

GP Experiences:

People's experiences of talking to their GP about their mental health

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Introduction

One in six adults experiences a mental health problem each week (Mind, 2016). National figures estimate that 90% of those with mental health problems rely on primary care for support and nearly a third of GP appointments currently are about mental and emotional wellbeing (Mind, 2016; Mental Health Foundation, 2016). Dependence on GPs for mental health support is likely to grow as the NHS continues to manoeuvre support away from hospitals and into the community (NHS, 2014). Furthermore, many national mental health organisations are increasingly encouraging people to visit their GP if they are feeling unwell (Mind's 'Find the words' campaign, 2016).

Over recent years there has been rising concern about whether GPs are sufficiently resourced to support the increasing demand of people approaching them with mental health concerns. Of the 21 modules that General Practice Speciality Trainees are required to complete, only one currently focusses on mental health. Furthermore, national mental health charity Mind recently reported that less than half of all trainee GPs undertook any psychiatry rotation between 2013 and 2015 (Mind, 2016). The Chief Medical Officer's report in 2013 called for GPs to undergo a period of specific mental health training but, despite widespread support, this is yet to materialise (Department of Health, 2014).

Mental health is a priority area for Healthwatch Lambeth. In our 2015 report 'Finding mental health advice and support in Vassall ward', we found that eight out of ten people we spoke to would first approach their GP if they had a mental health difficulty (Healthwatch Lambeth, 2015). This new report builds on that finding, by exploring the experiences of patients who have consulted a GP for a mental health concern. We were particularly interested in listening to their perceptions, expectations and experiences in deciding to ask for help and in receiving the care and support they needed.

Methodology

Service user experiences

We were interested to listen to the experiences of adults either living in Lambeth or registered with a Lambeth GP who had spoken to their GP about mental health concerns in the last twelve months. We designed a questionnaire (Appendix I) which set out to explore the following questions:

- How long did people wait between becoming concerned about their mental health and approaching their GP?
- What were individuals' concerns and fears before speaking to the GP?
- How easy was it for people to talk to the GP during the appointment?
- What form of support arose from approaching the GP?
- What were individuals' experiences of the support they received and what would have improved this?
- To allow us to identify any cultural or social trends, we also asked for demographic information including gender, age, sexuality, presence of a disability and ethnicity (Appendix III).

Spoken to your GP about your mental health in the last year?
Tell us how it went and enter our £50 shop voucher prize draw

We need your story to help us understand what its like for residents to speak to their GP about mental health. The more stories we hear, the more we can help improve the support and information available to everyone in Lambeth.

How you can help
Text 'GP' (or call) to 07545211284
and we will call you back asap and ask you 10 short questions focused on the support you received. Your number will not be saved.

Or take part in our online survey at:
<https://www.surveymonkey.co.uk/r/GPemotionalSupport>

healthwatch
Lambeth
an independent organisation that uses local people's experiences of health and care services to drive improvements



As we wanted to hear from a diverse range of people across Lambeth, we undertook 15 outreach events at community based locations over eight weeks between October and November 2016. These included homeless shelters, community days, job centres and GP surgeries, where we approached members of the public for their feedback. Face to face questionnaires were completed with Healthwatch Lambeth volunteers and staff. An online version of the questionnaire was also disseminated via a variety of social media platforms as well as emailed to relevant mailing lists of local organisations. Printed leaflets were left at GP surgeries, community projects and local events. As an incentive to complete the survey, we included a £50 shop voucher prize draw.

In total, we received **58 service user responses** to our survey between 1 October and 30 November 2016 of which two-thirds were completed online and a third were face to face interviews. We heard from roughly equal numbers of men and women, with two in five aged between 25 and 44 years old and a third between 45 and 64 years old. The most common ethnicity amongst our participants was White British (21 people), and a quarter of our participants identified themselves as disabled. See Appendix III for a detailed breakdown of respondent demographics.

GP experiences

We were also keen to learn from the experiences of GPs in supporting people with mental health concerns. Via an email from the NHS Lambeth Clinical Commissioning Group (CCG), we invited GPs working in Lambeth to participate in a phone or face-to-face interview that lasted between 15 and 30 minutes depending on the GP's availability. The interviews explored:



- whether GPs working in Lambeth feel adequately trained to support patients with mental health concerns
- how they typically approach such patients and what support they offer them,
- whether GPs proactively ask about mental health in appointments where it feels appropriate
- whether GPs felt there were any specific barriers to their ability to support patients with mental health concerns.

We spoke to **six GPs** from five different surgeries. All interviewees were female and aged between 35 and 40 years old. They defined their ethnicity as White British (2), British-Asian, Indian (2) and Chinese. One GP was a Partner and the rest were on salaried contracts and all had been working in Lambeth for at least a year.



Limitations

Although we attempted to promote this survey across numerous community venues, there were undoubtedly sectors of Lambeth's community that we did not reach for example, non-English speakers. The service user demographic information also indicates that we did not hear from many people in the 18-24 or 65+ age brackets, making our findings less relevant to these groups.

Most of our patient data came from the online survey which left greater room for misinterpretation and no opportunity to expand on individuals' experiences. Online respondents also tended to write in more detail about negative experiences than positive ones. Furthermore, although we asked about people's experiences within the last twelve months, this was often told within the narrative of a much longer journey through the mental health system. We found that in some cases it was difficult to distinguish the quality of care people had experienced most recently.

The pool of GP participants we spoke to was small, and lacked diversity in terms of age, sex and employment contract. The self-selecting nature of the research also meant that the GPs we spoke to possibly had pre-existing interests in mental health and were therefore not representative of the 'typical' GP.



Before the GP appointment

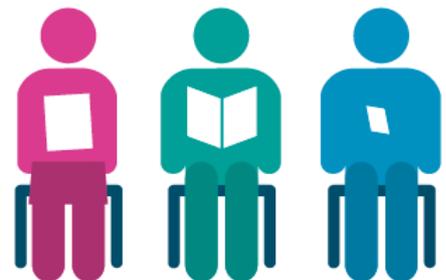


Key findings

- People waited between one day and several years before contacting their GP.
- Around half the people we spoke to were worried about speaking to the GP; common fears included not being taken seriously and finding the 'right words'.
- Some people were worried about the consequences of talking about their mental health, such as sectioning or involvement of social services.
- The fear of having to wait a long time for an appointment or see a different GP each time acts as a barrier to people making an appointment.

Waiting times

The length of time people waited before contacting their GP varied widely. Over half the people we spoke to contacted their GP within the first week of needing support, and eleven of these did so within a day of feeling like they needed help. However, we also heard from people who waited a lot longer; three of the people we spoke to had waited over six months, with a couple waiting several years. One person told us that he had hoped '*it would just blow over*'; another that she had never actually intended to speak to her GP but had just broken down in an appointment for a physical problem.



Concerns and preconceptions

Of those who were not worried about speaking to their GP, reasons included **previous positive experiences**, having a **good relationship** with the GP and the sense that their GP was '*attentive and discrete*'. Others had experienced and spoken about mental health problems for many years and were therefore more comfortable doing so again. People were also less worried when they strongly expected that help or support would be received. For instance, one person told us he was not worried because '*I knew I needed to go, otherwise I'd be nitted off [sectioned]*'.

