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

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Declared competing interests of authors: Christopher Dowrick is a non-executive director of Mersey Care NHS Trust. Pete Bower has received funding from the British Association for Counselling and Psychotherapy for consultancy. Carolyn Chew-Graham was an advisory board member for Self Help Services, Manchester. Karina Lovell is a non-executive director of Manchester Mental Health and Social Care Trust.

Published October 2013
DOI: 10.3310/pgfar01020

Plain English summary

Access to high-quality mental health services in primary care
Programme Grants for Applied Research 2013; Vol. 1: No. 2
DOI: 10.3310/pgfar01020

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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.
Programme Grants for Applied Research

ISSN 2050-4322 (Print)
ISSN 2050-4330 (Online)

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This report
The research reported in this issue of the journal was funded by PGfAR as project number RP-PG-0606-1071. The contractual start date was in August 2007. The final report began editorial review in August 2012 and was accepted for publication in February 2013. As the funder, the PGfAR programme agreed the research questions and study designs in advance with the investigators. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The PGfAR editors and production house have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the PGfAR programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the PGfAR programme or the Department of Health.

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