

GMS Contract 2017/18

CND 012W

National Clinical Priority C- Improved Mental Health & Well Being

The purpose of this new National Clinical Priority is to highlight the key role that General Practice has in the early recognition, diagnosis and treatment of mental health problems in children and young people. 10 % of young people under the age of 18 have a diagnosable mental health problem and 50% of mental health problems in adults are laid down by the age of 14 years. GPs are the most sought out health professional by young people but they only diagnose 38% of mental health problems in those who consult with them; and even then many GPs often feel very reluctant to make a stigmatising mental health diagnosis in a young person. Many prefer a watchful waiting stance to see if the problem may resolve itself.

NICE guidance for Young People and Depression in General Practice highlights the essential roles that GP's play in young people's mental health such as detection, risk profiling, watchful waiting, prescribing, referral and (mental) health promotion through guided CBT self help.

This proposal suggests a 3 stage process that includes the opportunity for learning and development for clinicians and practices, and the development of Quality Improvement Plans at Practice, Cluster and Health Board level.

This NCP should be concerned with all mental health problems in CAYP including depression, anxiety and eating disorders. Clinicians should also be aware of possible safeguarding issues surrounding CAYP diagnosed with a mental health problem.

Educational Activity:

- The Lead GP for each practice will complete either
 - RCGP eLearning Module "Child and Adolescent Mental Health" This is free to all Healthcare Professionals and can be found at <http://elearning.rcgp.org.uk/course/info.php?popup=0&id=111>. , or
 - "The Mental Health Consultation (with a Young Person) GP toolkit at <http://www.rcgp.org.uk/-/media/Files/CIRC/Mental-health-forum/Mental-Health-Page-September-2013/CWMT-GP-MH-toolkit-11-4-2012.ashx?la=en>
- The clinicians in the Practice must undertake the Mental Health education DES in relation to children and young people.

There are many resources Clusters and practices may find useful at <http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/youth-mental-health.aspx>

Suggested process:

Stage 1 (internal to Practices)

- Practice clinical staff will undertake the educational activity.
- Practices will undertake an internal peer review the notes of up to 10 patients (1/1000 patients) aged 17 and under who have been recently diagnosed with a Mental Health problem.
- Following practice discussion, each practice will summarise the main learning points and areas for improvement.

Stage 2 (Clusters)

- Clusters will liaise with local CAMHS services and map out local NHS and third sector services.
- Practice case reviews and summaries will be submitted to clusters.
- Clusters will discuss the internal practice reviews in partnership with local CAMHS and any relevant third sector organisations and agree a local improvement plan and implement it. They may also wish to consider approaching local schools and colleges to be involved in this stage.
- Details of how the intervention will be evaluated for its impact on the quality of care for CAYP with Mental Health Problems in Primary Care should also be included.

Stage 3 (Clusters)

- The cluster will discuss the impact of the intervention after a period of at least four months.. This should concentrate on how the improvement plan has improved the patient journey. Each practice in the cluster will bring one case history of a patient with a relevant presentation in the intervening period to support the discussion.
- Each cluster will write a report detailing the local improvement plan, how it has been implemented and what impact it has had. Where full implementation has not occurred the report should describe the factors that have prevented it and plans how they will be resolved.

Supporting mechanisms:

- For clusters choosing the Mental Health Early Intervention National Clinical Priority, funding will be provided via Cluster Network Domain of QoF for completion of the specified activity and process.

- HBs will provide practices and clusters with relevant data and analytical services to support the activities and the subsequent review process.
- HBs will review cluster improvement plans and provide relevant support to address identified actions.

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