Around half the people we spoke to *were* worried about speaking to their GP. The most common fear was **how the GP would react** (nearly one in five). Concerns included being '*scoffed at for being silly*' or that the GP '*wouldn't take my concerns seriously and [would] not give me useful advice*'. One patient worried they would be viewed as a time waster as nothing was visibly wrong, others feared the GP would not understand how serious their problem was and would therefore not provide adequate support. For one person, the belief that '*nobody helps... it's just a giant tick boxing exercise where they only worry about their inspectable processes*' had put her off going, and another told us '*I don't trust them; going to see the GP is a problem*'.



The impact of previous negative experiences equally affected people's preconceptions and concerns. One person had been threatened with being sectioned by their GP unless they went to Improving Access to Psychological Therapies (IAPT) or took medication: *'I pretended I would take the medication so she would let me leave. I decided not to speak to my GP again about mental health unless I absolutely had to. I'm also scared of seeing my GP for physical health issues now'*.

A previous GP told me to grow 'thicker skin' when I went with severe psoriasis caused by stress. I spent 20 minutes in tears after because I felt I had not been treated with any care... On another occasion, I was told the waiting list [for counselling] after my third miscarriage was too long, and I should find someone privately. It had taken so long to find the courage just to tell the GP so it was even harder being sent away with nothing.



Finding the words

Numerous people told us that they were worried about being able to find the right words to describe their concerns, especially when speaking to a stranger. One person was reluctant to explain the issues to another doctor and others found it embarrassing to admit to mental health problems. For some, this was connected to the worry that they would not have enough time in the appointment. For instance, one individual feared that they *'wouldn't be able to express myself concisely and clearly. Standard GP appointments are rather unforgiving in terms of not having much time to explain yourself'*. Another person told us that *'only having ten minutes'* was a deterrent.

Fear of consequences

People also told us that they were fearful of being sectioned. Despite often becoming severely unwell, one individual was so worried that he regularly censored what he told the GP about his illness, despite having a good relationship with her. Others worried that they would not be 'allowed' to see their friends again or return to work if they were taken to hospital. The involvement of social services was an additional concern for one woman who feared that her children would be taken away if she spoke about her mental health problems.

I feel comfortable to talk to her. Of course, there's still stuff I have to hold back, I can't tell her everything... If you open up too much then they'll just section you... Now I'd rather just deal with it on my own. I'd rather just keep myself in my room for a few days until it passes. Obviously, I'm dangerous to other people, and I am dangerous to myself. But before they've said to me: 'how about you just go in for a couple of days, just until you feel better, the weekend?' Next thing, I've been in for 10 months, 18 months. Now I don't trust them, that trust has gone.





Structural issues

Three people were worried about either having to see a new GP or a GP that they did not feel comfortable with. *'Not knowing the GP as it's always someone different'* made it difficult to speak freely. One lady we heard from had seen four different GPs already. For some, fears and concerns about speaking to the GP arose out of previous experiences of visiting a GP about their mental health. We spoke to one man who was initially offered an appointment with a GP with whom he had previously had negative experiences. Fortunately, when he mentioned this to the surgery he was offered an appointment with a different GP who apologised for what he had been through; he therefore requested to see this GP again every time as he *'felt a connection with her, felt safe with her'*.



I had to wait three weeks for an appointment and in that time I tried to act as normal as I could. But I had to keep it all inside, and that was really hard.

Many people felt that there ought to be a reduction in the **length of time people wait for appointments** booked in advance, iterating that two to three weeks is a long time when you are in distress. We also heard about long queues and waits for emergency same day appointments. Many of those we spoke to felt that this should be addressed and that those in crisis ought to be seen more quickly.



When you are feeling incredibly unwell with mental health this can be very difficult, there needs to be an option to get an emergency appointment by phoning or booking online.



During the GP appointment



Key findings

- Two thirds of the people we spoke to found their GP easy to talk to about mental health due to them being empathic and kind.
- Others described their GPs as unfriendly and uncaring, with little knowledge or interest around their mental health concerns.
- GPs and patients talked about the additional stigma and barriers that exist for those with dual diagnoses.
- Short appointment times were a barrier to speaking out about mental health.
- GPs need to be proactive in asking and exploring mental health.

GP attitudes and interest

Nearly two thirds of people we spoke to had found it easy to talk to their GP about their mental health. These GPs were described as **understanding, sympathetic, kind and caring**. For some, having had the same GP for a long time made it easier to speak openly. People were also more comfortable speaking about mental health when they felt like their GP understood what they were presenting with and took the time to listen attentively. Others felt cared for when the GP went out of their way to be supportive: *'even when time went over, he was always very understanding'*. One person described how his GP had taken the time to thoroughly consider and discuss the pains he experienced in his body, to understand if they were related to his mental health.

Conversely, some people described their GP as **uninterested or distracted**, which left the individual feeling unheard. One lady had been put off going to her GP for mental health support because: *'I always feel like I'm wasting their time and there are more serious patients to deal with'*.

Similarly, another GP was described as *'just going through the motions, he was trying to kick me out as quickly as possible'*. Although this individual had hoped to be treated as an individual and a human being, he was left feeling stigmatised and unheard. We heard examples of where the individual's opinion and point of view were discounted. This meant that one man experienced talking to his GP as *'initially easy, but quite difficult later because what was suggested was he didn't 'believe' in that condition and thought I should forget it'*.

Despite how difficult it is for me to discuss the nature of one of my conditions, I felt understood and professionally listened to.

The doctor was really helpful. I went in and explained everything, that I didn't really want to go on living. Everything was getting on top of me and I was feeling like it was all my fault.

I kept telling the Doctor, but he did not understand me or my situation. He didn't understand it was an emergency, that I couldn't wait. It was very hard.





People's experiences of talking to their GP about their mental health

It was felt by patients that GPs should **proactively ask questions about mental health**. One person stressed the need for the doctor to actively ask intelligent questions to try and get to the root of the issue.

The GPs we spoke to were mindful of actively exploring **medically unexplained symptoms** and talked about examples of cultural, religious and social influences on this. Two noted that Turkish and Asian women frequently present with all over body pain, which they sometimes had not connected to their mental or emotional health. One GP wondered whether some women feel *'their role is just to look after the children, they think their own feelings don't really matter. In their culture, they may not really speak to each other about it'*. Another felt that white, middle class women were most likely to self-identify as having a mental health problem, and that men were less likely to come forward in such a way.

GPs explained that some people find it harder to connect their physical symptoms with their mental health, and *'can get really defensive about that kind of thing if they think you're implying that they're imagining their symptoms'*. Another acknowledged that patients' reactions *'can depend on how we ask, if we manage to make them feel comfortable'*.

