of individuals reported, or were found to have had, one or more issues in this area, specifically:

- Anxiety/Stress [72%]
- Depression/Low Mood [67%]

²⁴ Citizens Advice (2015). A Very General Practice-How Much Time Do GPs Spend On Issues Other Than Health?

- Self-harm [14%]
- Eating Disorder [3%]
- Psychosis/Serious MH [3%]
- Dementia [2%]
- Post-natal issues [1%]

Substance misuse: Overall 6% of individuals reported, or were found to have had, one or more issues in this area, specifically:

- Drug misuse [4%]
- Alcohol misuse [3%]

Social/welfare: Overall 38% of individuals reported, or were found to have had, one or more issues in this area, specifically:

- Relationship Issues [14%]
- Bereavement [10%]
- Loneliness / Isolation [9%]
- Employment Issues [9%]
- Housing Issues [5%]
- Domestic Abuse / Violence [4%]
- School / Education [3%]
- Debt Issues [3%]

Trauma & Complex Mental Health: Overall 17% of individuals reported, or were found to have had, one or more issues in this area, specifically:

- Trauma [13%]
- Personality Disorder / Complex Psychological Issues [5%]

Neuro-diversity: Overall 5% of individuals reported, or were found to have had, one or more issues in this area, specifically

- ADHD / Learning Disability [5%]

Overall, males were more likely to have issues relating to neuro-diversity, employment, alcohol misuse, drug misuse and debt issues. Females were more likely to have issues related to anxiety, depression, trauma, housing, eating disorders and domestic abuse.

15.4 Primary Care Survey Findings - Onward Referrals

A 2015 survey²⁵ found that 84% of GPs in England reported referring people to advice provision in the community for 'non-health' issues. The National Review survey asked Practitioners to record the onward referral destination. Some individuals had more than one onward referral destination depending on the nature of the issue. There were some differences in onward referral routes dependent on whether the completing Practitioner was a GP or a Primary Care Mental Health Practitioner. The survey found just over half (56%) of all issues resulted in a referral to an NHS service and 7 in 10 (70%) resulted in a referral to a non-NHS service or in advice to self-refer.

15.5 Primary Care Survey Findings - GP comments

The National Review survey asked GPs if they would like to make a 'free text' comment. Most of the

²⁵ Citizens Advice (2015). A Very General Practice-How Much Time Do GPs Spend On Issues Other Than Health?

comments indicated frustration with current provision or timeliness of response. The statements below are some of comments made which were of a more general nature. The project team has not verified the accuracy of any of the comments below:

- *“There is about 10% daily mental health patients consultation. The service we provide in the primary care is not of great standard. With high daily volume of patients we need to deal daily we don’t provide enough time to look properly at mental health patients. My suggestion is to create a primary mental health centre who can deal with these patients directly instead of GP. That mean patients would have a direct access to the service”*
- *“This lady had already been referred to CMHT in the last 4 weeks and they declined to see her [this happens to most of our referrals].Due to her vulnerable state I could not tell her this today. I have re-referred her”.*
- *“There is a very long waiting list for mental health appointments, and this is having impact on General practice. There are multiple occasions that the patients are claiming that they have not received their appointments. This is having a huge impact on our time and workload. There are many occasions that these patients are abusing the GP and the primary care staff members - taking their anger out on us for lack of appointments or delay. There has been many occasions that we receive letters back form consultants asking us to initiate multiple medications which can be beyond our depth, whilst we have asked for the help from specialists. There has a to be a better way to help mental health patients out from the secondary care- especially the adult mental health services”*
- *“Follow up after starting antidepressants as Local CMHT will not assess before 4 weeks on antidepressants. If one decides to prescribe as well as refer. Had tried Silvercloud while waiting 4 weeks but unable to access after initial symptoms put into website deemed too severe for their service”*

SECTION 3 - THIRD SECTOR

16 The Third Sector - Background

The ‘third sector’ is a term used to describe a range of organisations that are neither public sector nor private sector. It includes voluntary and not-for-profit organisations such as charities, associations, self-help groups, social enterprises and co-operatives²⁶.

