Primary Care Mental Health Service
Carmarthenshire

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Bwrdd Iechyd
Hywel Dda
Health Board
Population of Carmarthenshire

- Total pop: 172,842
- Concentrated pop:
  - Llanelli: 23,435
  - Carmarthen: 13,148
  - Pembrey/Burry Port: 7,952
  - Ammanford: 5,299
  - Llangennech: 4,509

Leaving a rural population of 118,499
Issues with previous service provision?

- Long waiting times
- Seen late in the ‘journey’
- No choice
- Little joined up working with voluntary organisations
- Neglect of social factors
- Tip of the iceberg
- Poor outcomes
- High rates of referral
- ‘learned helplessness’?
Primary Care Mental Health

- 90% of people with mental health problems are only seen in primary care services
- 1 in 4 people will suffer with their mental health in any one year
- Primary care needs are very different from secondary care needs
- Primary care skills are very different from secondary care skills
- In view of this the traditional model of service delivery would be unsustainable
PCMHT Goals

- to raise awareness
- to be proactive – prevent or intervene early
- to empower users / offer genuine choice
- to support service users to take responsibility for their own health increasing resilience and coping strategies
- to combine the psycho and the social
- multiple points of access
- be *one* primary care mental health service
- to become more efficient *and* more effective

So, *a radically new model not just more of the same*
Emphasis on

- *very* high volume, easy and quick access, no waiting lists, easy to return to service

- no extra demands on GPs, self-referral

- skill-sharing/working with others

- multi-level

- ‘stepped care’?
PCMHT Carmarthenshire

- 1 Team Manager / Development Officer
- 2 Qualified Mental Health Practitioners
- Contract with the Carmarthenshire Counselling Service to provide a Brief Interventions Service
The PCMHT Model Based on The Glasgow Model

- **Indiv tx**
- **Groups**
- **Assessment / screening**
- **Self help materials**
- **Working with others**
- **Population level**
  - Awareness raising; community involvement; early intervention/prevention
Individual Interventions

- Brief Intervention Service provided by Carmarthenshire Counselling Service

- 6 sessions

- Therapeutic approaches offered:
  - Person-Centred Counselling
  - Adlerian Counselling
  - Solution Focused Therapy
  - Cognitive Behavioural Therapy (CBT)
  - TA interventions
## Referrals to Counselling Service

<table>
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<tr>
<th>2010</th>
<th>No of ref.</th>
<th>GP ref</th>
<th>Self ref</th>
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<tr>
<td>Jan</td>
<td>81</td>
<td>51</td>
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<tr>
<td>Feb</td>
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<td>March</td>
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<td>May</td>
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<td>June</td>
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<tr>
<td>Total</td>
<td><strong>520</strong></td>
<td><strong>325</strong></td>
<td><strong>250</strong></td>
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Ind tx

Groups

Assessment / screening

Non face-to-face work

Working with others

Population level
  Awareness raising; community involvement; early intervention/prevention
'Stress Control'

- 7 session CBT (evenings and lunchtimes)
- No discussion of personal problems
- Community venue, rolling programme
- Self referral
- Partners/friends encouraged to attend
- Large numbers attend often up to 100
- High demand, normalising (men)
Stress Control

From January to June 2010

- 14 courses in Llanelli, Carmarthen, Llandovery, Ammanford and Llandeilo

- 520 people completed
Anxiety

- Improved HADS score: 85.5%
- Increased HADS score: 8.0%
- HADS score same: 6.5%

$n=180$
Depression

- Improved HADS score: 76.0%
- Increased HADS score: 13.4%
- HADS score same: 10.6%

n=180
Stress Control Challenges

- Change in culture
- Suitable venues
- Record keeping
- Access problems (rural and deprived)
New Groups for the future

- Mood Matters
- Social Confidence
- Mind Gym
- Mindfulness
- Living Life to the Full
Assessment and Screening

- Informal phone screening
- Counselling service assessment
- HADS scores before and after stress control courses
Bibliotherapy / Book Prescription Wales Computerised CBT

- GPs (and others) prescribe from a list
- Alternative to anti-depressants?

- **Healthy Reading**
  - All libraries in Wales
  - Empowering

- Livinglifetothefull.com
Promoting recovery as opposed to cure models
Training for primary Care Staff
Mental Health First Aid Training
Pharmacy, vitality scheme, Artscare, Samaritans
Mental health first Aid

- Raising awareness and understanding
- Skill sharing
- Increasing confidence
- Improving pathways for service users
- Links with Suicide and Self Harm Reduction Action Plans
- Tackles stigma
Mental Health First Aid

- 9 courses run in the last year
- 2 day course
- 216 people attended
- acute nurses, voluntary sector, Local Authority staff, Condition Management Team, Chronic Disease Management nurses, youth nurses, Public Health staff
- Excellent Feedback
- 2 days too difficult for primary care and ward staff
Population level

Mental Health Promotion Events

- Advice and information in local libraries
- Supermarkets
- Leaflet drops in shops and cafes
- Town centres
- Local livestock markets
- Radio, newspaper, TV
Referrals to the service from January to June 2010

- 937 advice/ information / stress control phone contact
- 1,040 referrals
What have we learned?