Two people who were in active recovery from drugs and alcohol dependency told us they struggled talking to their GP about mental health issues due to the **stigma around dual diagnosis**. One person felt let down and unheard by his GP who *'was just trying to give me this medication which was very addictive. As an addict, that wasn't what I wanted, but he didn't listen to my opinion'*. One of the GPs we spoke to felt that the referral routes for patients with dual diagnosis sometimes acted as a barrier. If someone is abusing drugs or alcohol, they are not eligible to be seen by mental health services and are instead referred to drugs and alcohol services. However, many of these patients would have prefer to be seen by mental health specialists. This GP thought it *'would be good if they [mental health and drugs and alcohol specialists] could work with them together, like we have to.'*

Two people mentioned that the surgery receptionist had been a 'barrier' to them seeing the GP, although they did not expand on how.



It must be obvious that emotionally I'm not well, but they don't ask... They don't ask about the important stuff, they expect the client to tell them everything, but most people can't. Professionals should be asking, because sometimes people don't know themselves that they have mental health needs.



It's a slower process... You might say 'oh, I think you could be stressed', and they might say 'no'. But they come back again and you have another chance, you see them again and suggest it... you slowly figure it out, you keep on asking them.



Because I'm an addict they think I'm just trying to get high. I've left surgeries before because of the stigma... doctors need to take individuals seriously and not treat addicts like second class citizens.



GP knowledge

It was felt that **some GPs knew little about specific medications or mental health diagnoses**, and we heard that one doctor had spent the whole time on Google trying to find out more about medication, leaving their patient feeling ignored.

Another patient told us that their GP insisted that a particular service was only available privately, even though the individual concerned had spoken to the relevant NHS clinic beforehand: *'I was amazed by their ignorance and refusal to listen... How many other patients have not been referred by this GP practice?'*

Time to talk

Short appointment times limited how much people felt they could say as well as how supported they felt. This was especially difficult for those who had already waited a long time to see the GP: *'I know they only have ten minutes and they are stressed too. But if it was longer, then I could have said more. Ten minutes after three weeks is not enough'*. Others told us that it felt rushed and consequently pushed out of the door.

Most of the GPs we spoke to also felt that short appointment times was an issue. One told us she regularly ran over time as *'you can't do something like that in ten minutes'*.

Patients and GPs suggested that double appointments should be booked when individuals indicate there are mental health needs involved. One person told us that her GP practice offers longer appointments of fifteen minutes and that had been helpful.



I was [with] my GP for about 30 minutes. I was very lucky that she was more concerned about my wellbeing and less concerned about meeting her targets, but I don't think this would have happened in every situation. I have suffered from mental health issues for the past 17 years; my needs simply cannot be explained and assessed effectively in ten minutes.



Mental health patients take a lot of our time. If they come in and cry for ten minutes, then how can we ask them to leave? It's hard to get a double appointment even though we do generally tell them to book one.



After the GP appointment



Key findings

- Follow-up emotional support was important for people, including phone calls and second appointments.
- Some people went to the GP for more in-depth advice around psychosocial issues, which added pressure onto GPs.
- It was important that GPs prescribed medication after listening to the individual's history and expectations of support, and in line with patients' own wishes.
- Onward referrals to specialist services were valued by patients when they were timely and appropriate.
- Eight people received no onward support from their GP.

Emotional support

Individuals attended the GP with various ideas of what would be helpful for them, but a core hope was that the GP would be empathic, reassuring and listen attentively.

For many, the GP's **emotional support and empathy** was indeed a fundamental aspect of the support they received even after the appointment. We heard numerous stories of GPs following up with a phone call after the appointment or even booking in regular appointments with them until treatment had begun, which was experienced as caring and supportive. This allowed people to come to terms with their own issues, and to feel supported whilst doing so.



[I wanted my GP to] reflect back a perspective on my difficulties that helped me understand them [and consequently] offer follow up appointments depending on the other available support and how bad I was feeling.



[My GP] told me if I have any bad thoughts I should ring them. Whenever I speak to them to renew my prescription, the doctor always asks me how I'm feeling... he's been really supportive.

GPs themselves talked about the importance of fostering a **'safe environment'** to encourage patients to speak openly and honestly. The chance to 'offload' was recognised by them as an important part of the process. After that, GPs told us they might ask more targeted and closed questions to assess the severity and the impact of the problem: *'we want to assess how it is affecting their daily lives. We ask, for instance, if it is interfering with their work, or how able they feel to look after their children'*.

For some, this ongoing emotional support was heavily supported by consistently seeing the same GP, with one person telling us *'although I saw one doctor first, I never saw them again'*. Four of the six GPs we spoke to also acknowledged the importance of continuity of care, recognising that patients are less likely to seek help if they have to explain their story time and time again. Although these GPs tried to make repeat appointments with their patients straight away, they recognised that this does not happen right across the board and that it is likely to be harder in busier surgeries. It was also important for patients to know that they could expect a consistent



approach regardless of which GP or GP surgery they went to. Receptionists were experienced as barriers by some.



Advice and information about other support



People told us that they saw their GP as an **important source of information** about what support was available and suitable for their specific

symptoms. We spoke to one person who beforehand had wanted '*relevant information on how my physical and psychological conditions are impacted by my current circumstances*'. Some were less sure and wanted advice on what steps to take next, for instance if they needed a diagnosis or therapy; for these people,

reassurance and validation of concerns was highly important. One person told us '*[I had] no idea what treatment I would need, I was happy to be guided by the GP*'. As a carer for her physically disabled husband, one woman wanted more practical advice on how to access care support.

Although many people appreciated the advice and information they received, others wanted more *in-depth* advice from the GP about what form of support would best suit their needs, and more literature to take away from the appointment. There was a desire for more signposting towards help for practical and social problems. One GP acknowledged the pressure on them to provide this sort of information, especially with respect to housing.

Two GPs told us that they wanted to know more about which services were available in the borough, including low-cost services; '*that information just isn't well circulated*'. We were shown a leaflet designed by one of the GPs we spoke to, which had crisis numbers and signposting to various information and services, which she gave to all her patients with mental health concerns. One GP spoke passionately about treating people holistically, for instance signposting towards mindfulness and exercise classes. People additionally found it useful to receive a medical note; it had allowed one woman to take some much-needed time off work to focus on her wellbeing and emotional recovery.

The GP was excellent. They signposted and referred me to very varied services, including OT services, meditation and a talk about autism.



I want help with my situation. I don't think that talking therapies would help because it's the situation around me that's making me depressed.



It can be very overwhelming, especially in ten minutes. We really need more support for instance from social workers. We get asked to write housing letters - this is a waste of our time and theirs. Sometimes you do kind of feel like you're stuck.





Medication

Multiple people had visited the GP with the ambition of receiving medication. Although some went *solely* with the intention of getting a prescription, many also wanted a referral to an additional form of treatment alongside it. Conversely, others visited the GP for help to either decrease or change the medication they were currently on. One lady told us that her medication had not helped with her feelings of depression for the many years she had been on it, and she therefore wanted to either try a **new prescription** or come off medication altogether. Others similarly wanted to talk through the **side effects** of their medication and possibly **reduce dosages**.

Two people who wanted a prescription were denied it by the GP. In one person's case, it was because their GP was worried about addiction; the individual, however, felt that medication would have helped them to cope with the trauma they had been through. One person who had been given a prescription was **worried about addiction** as he was a former alcoholic.