The third sector mental health organisations provide vital support to the health service. Some are commissioned at National, Health Board, GP cluster or GP practice level, some are commissioned by multiple agencies, others are not commissioned, but are available for individuals. Understanding what issues they can support an individual with, how they are commissioned and whether there is any specific link to measured demand may guide future partnerships between this sector and the NHS. There will be an important role for a wide range of different contributions to help support an individual’s mental health and wellbeing such as volunteers, peer-led groups, helplines, digital, professionals and evidence-based interventions. It may also include partnership provision in such areas as housing support, employment support, education, substance misuse, money and debt advice and many more.

²⁶ <https://www.nao.org.uk/successful-commissioning/introduction/what-are-civil-society-organisations-and-their-benefits-for-commissioners/>

Supporting the third sector, valuing their contribution and treating them as equal partners in supporting people with mental health and wellbeing issues will be essential to providing the optimum mental health provision to meet extant and new demand. The third sector is especially adept at engaging with communities that experience higher levels of disadvantage and marginalisation. It should also be noted that some third sector organisations have significant experience in supporting children and young people, including those who find themselves seeking support when there are transition gaps between child and adult services.

16.1 Third Sector Services

During this National Review information was gathered on over 460 organisations that provide some form of mental health support in Wales. The types of issues supported by the organisations were identified and mapped, as well as information on commissioning structure.

It was able to be determined who these services supported in terms of age groups for 305 organisations; 33% (102) supported children/young adults, 42% (128) supported adults (128), and 25% (75) supported older adults.

The nature of support from third sector organisations can vary from advice/signposting to professional/legal support. Many third sector organisations stated that they supported people with a range of mental health, emotional wellbeing or social issues, specifically:

- 173 Organisations support individuals with depression.
- 168 Organisations support individuals with anxiety.
- 94 Organisations support individuals with domestic abuse/domestic violence.
- 73 Organisations support individuals with bereavement.
- 72 Organisations support individuals with trauma.
- 71 Organisations support individuals with relationships.
- 55 Organisations support individuals with self-harm / suicide.
- 49 Organisations support individuals with loneliness / isolation.
- 49 Organisations support individuals with alcohol misuse.
- 49 Organisations support individuals with drug misuse.
- 42 Organisations support individuals with housing issues.
- 40 Organisations support individuals with employment issues.
- 40 Organisations support individuals with ADHD/Learning Disabilities.
- 40 Organisations support individuals with post-natal mental health issues.
- 40 Organisations support people with disordered eating/eating disorders.
- 38 Organisations support people with school / education issues.
- 33 Organisations support people with debt issues.
- 26 Organisations support people with psychosis/other serious mental illness.
- 22 Organisations support people with complex psychological issues including personality disorders.
- 17 Organisations support people with dementia.

There are no issues where there is not at least one third sector organisation in place, although this is across Wales and there may be 'gaps' at a local or regional level.

16.2 Third Sector Commissioning

During this National Review information and views were gathered from Health Boards, third sector organisations and other stakeholders. Although a formal survey was not undertaken some findings from this information were:

- **Knowing what support is available:** Awareness of third sector organisations for Primary Care Practitioners came from commissioned pathways, local knowledge, internet searches, and directories of services, national or local voluntary area associations, leaflets, and posters. Some Practitioners stated that sometimes information on services was out of date, even when accessing online directories and there was an overreliance on local knowledge which may impede new staff.
- **Difficulties in knowing what precisely support services do:** Some Practitioners stated that the information they had on organisations was insufficient and did not explain in enough detail what the organisations actually did in terms of provided support or interventions. The only way to really understand was through personal visits or interactions, which, given the number of services in each area may be impractical. This made referral to such organisations difficult as they were unsure whether they would meet the individual's needs. This could also lead to individuals being signposted repeatedly and lead to frustration or intensification of distress.
- **Overlap:** Some Practitioners stated that, due to the number of third sector organisations they could refer to, there appeared to be some overlap between services and therefore they were unsure which would be more suitable to meet the individual's needs. There also appeared to be overlap between third sector and NHS services in some areas.
- **Contracting/Commissioning:** The NHS in Wales spends over £25 million on third sector mental health support, this is in addition to Welsh Government or GP funding. Organisations are funded through contracts, service agreements, or small grants. Some third sector organisations are commissioned in a collaborative and inclusive manner whilst others may not be. Some third sector organisations talked of the burden of contracting the same services with multiple different Health Board or Local Authorities using different methodologies and timescales. Many third sector organisations expressed difficulties in recruiting and retaining staff within short term contracts. Contracts were not always outcome focused with proportionate data collection and performance oversight.
- **Valued Partners:** Some third sector organisations are not 'trusted assessors' and may have difficulties in providing onward referral to NHS services. Some third sector services often have to refer back to the GP, leading to an unnecessary extension of the individual's distress or increased wait time for appropriate support as well as increasing the burden on GPs.

