Increasing equity of access to high-quality mental health services in primary care: a mixed-methods study

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Plain English summary

Access to high-quality mental health services in primary care

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Plain English summary

Many people with mental health problems cannot get the help they need. Sometimes this is because it is not available and sometimes this is because health-care providers do not understand what help people need. The aim of this programme was to make access to primary mental health care fairer.

We explored evidence from research and from local people. We found out more about how people from underserved groups understand mental health problems. For example, many people do not see their problems as mental but rather as social or physical. We also found out more about why people do not make use of the services that currently exist. For example, many people do not see primary care as a place to discuss mental health problems.

We then tried out a new way of making fairer access easier. We set up a three-part model of care, working with local communities, primary care teams and well-being therapists. We tested this model in four neighbourhoods. In two we focused on the needs of older people and in the other two we focused on the needs of minority ethnic populations.

- Our community work started by finding out more about the needs and services in each neighbourhood. We then found local community champions. They helped voluntary groups, general practitioners and others to work together to improve understanding of mental health, for example by producing calendars about mental health problems and services.
- We offered training to primary care teams in each neighbourhood. We explained how mental health problems are understood in underserved groups and explored what community services were available locally. We also found out how important receptionists can be in helping underserved patients to gain access.
- We designed a new well-being service. We tested it with ethnic minority and older people, comparing those who received the service with those who received usual care. We did not recruit as many people as we had hoped (57 instead of 100). Those who took part had high levels of unmet need and most said that they found the service helpful. Patients who received the service were more likely to improve than those who received usual care.

Our new model of care led to greater awareness and use of our well-being service. Primary care teams found the community and well-being parts of the model helpful. More research is needed to find out how useful our new model of care could be.

Local communities have a great deal of wisdom about mental health, but they need support to turn their wisdom into practical action. Primary care teams have an important role to play and well-being services can meet the needs of underserved groups. It is important to work at all three levels: community, primary care and well-being services.

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