First they offered me Valium. I said I don't want to take pills, but the Doc said I have to take them. I haven't had a review of my medication - they just keep giving it to me.



Others were unhappy that they had received prescriptions for medication that they did not particularly want. For instance, one lady told us that she had been prescribed anti-depressants by her GP for five years, which she felt had not helped her at all. She had recently made the decision to ween herself off medication without the GP's support and had been advised by a friend to do this slowly because of the possible negative side effects. Another man similarly told us that he had 'looked terrible' after a few months of being on medication and had therefore decided to come off them.

Why would I keep using it if it isn't doing anything for me? When I said that to her she just told me to keep on trying.



All the GPs we spoke to told us that they **consider prescriptions on a case by case basis** and only in agreement with the client; *'it's about opening a discussion, rather than 'here's a tablet, now go away'*. This was usually done in more severe cases and all the GPs mentioned doing a review of the medication after a few weeks. One GP told us they would only introduce the idea in a second appointment after considering what has worked for the individual in the past and the severity of their concerns. All the GPs talked about booking patients a new appointment straight away for a few weeks' time to monitor the effects. One GP tried not to prescribe medication without also referring to some form of talking therapy whilst another told us that they might prescribe medication if someone was waiting for talking therapy to begin.

GPs mentioned the need to **temper patients' expectations or beliefs** about medication, and two said that they would provide information about medication for patients to take away before prescribing anything. For one GP, it was important to speak honestly to those who came in with a fixed idea of what they wanted: *'I tell them it won't change anything that is happening in your life, it won't automatically feel better.'* On the other hand, two GPs talked about the common stigma around medication amongst patients and how people worry about becoming addicted or



behaving like a 'zombie'. One GP noted that it is important to recognise the 'really impressive' effects of some medications, especially Selective Serotonin Reuptake Inhibitors (SSRIs). Another told us that she describes medication as '*a crutch for six to eight months until you are well enough to deal without it*' to tackle some of the negative preconceptions about mental health.

Onward referrals

Two in five of the people we spoke to told us that they visited their GP with the aim of being referred on to some form of **specialist mental health support**. For many, their main hope was that the GP would refer them on to **talking therapies**; one person explicitly mentioned Cognitive Behavioural Therapy (CBT). People often mentioned wanting to access talking therapies in conjunction with another form of treatment such as medication or advice. Others wanted referrals for more specialist services.

Sadly, one person we heard from no longer believed that the South London and Maudsley (SLaM) NHS Foundation Trust would help and, '*given that there is no access to treatment here*', wanted a GP referral to an international **psychiatric euthanasia clinic**. Others had a rough idea about what support would be helpful but wanted to talk it over with someone. We heard from one individual who wanted to be referred for an **autism assessment** as he felt that autism related symptoms could be a possible cause of his depression.



I thought the best way they could help me was to refer me on....when you become fragile, you depend on other people. He introduced me to the idea of the referral, but he had that conversation with me.

Indeed, referrals to specialist mental health treatment services were by far the most common source of support that people were offered. This included referrals for assessments, Lambeth Talking Therapies, IAPT, occupational therapy and support with drugs and alcohol dependency. For one patient, '*[CBT] definitely reflected my choice of treatment*'. Others were glad when they were referred through their GP as it meant that the GP was then able to follow it up, for instance with the Living Well Network Hub.

However, others were not as pleased with the referral they had received, either because it **did not match the service they had wanted** to access or because it had taken **too long** to generate. One person, for instance, had seen their GP for five years before a referral was generated for a mental health service. One lady we spoke to, who had been referred through counselling services three times, wanted a more specialised referral '*rather than [to] a generic service where I would have to tell my story again and again*'. Her experiences left her feeling as though she had no choice but to '*go it alone, and manage my mental health without their support*'.



Other patients also felt that **GP referral processes needed to be improved**. Some people were not comfortable self-referring, whereas others wanted more effective referrals to be in place from the beginning so that they did not end up

in numerous services having to explain their history each time. One person wished their GP had done more to facilitate their referral to Lambeth Talking Therapies, due to the long waiting times. There were examples of GPs who were unaware of the services that were available and it was felt that they ought to have more knowledge about specialist services (such as SLaM's centre



for anxiety disorders and trauma). Furthermore, people felt that they should be offered a wider choice of services with more empowerment to choose from amongst them. One person felt that they would have preferred access to a free talking therapy service rather than having to pay.

THIS WAY

GPs commonly referred to a biopsychosocial model of mental health, which views physical, social and psychological factors as intertwined and interdependent: *'[I] drill down into the biological symptoms, look at their life situation, their home lives, family situations'*, and they made referrals accordingly. GPs told us they

referred more complex cases or individuals with higher risk to the Living Well Network Hub; for example, where there was risk of suicide, if individuals had tried numerous medications and/or talking therapies but it had not helped, or if the patient had a severe mental illness which had been stable but had recently deteriorated.

Although one GP told us that she refers complex patients to community mental health teams (CMHTs), another told us that direct referrals were often bounced back and that they were then asked to send them through the Living Well Network Hub. We were told by one GP there is not enough support available for younger people. GPs signposted those who were severely unwell towards Accident and Emergency. One GP had made a leaflet including crisis numbers and signposting to various information and treatment services which she gave to all her patients who had mental health concerns; *'we're meant to give them numbers to call, it's part of our guidelines that we should be making sure they have a safety net'*.

Lack of support

A core hope of the people we spoke to was that visiting the GP would put into motion a chain of events which would end with them feeling better and receiving help. One person told us: *'I don't know anything about mental health or treatment - I just wanted to feel better. I was just crying all the time'*.

However, eight people told us that they **received no support from their GP** at all, leading people to believe that the GP did not understand them and making them feel isolated and alone. For one, there was *'no change... this is not what I wanted/ expected and I'm left with the same debilitating side effects'*. Others were simply told that *'treatment isn't available'*.

Nothing was offered. I didn't know what to expect but [I] thought there would be something other than just writing another sick note. [I] don't believe the GP actually understood what I was saying.



Where is the parity of care I keep hearing about? This GP was excellent dealing with a virus but this mental health issue is causing much more problem but [is] not taken seriously.



Some clients I don't know what to do with really, it can be very overwhelming, especially in ten minutes. The ones with severe mental health, bipolar etc, they are better served by secondary care, the CMHTs; they need the continuity of treatment.





Outcomes with specialist services



Key findings

- Barriers to specialist services included long waiting times, with little support available between speaking to the GP and starting specialist treatment leaving some patients feeling alone or suicidal.
- There was mixed feedback around the Living Well Network Hub and Lambeth Talking Therapies, based on waiting times, the approach of therapy individuals were offered, their counsellors' qualifications and the length of treatment.
- Some people told us that they wanted access to crisis care and were not sure how to do so.
- For those in severe crisis, pathways into A&E can be unsupported and the importance of privacy in A&E in waiting rooms was noted.

