

Chapter 5 Common Mental Health Conditions

Introduction

This chapter covers depression, generalized anxiety disorder, panic disorder, OCD, post-traumatic stress disorder and social anxiety disorder.

Herefordshire is estimated to have 14,520 people with common mental health conditions.

- Prevalence is higher in females than males, with 1.64 females experiencing mental illness to every 1 male.
- 7790 patients were known to GPs with depression (2013).
- The total number of older people with depression is set to increase over the next 6 years by 14%.

Issues

- Patients' experience of support for their mental health they received from primary care varied.
- GPs required more information to be able to signpost people to sources of local help and support.
- There is no common mental health care pathway.
- There is limited choice in terms of choice of provider.
- Herefordshire has a lower than England average for the number of people entering treatment for common mental health conditions and lower than average for completion of treatment. For those people who did complete the treatment, recovery rates were good.
- People wanted better access to self-help groups and use of technology to make treatments and access to assistance more accessible.

Stakeholder Views

I would say that GPs are vital as the first link. The GP was very informative and gave me correct information. My GP was amazing, so supportive and empathetic. However I know other people have not had the same experience.

Patient/ service user

The Let's Talk CBT courses are very helpful, and should be more easily available

Patient / Service-User

We need to be more effective for people who don't fall into criteria (Eating disorders, Personality Disorders, persons with controlled schizophrenia, bipolar).

Mental Health Practitioner

The functions of Primary Mental Health Nurses overlap with IAPT. A single referral pathway would be more effective.

Mental Health Practitioner

I'd like to see third sector support services being used as a 'first aid' counselling/listening, with the ability then to access, signpost and refer to other support agencies.

Carer

Recommendations

The recommendations are:

Common Mental Health Care Pathway

- Create a single service that is primary facing service for common mental health conditions.
- Document and disseminate an agreed care pathway for people with common mental health conditions.

Improve access to help

- Promote self-referrals and increase referrals by harnessing the reach of GPs & other existing health workers to identify unmet mental health need. This will include education and awareness raising for such practitioners.
- GP to be able to book people directly onto IAPT (rather than referral)
- Access to good quality self-help approaches should be made available including through a digital platform and the promotion of self-help groups.
- Further targeting of groups of people who are at highest risk of developing problematic anxiety and least likely to have their needs met by current service provision.
- IAPT to be audited to establish how well current referral processes are working, who is accessing these, and who is falling through the gaps.
- Voluntary sector organisations to deliver some provision for mild and moderate mental health conditions, particularly to address choice, stigma and a variety of need.
- Develop a directory of services to aid people in locating and accessing sources of help and support.

Facts and Figures

2.6% of the population experience depression

4.7% have anxiety problems

9.7% suffer mixed depression and anxiety

About 1.2% of the UK population experience panic disorders

Around 1.9% of British adults experience a phobia of some description; women are twice as likely to be affected by this problem as men
Post-Traumatic Stress Disorder (PTSD) affects 2.6% of men and 3.3% of women.

Obsessive Compulsive Disorder (OCD) affects around 2–3% of the population.

Generalised Anxiety Disorder affects between 2–5% of the population yet accounts for as much as 30% of the mental health problems in people seen by GPs (Martin-Merino et al., 2010¹).