

DEEP END SUMMARY 22

Mental health issues in the Deep End

Ten general practitioners and a psychiatrist met on 25 October 2013 to discuss mental health issues in severely deprived areas. A draft report, collating the evidence and experience which were discussed on the day, was considered by the participants, by members of the Deep End Steering Group and by the Lothian Deprivation Interest Group.

- Mental health problems, and GP consultations involving mental health problems, are more than twice as prevalent in deprived areas as in affluent areas, and are the commonest co-morbidity in deprived areas, and rise in prevalence in direct proportion to the number of patients' other problems.
- Depression (i.e. being on regular antidepressant treatment) is recorded in about a sixth of patients with most chronic medical conditions.
- In consultations for psychosocial problems, patients in deprived areas have poorer health and a greater number of other health problems; consultations are shorter than in affluent areas and patient enablement is lower; GPs report higher levels of personal stress after such consultations.
- In a study of 3000 consultations, the patients who were least likely to report being enabled after seeing their GP were patients in deprived areas with a psychosocial problem.
- The causes of the high prevalence of mental health problems include the burden of other conditions, the long term consequences of difficult experiences in early life and the combination of these factors.
- Theories of childhood attachment, the consequences of complex trauma and "allostatic load" may lead to better understanding and management of mental health problems and multimorbidity.
- Some patients have difficulty in forming and maintaining relationships, with substantial implications for their use of professional help and health care.
- Medication provides only a partial solution to these problems.
- When care is shared between services, it is essential that the links are quick and effective.
- Although an audit of referrals for first level support of mental health problems in Glasgow showed referrals rates to be 50% higher from very deprived areas than from affluent areas, epidemiological data suggest that rates should be double in very deprived areas.
- The HEAT target on waiting times for psychological services has had little impact on mental health issues in the Deep End.
- In practices with large numbers of patients with mental health problems, attached mental health workers could help to provide more integrated care.
- Counselling and third sector support services are seen as vital and more permeable than statutory services, but are under increasing threat as a result of current austerity policies.
- Services for homeless people have pioneered highly integrated and personalised support arrangements for people with long term problems and complex mental health needs, providing a model which mainstream services should follow.
- There is a need for increased professional dialogue, sharing experience, evidence and views as to how such care is best delivered.
- **A major continuing constraint is the inverse care law in Scotland, which results in less consultation time being available in general practices in deprived areas for patients with mental health problems.**

"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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Full report available at <http://www.gla.ac.uk/deepend>