General access to specialist services

In general, we heard about **very long waiting times for mental health support**, with some people telling us that they consequently became increasingly unwell, in some cases to the point of being suicidal. Five of the six GPs we spoke to also told us that waiting times for specialist services were far too long. One said that although the initial referral might be accepted within two weeks, it could be months before the individual had their initial appointment with their mental health specialist. In that time, *'there's nothing there for them'*, and GPs therefore end up *'hand holding'* which puts additional pressure on their own stretched resources.

Furthermore, it was frequently mentioned that people were resorting to paying for private services when they did not feel they could access them through the GP, whereas others were desperate for help but could not afford to see anyone privately. One GP similarly told us that people often asked for the details of private therapists, for instance where people had been through talking therapies and it either had not helped them or had not been a long enough course.

The GP was helpful, and all the care I have received when I get it has been great. Unfortunately, the delays in receiving this help have been very dangerous. The services were aware how desperate I was and that I had seriously considered suicide but it still took weeks for me to see anyone. I got to the point where I thought I was genuinely going to have to attempt suicide for anything to be moved forward. Luckily my parents had the money to get me seen privately, otherwise I am not sure I would be here today.



It's a big thing for someone to hit rock bottom to the point that they get the courage to come and speak to us, and then for them to have to wait a long time to get any help... it's really hard.



It seems all my life that social workers let you down, doctors let you down. Then they wonder why people are walking around mad. They're supposed to be there for you, but they just aren't.





We also heard about the importance of **trust between the community and professionals**, and how damaged relationships can be a barrier to people re-engaging with care.

Living Well Network Hub

We heard mixed feedback about the Living Well Network Hub¹, mostly related to waiting times. One person told us that he was referred within a day to the Living Well Network Hub and that *'the support I got for years through SLaM could not have been better'*. However, another lady waited over two weeks for a response from her referral to the Hub.

Similarly, although one GP described the Hub as 'really good', others reported **mixed experiences**. One GP told us about a patient who had a long wait for an appointment following their referral, and another said that in some cases she has had to ring up and 'hassle' them to engage faster. However, one GP felt that support from the Hub was improving with shorter waiting times, perhaps because they had recently recruited more senior staff.

SLaM/ Lambeth Talking Therapies

Two people who had been referred to the Hub and Lambeth Talking Therapies described it as *'surprisingly straightforward'* and a positive experience. However, we heard from people who had **waited four or five months for treatment** under SLaM. Yet another was told by their GP that they would speak to the CCG about their care but that they *'couldn't get on to anyone at the time, and four months later I've heard nothing since...My health only deteriorates'*. The same patient also told us how this had affected what benefits they were entitled to, as the lack of treatment was taken as evidence for a lack of impact of their work-related illness. Another person told us they would benefit from *'not being forced to go to SLAM and [being able] to go to somewhere that would be prepared to act and help'*.

Numerous people felt that counselling services needed improving. Waiting times were cited as an issue, and even some GPs told us they encourage individuals to self-refer to services such as IAPT as quickly as possible *'otherwise they can be waiting ages'*.

Some patients were unhappy with either the quality or the approach of the talking therapy they had received. CBT did not suit some people and one had since sought private counselling. We heard from patients that groups could be difficult for



I faced a six-month battle to get basic CBT... In six months of being under SLAM's care my depression got severe to the point I nearly committed suicide, yet they still did nothing.

[The GP] kept sending me to all different places... I wasn't comfortable [to phone] so I went down in person to the [counselling] place. They said it would take three weeks. They could see how I upset I was, panicking and crying, but they didn't say anything else.



[Groups] should be smaller, like three or four [people]. When it's bigger, there's always someone who's got a bigger problem than you, so they get concentrated on more.

¹ The Living Well Network is a community of providers, support agencies, statutory organisations and people who work together to support Lambeth residents to live well.



some as everyone comes with different experiences and they were sometimes too big to be heard in a group, and GPs echoed that there is a need for more one to one therapy.

One person felt that the counsellor they had been referred to was too inexperienced to deal with their problems and that having only six sessions was '*totally inadequate.*' Another told us that they wanted a '*proper series of counselling sessions that lasted over an adequate length of time such as a year. This does not seem to exist anymore.*' Similarly, one GP echoed that **short term therapy** was appropriate for some individuals but certainly not for all. Another GP described hearing similar feedback from patients about **inexperienced counsellors**; she told us that some people had come back to her saying they felt worse or that it did not really achieve anything.

Self-referral was experienced as a barrier for some people we spoke to. One lady was advised to self-refer to IAPT but told us that it was hard for her to communicate due to having a learning disability and English being an additional language. One GP explained that she considers individuals' communication abilities and where helpful refers on their behalf.

Crisis care

We heard from patients that there was a need for services to be available when people are actively in crisis, for instance an emergency number to call such as a '*discrete line for anxious patients*' or a safe space that people can go in distress. One person told us that she would appreciate a safe space where there are trained mental health professionals who know how to work with you, and where '*people know no one is going to hurt you*'.

Accident and Emergency

GPs told us that they referred individuals to Accident and Emergency (A&E) when they were severely concerned about their wellbeing, and their risk of either hurting themselves or others. However, GPs also stressed that they did not know if the individual ever makes it to A&E once they leave the surgery, making this pathway somewhat tenuous. Furthermore, we heard about the inadequacy of support experienced by an individual feeling suicidal who had approached an A&E department for help.



I've been to A&E and I won't be going there again. I was in the hallway, everyone going past, you know, trolleys and everything. And the psych is just sitting there next to me with her clipboard, in front of everyone. Talking to me - I said, can we go somewhere private? She just said there wasn't anywhere. I [was] feeling suicidal - so I just left. And I won't be going back. Anytime I see a professional they give me these leaflets - even the Samaritans say it - go to A&E. But now I just rip up the leaflets. It's not just me, other people say the same things. You wise up to these things. Other people are tight lipped too.

Community Mental Health Teams

Patients suggested that community mental health teams ought to **strengthen their communication channels** with GP surgeries, and another person told us that the liaison between hospitals and GPs after hospitalisation should be improved.

One person had been told on discharge from their CMHT that the GP would provide a '*proactive and responsive overview*' of her condition but instead found that she was left '*completely untreated*' as her GP wanted her to return to the care of the CMHT. Others told us that although they were referred to a mental health team their referral had been refused; it was unclear why this had happened.



Systemic issues

Perceptions of GP pressures

Although our questions focussed on individuals' experiences of approaching the GP, wider systemic issues around mental health service provision and the increasing pressure on GPs was raised as an issue. One person, for instance, felt that *'GPs are very hard working and need our support'*.



GPs are only human and cannot provide good quality care if they are under excessive pressure themselves... I suspect that kindness [and] empathy may be the one of the first casualties of excessive pressure and that this is, paradoxically, the thing that service users want most.

Rationing of services

Some GPs felt that *'there is not enough psychological support or therapy available'* and that *'mental health is massively under-resourced, it always has been'*. There was an impression amongst some patients that a general lack of resource was resulting in services becoming increasingly less available. One person felt that: *'local teams are too busy on very troubled people to help people like me'*, and another told us *'it's an uphill battle to get access to any mental health treatment in Lambeth'*. This lack of resource left some with the sense that mental health treatment was being 'rationed' in the borough. For one person, this was *'poor value for money; to not offer treatment presumably to save a few pennies, whilst meanwhile it costs pounds for me to not be working'*.