- PC needs are never ending
- Excellent outcomes with limited resource
- Huge potential with increased budget
- Motivated, enthusiastic committed staff
- Deprivation plays a huge role (recession)
- Rural areas need more assertive approach
- It’s not rocket science: so many things we can do
- General public keen to discuss mental health issues
- Everybody knows someone who has a mental health issue
- We have a lot more skills than we thought
STRESS CONTROL
- Overview how stress control works
- How well its done so far
- Down sides
- Future
Setting the scene

- What is stress control
- Where does it come from
- Who does it help
- Who can't it help
- Is it easy to get to
- Does it work
- Who teaches stress control
- How does it fit in with the other choices available
Treating anxiety and Stress

A Group Psycho-educational Approach Using CBT principles (Cognitive Behavioural Therapy)
Dr Jim White, Consultant Clinical Psychologist from Glasgow

www.glasgowsteps.co.uk
For people over the age of 16 who are experiencing stress or related problems

Not for people already receiving a service from secondary care

Courses held in local venues evenings and afternoons

Empirical testing is very positive up to 85% effective so it does work
Stress Control is a robust 7 session “evening Class” designed for small or large groups 6 - 60 people.

The goal is to “turn people into their own therapists”

Empirically tested, clinically tested, and efficient
Courses are run by qualified mental health practitioners

Just one of the choices available
Content of stress control

Wk 1  Introduction and information
Wk 2  Controlling your body
Wk 3  Controlling your thoughts
Wk 4  Controlling your actions (Exercise)
Wk 5  Controlling your panic (Mood and Food)
      Controlling your sleep (Pharmacist)
Wk 6  Controlling your depression
Wk 7  Controlling your future
      Tying it all together
The Down side

- Access to the best venues (Rural County)
- Evening working
- Administration time
- DNA rate
What were the most helpful things about the programme?

“The Knowledge that I am not going mad & there are things I can do to help myself”

“Easy approach and the information was broken down into easy to understand bite size modules”
What were the most/least helpful things about the programme?

- “It helped me realise what was depression and what was anxiety”
- “It was just great, literature, presentation, speaker made me feel really comfortable and at ease”
- “The Stress pack meant I could show those close to me how I felt. Learning about vitality Course was very helpful. Being able to talk and write things down and ask questions made things much easier to cope with.”
What may help you to continue to put into practise what you have learned on the programme?

- I would come back because I think I need the support, still not a hundred percent but much better than I was”
- “Meeting people of similar conditions”
- “Gaining knowledge to empower myself”
- “Going to the Gym”
- “May return for further sessions”
The Future of Stress Control

- We need to continue the rolling programme which is established in Carmarthen and Llanelli.
- We have to continue with smaller courses in rural districts.
- We need to continue to listen to the needs of participants and offer flexible solutions.
- We need to publicise and promote.
- We need to build trust with the community and challenge stigma in all areas.
Stress Control Training

A Patient Story
Life Before Stress Control Training...

- “I had fallen apart.
- I wasn’t coping with anything.
- I’d given up my job.
- I just couldn’t cope with that anymore”

- “I can’t do it”.
- “No-one ever to help me”.

A friend recognised the symptoms...

“been there”

Go to see your GP!

GP Appointment

“I don’t want anti-depressants – there’s nothing wrong with me.”

GP - Try Stress Control Training – here’s the telephone number
Attending the First Session

- Nervous
  - “Don’t know where it is”
  - “What if I see someone I know”
  - “Do I really want to go in?”
  - “What am I letting myself in for?”
  - “How can I escape?”

“And of course it was either Alison or Liza who said come on in – don’t be afraid, sit by the door and if you want to go at half time you go.”

“It was so reassuring”

“They took the time”
Experience of the Course

- **Techniques**
  - You learn breathing techniques to be used every morning and evening
  - What was taught made a difference

- **Impact**
  “By the time I was getting to the end of it I was feeling a lot better.”

- **Resources**
  The CD – is fantastic
  “I had to go and buy a personal CD player so I could take it with me”

- **Opportunity to repeat the course**
  “You learn something different every time”
Has it made a difference? Achievements so far...

Stress control training in practice
- Just relax
- Deep breaths
- Distraction

Reducing anxiety, planning skills
“Driven all the way to Kent”

“I cannot believe it, I have learned to swim”

“You won’t believe what I have done I’ve overcome a lifetime fear”
“Driven all the way to Kent”
“I went to the Chiropodist. I can’t stand anyone touching my feet”

“I did it I did it!”
Not everyday is fantastic
“"I was not having a good day
but I have got to go {chiropodist}
and by the time I got home
I felt a hundred times better”

Living Life
Determined to go out and live my life
“when I get home I feel absolutely exhausted but I feel as if I’ve achieved something”

Making the effort
“I know it’s not doing me any good sitting at home and forcing it {to go out}. Since stress control its so much easier I make my plan before I go”.

Coping
A very difficult life event came up in November
“Without Stress control I know I would not have coped with it”
A long and winding road...

Blips along the way

- I had a ripple last February with the snow and ice and disruption
  But...... In November it was a tidal wave

“I need someone to remind me every now and then of what I have done because I get too much time on my own.”

“I couldn’t see what I had achieved. I needed someone to remind me. It felt like more than just a blip”
Personal Goals...

**Looking for work**

- “I really feel I need to find some structure to my life”
- “I’ve been for an interview.” … Couldn’t have imagined doing this a year ago

I am ready for my next challenge
What ever that may be
Comments on the course

Feedback to the GP

- “It’s marvellous, wonderful,
- send everyone.”

Personal Recommendations

“took the CD and book
and passed it on”

Invitation to a friend

“come with me”
Thank You

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