PART C - CONCLUSION

17 Development Matrix

The Welsh Institute for Health and Social Care, from the University of South Wales, has been commissioned to design a conceptual 'Development Matrix'. This matrix has been created in partnership with some of the more established Health Board Primary Care Mental Health Support Services and may, in future, form part of a developmental and benchmarking framework.

18 Information Sharing

Much of the information shown in this National Review will be made available to Health Boards through an interactive map. This map will cross-reference information with deprivation rates, availability of third sector services and survey findings.

19 Engagement

The information gathered as part of this National Review was presented to stakeholders through a national 'roadshow' event organised by the Strategic Programme for Primary Care with over a hundred attendees from across sectors. The information was also shared through social media²⁷, and local engagement events were also held with leads from Health Board Mental Health and Primary Care services invited.

The overarching theme of the feedback was one of general agreement with the suggestions put forward in this National Review as shown in the next section.

The comments from GPs made in relation to the National Review survey reveal some frustration with the current provision and pathways into further support and demonstrates a need for continuous engagement with GP representatives and wider stakeholders.

It is also important to ensure the Primary Care and mental health communities and organisations continue to work in partnership to achieve shared goals of high quality, timely and accessible support for people with poor mental health.

20 Consensus on Future Work

This National Review has found that although there are positive steps being taken in most areas of Wales to meet rising demand and to deliver services that meet individuals mental and emotional health needs, there are still many areas that require further work and focus. Specifically, there was consensus that:

- I. There has been an increase in demand for Primary Care mental health services. There had also been an increase in complexity of presentations and an increase in individuals presenting with social or welfare needs.
- II. There is significant unwarranted variation in service provision across Wales, both from the NHS and third sector.

²⁷ <https://www.youtube.com/watch?v=6RvSNc8a-ul>

- III. The use of consistent terminology and definitions in Primary Care mental health, used to describe service models and practitioner roles, would provide clarity for individuals accessing services, GPs and other agencies and stakeholders.
- IV. More clarity on the interface and overlap between Primary Care Mental Health Services, Social Prescribing, Local Primary Care Mental Health Support Services and Secondary Care Mental Health Services was required.
- V. There is a need to be more consistent in the commissioning of third sector services to meet mental health needs across Wales. More assurance was required that local third sector provision sufficiently addressed local demand. There was a consensus that more could be done in some areas to optimise the use of third sector services, include them as delivery partners and strengthen the interfaces between these organisations and NHS services.
- VI. That a 'National Offer' should be made that supports the consistent delivery of accessible and effective Primary Care Mental Health Services across Wales. This National Review demonstrates the interconnectedness and interdependency of local services such as GPs, NHS, social care and third sector, and the 'National Offer' should build upon, focus and strengthen these local networks. Any 'National Offer' should be delivered through established partnership structures in order to; reduce administrative burden; be sustainable; meet local need; and be inclusive of community voices and individuals with lived experience of poor mental health.

21 Next Steps

This National Review will be presented to the Strategic Programme for Primary Care Board in November 2022. Any further work in connection with this National Review or in taking forward any of the suggestions will be agreed between the Strategic Programme for Primary Care and mental health services.