Lambeth's inability to commission effective services from its health contractors (which does include the GP) has put that GP in a damned position - they apparently are not able to secure access to the treatment I need, or more importantly, to be able to challenge the quality of the care I've received from SLAM.



The role of non-NHS community services

For these reasons, some people felt that they were increasingly having to turn to services outside the NHS for support; *'I got more help from Terrence Higgins Trust, whose funding has been stopped, more quickly than I could from the NHS; that's wrong and it won't be there next time. I'm scared.'*



This [homeless shelter] is great- if it hadn't been for them, I don't know where I would be. They aren't part of the mental health teams, they just care. It's people like these that just keep you going- they should be putting the money into people like this.

Additionally, we repeatedly heard how highly people valued community services such as soup kitchens and day centres, and how relationships with staff there were often experienced as more beneficial to mental health than any other form of support they were receiving. For many, this was filling a gap in support and guidance that the NHS was not providing.



Mental health demands on GPs

GP mental health training is variable and 'on the job', yet mental health is a major part of their day.

One GP we spoke to estimated that one in five of her patients were anxious or depressed; another told us *'it's really quite astounding to see how many people come in here with mental health [problems].'* Most of the GPs we spoke to had done a psychiatric placement or extra training in mental health, and one GP was currently doing an additional diploma in mental health. We heard from one GP about how useful her psychiatric placement on an adult female ward had been as it allowed her to feel comfortable dealing with self-harm and risk assessments, and know when to refer patients.

Although one GP did not feel adequately trained, she felt that was the case across the board for many health issues, and felt that GPs weren't expected to be experts on every subject. Many felt that training was not necessarily the issue as much of their learning is on the job; *'it's more the kind of person I am, how I see things. When we did psychiatry models in training I always wanted to see beyond the model, to see that biopsychosocial stuff'*.

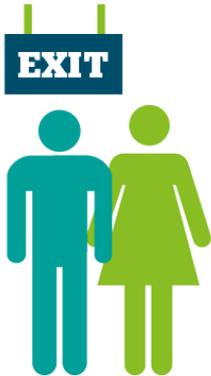


Most GPs told us that they were comfortable supporting individuals with lower level needs, especially where GPs themselves were well supported. Bringing complex mental health clients to practice supervision was helpful for one GP, where she received extra support and advice from colleagues. One GP mentioned the new virtual clinics that were running in her surgery, whereby a psychiatrist and psychiatric nurse come to the surgery to discuss the most complex cases and help the GP to support the patient. Another felt that GPs were in a 'good position' as they can ask patients to return for a second appointment if they need extra time to assess the situation.

For complex patients including those with severe mental illness, it was often a case of referring them onto someone with more specialist knowledge: *'in cases where we feel it's beyond our level we would pass it on to secondary care. It's important that we know where to signpost to'*.



Conclusions



Across the 58 stories we heard, there were significant variations in individuals' experiences of visiting the GP with mental health concerns. Some patients we spoke to were very grateful for the support they had received from the GP, with good experiences leading to positive health outcomes and self-care, as well as a broader appreciation for the importance of mental health. We heard about empathic and caring GPs who went out of their way to help; running over appointment times and following with phone calls later in the week.

However, other people felt immensely let down by their GP. This was at times due to the GP's attitude or lack of interest, or an inability to provide meaningful support. In these cases, some resorted either to private treatment where possible, or in the worst of cases ended up feeling isolated and suicidal. These people were less likely to ask for help again, and some had already given up trying.

As one GP indicated, much relies on the specific interests and approach of the GP the individual sees, creating a system whereby the referrals and the treatment individuals receive can be influenced by who you happen to see. Although none of the 58 stories we heard were the same, there were some common themes. We consistently heard that the most important things people wanted to receive were time and empathy, and to be treated as an individual. They also wanted to be seen in a timely manner, and to receive appropriate referrals or treatment plans. Many people spoke about their right to an informed choice around treatment, and the need for their independence and opinion to be respected.



We also heard feedback about other services beyond the GP surgery. Some had experienced issues with waiting times and the approach or quality of treatments at specialist mental health services, which was acknowledged by GPs and patients alike. In the space between visiting the GP and beginning specialist mental health treatments, it appears that individuals are sometimes left without active or appropriate support, in some cases for weeks or even months. Once within services, the popular models of short term talking therapies and group therapies are working better for some than others. Frustratingly, we also spoke to people who told us they needed a 'safe place' or a crisis line; things that already exist in Lambeth but were just not known about.

These stories are a snapshot of Lambeth patients' experiences of talking to their GPs about mental health. The inconsistencies evident across these experiences needs to be addressed so that individuals can be confident to approach their GP and reach out for help when they most need it. Healthwatch Lambeth will use these findings to target our engagement work going forward, but we have also listed 4 recommendations below for both GP practices and the NHS Lambeth Clinical Commissioning Group.



Recommendations

1. GP surgeries should advertise patients' rights in booking appointments

NHS Lambeth Clinical Commissioning Group (CCG) should ensure that information on websites and waiting rooms clearly communicate how a patient can get the most out of their GP appointment. This should include their right to book a double appointment if approaching the GP for the first time about their mental health; specify a preference to see a particular GP and; an emergency appointment for those in crisis. We would also recommend that surgeries should signpost towards Mind's 'Find the Words' campaign.

2. Increase GP training and understanding regarding mental health

NHS Lambeth CCG should review the training offered to GPs through their protected learning time to ensure it reflects a parity of learning between mental and physical health. Specific training agendas and professional development offered ought to be informed by feedback from both GPs and patient feedback. Given the demand for GP consultations regarding mental health, increased availability of training will ensure GPs have the nuanced communication skills, knowledge and confidence to work effectively with mental health service users.

3. Clinical support for patients with mental health concerns must be strategic and person-centred

Via the NHS Lambeth CCG, GPs should be equipped with the necessary information to signpost patients towards relevant local services, including:

- Lambeth and Southwark Mind's online information service and the Information Hub at Mosaic Clubhouse
- The Living Well Network Hub
- Lambeth Talking Therapies
- A crisis service.

GPs should assess whether people are able and comfortable to self-refer to such services, especially where there are communication barriers such as English being a second language or if an individual is in extreme distress.

Such referral routes, and indeed all treatment plans, should be discussed fully and offer the patient an element of informed choice. Conversations around medication in particular need to be full and frank and consider the individual's history and their concerns.

4. Improve support to manage the wait between GP and specialist services

NHS Lambeth CCG should work closely with Lambeth GPs to develop a strategy as to how patients are supported during the 'wait' before entering a secondary care service. Clear guidance and related resources should be developed which outline where patients could be directed to for interim support, for example, local clubs, peer mentoring schemes. GPs should take responsibility for using this resource as a tool to develop a temporary care plan in partnership with the patient to manage their wellbeing.



Case studies

We have included three case studies to exemplify the broad differences in individuals' experiences of visiting the GP with mental health concerns. Although these are based on people's first-hand accounts, we have changed some details to ensure anonymity.



Georgie is a 52-year-old man from Argentina who went to his GP for help with depression and alcohol addiction.

"I was initially reluctant to speak to my GP about my depression because I had not had good experiences in the past, I had been to too many surgeries where they had not done anything to help me. I was having problems with feeling down a lot and I knew I was drinking too much. My wife told me that I should talk to the GP, she wanted me to go. When I went, I did not know how they would help me, but I knew that I needed to do something.

My GP was lovely. I found her very easy to speak to, as she was so friendly. She spoke to me about a lot of different things in my life, like what was going on with my family. She gave me a lot of time, and I spoke to her about how I was feeling, and that I was drinking a lot at that time. She told me I could see someone at Lorraine Hewitt House, for help with alcohol. After that she referred me to Lambeth Talking Therapies. In that period I went to the GP regularly. It was really helpful when they sent me messages before each appointment, so that I wouldn't forget to go at the right time. The GP also said we could use a translator to talk. This allowed me to be clearer, as sometimes it was hard for me to express myself in English. I could be more honest this way.

In the end, I had eighteen sessions of one-to-one therapy at the Waterloo Counselling Centre. This was in Spanish. My therapist was very kind, we had a good relationship. Talking about everything really helped me and I do not get so depressed now, or if I do I know who to talk to about it. I wish my sister would also go to see the Doctor, as she is struggling a lot at the moment. I would like her to also have support, I am encouraging her to go as I worry about her a lot. It is difficult because she does not speak English fully, but now I know she can still get help. Really, the one thing I would like to say is 'thank you so much', to that one GP who helped me so much."



Mark is a thirty-two man who went to his GP hoping to access specialist support.

"I initially went to my GP hoping to get a referral for some sort of counselling or therapy. I waited about four months before I made the appointment. Beforehand, I was worried that the GP would not take my concerns seriously or would not be able to provide any useful advice.

However, the first time I visited my GP I felt comfortable talking to her. She listened and was sympathetic to how I was feeling. On a second visit, she advised me to refer to IAPT for talking therapies, which was what I wanted. Through IAPT, I was offered some workshops on low mood and improving self-confidence. Since then I have also completed an online Cognitive Behavioural Therapy course by Silvercloud."



Muna is a forty-three-year-old woman who has suffered with depression for a number of years.

“My husband is disabled, and I have been the main carer for him for a number of years; this is very exhausting and stressful. He is currently bed bound and needs a lot of support. I receive benefits and volunteer sixteen hours a week for a local charity. I struggle financially and physically with all the care my husband needs. Five years ago, I made an appointment with my GP to discuss physical problems I was having, including an ulcer which was caused by stress. I did not intend to speak to my GP about how I was feeling but in that appointment I just broke down, I couldn't keep it in. I was feeling so down all the time. I think if I hadn't spoken to her then my son would probably have taken me in to see her anyway, as he was really worried about me. I spent a lot of time hid away and I was crying all the time.

After that, the GP diagnosed me with depression and gave me a prescription for tricyclic anti-depressants. I have been on it now for five years. I generally find it hard to get an appointment with my GP as she is always busy and hard to get hold of. At our most recent appointment, I tried to talk to her about coming off medication as it has not helped me so far and I have been on it for such a long time. I have tried to commit suicide in the last few years even when I was on the pills. I explained the situation at home to my GP. I do not feel like I can cope with my husband on my own anymore as it is so difficult, physically and emotionally. I do not really want talking therapies either because it is the situation around me which is making me stressed and depressed, and I do not think that would help me. I need more practical advice and guidance. My GP simply told me that I am doing a 'good job' as a carer and that I should keep going. She suggested that I *increase* my dosage, but I can't see the point as it is not helping me at all.

I do not feel like my GP listened to what I said. I've since decided to come off the pills by myself. I have spoken to a friend about it and she warned me that it can be a dangerous thing to do all at once, so I am going to cut them down slowly. I do not know what else to do, I have asked so many people for help. I am scared about the future. I need help but there isn't any. People are begging and begging for help but they aren't getting any. That's why people are taking their own lives.”



Appendices



Appendix I

GP EXPERIENCES: PATIENT QUESTIONNAIRE

The following survey consists of 8 questions and should take around 15-20 minutes to complete. Results are anonymous and will go towards a wider Healthwatch Lambeth study around GP experiences and mental health. If you wish to stop the survey at any point you can do so and your results will not be included. If you wish, you can provide a name and email address/ phone number at the end to enter our prize draw and win a £50 voucher for a shop of your choice.

Healthwatch Lambeth are interested in understanding the **experiences** of individuals who have **approached their GP** to talk about mental health **in the last twelve months**. We are interested in finding out:

- How people felt **before** they made an appointment
- What **expectations** people had beforehand of what they would receive from the GP
- **How supportive and effective** people found the experience and the resulting treatment/ plan.

The survey is aimed towards either those who **live in Lambeth** or who are **registered with a Lambeth GP**.

Questions

1. Have you approached a GP in Lambeth regarding your mental health in the last 12 months?
2. How long did you wait between being concerned and booking the appointment?
3. How were you hoping the GP would be able to help you?
4. Did you have any concerns/ fears about talking to your GP? (If yes, please describe).
5. How easy did you find it to talk to the GP?
6. What avenue of support arose from talking to your GP? Did this reflect your opinion/ personal choice of treatment?
7. What was positive about approaching the GP?
8. What could have improved your experience?
9. Do you have any other comments regarding your experiences?

Personal information (Optional)

For Office Use:

EMAIL/ NUMBER FOR £50 PRIZE DRAW:		
EMAIL FOR HEALTHWATCH MAILING LIST:		
Disability? If yes, please describe:	Sexual orientation:	
Date Collected:	Location:	



Appendix II

As part of our outreach work for this project we visited the following organisations/ events:

- Stockwell Park Community Trust
- The Ace of Clubs homeless shelter
- Spires homeless shelter
- Brixton Job Centre Plus
- Akerman Medical Centre
- Gracefield Gardens Medical Centre
- Healthwatch Lambeth Afternoon Tea event for extra care residents
- Lambeth Tenants and Residents Network Meeting
- Age UK Lambeth Information Day
- St Thomas Hospital
- Ashmole Estate Community Health event
- Ashmole Estate Community Fun Day
- West Norwood library mental health day
- The Indoamerican Refugee Migrant Organisation
- African Health and Wellbeing Event

We also formatted our questionnaire into an online survey, which was advertised via:

- Healthwatch Lambeth: website, newsletter, Facebook page and Twitter account
- Age UK Lambeth newsletter
- Lambeth Council internal staff newsletter
- Stockwell Partnership Newsletter
- Lambeth MIND newsletter & group facilitators
- Carer's Hub newsletter
- Love Lambeth blog, November 2016
- Mumsnet Lambeth
- Prince's Ward weekly newsletter
- Transport For All: twitter account

Leaflets were printed with our number, website and online address for the survey, which were left at:

- Together UK, Lambeth Probation Service
- GP Surgeries in Lambeth
- Healthwatch AGM
- 336 Brixton Road reception area
- Lambeth Adult Safeguarding Board Mental capacity act training event

Thanks to all the organisations involved.



Appendix III

Demographic breakdown of survey respondents

Figure 1: Respondents by gender

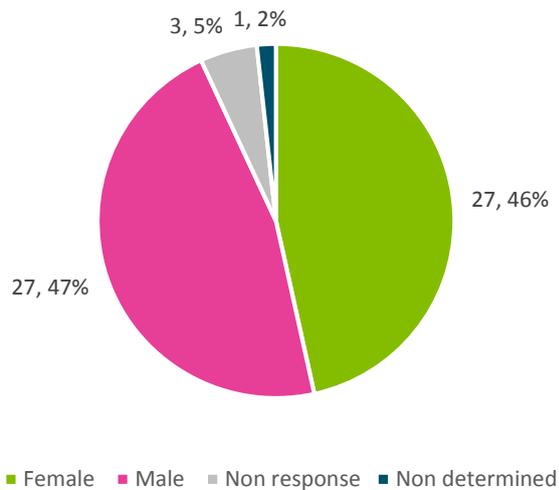


Figure 2: Respondents by age

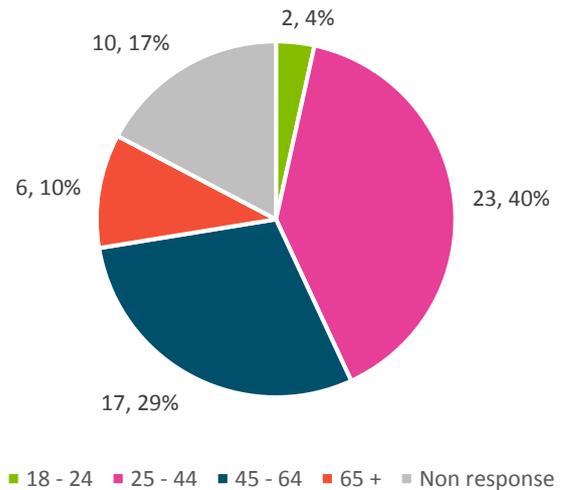


Figure 3: Respondents by sexuality

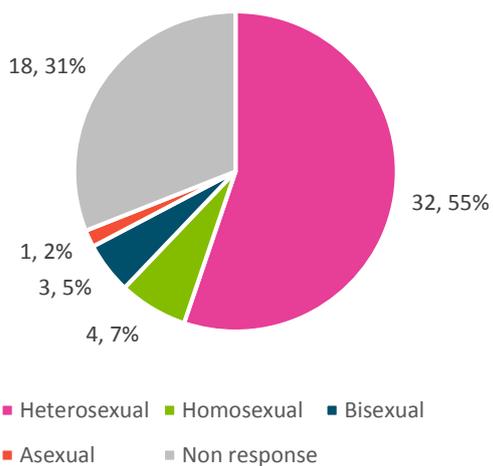
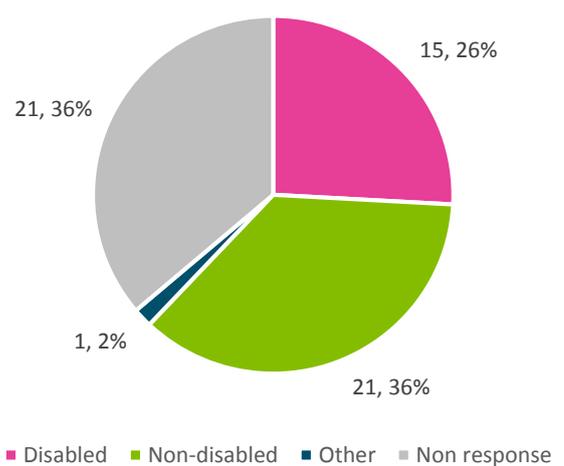
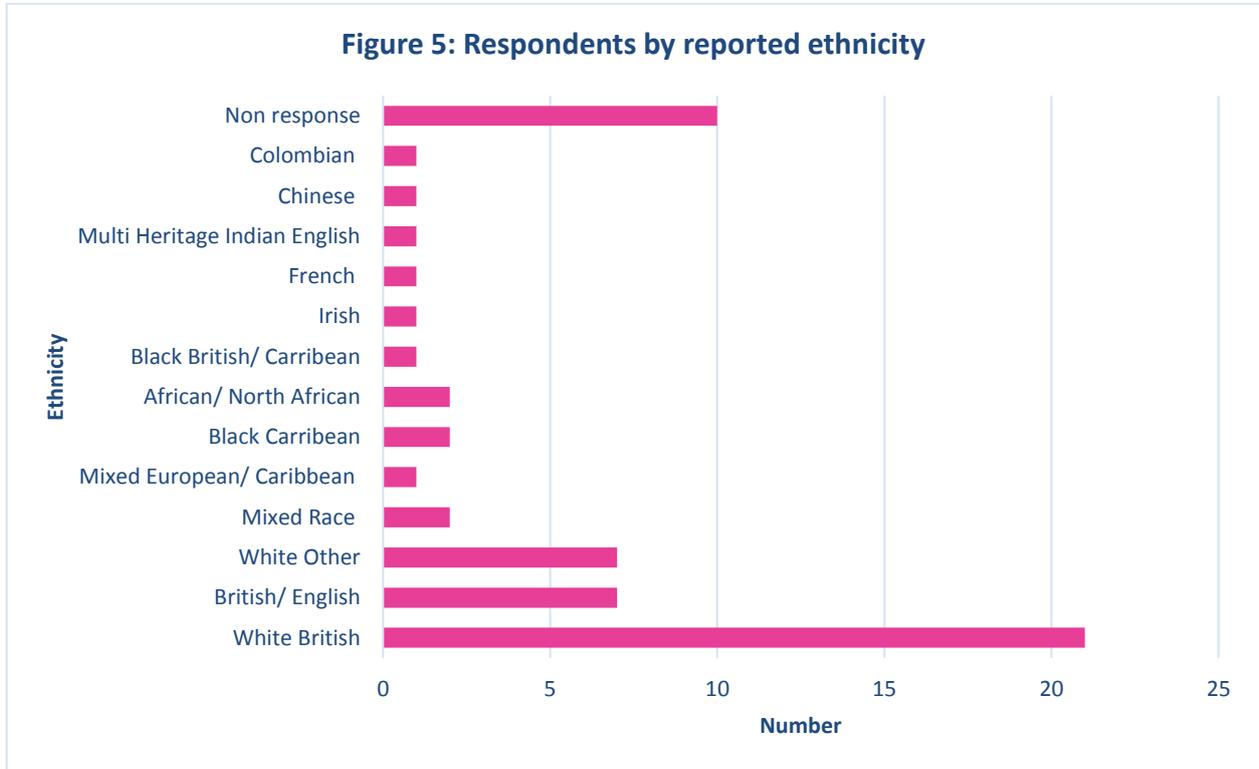


Figure 4: Respondents by disability







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