Irish College of General Practitioners

Joint Committee of the Oireachtas on Health Sub-Committee on Mental Health and the Impact of COVID on Society and on People's Wellbeing

Access and continuity of care at community and voluntary/primary care

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Opening Statement

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Introduction

The Irish College General Practitioners (ICGP) is the professional body for general practice in Ireland. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation on education, training and standards in general practice.

The College is the recognised body for the accreditation of specialist training in general practice in Ireland and is recognised by the Medical Council as the representative academic body for the specialty of general practice.

General practice teams deliver continuing personal medical care, provided by generalist healthcare professionals, including GPs, practice nurses and a growing strand of practice based allied health professionals in the fields of psychology and counselling.

When well supported and adequately resourced, GP teams can engage systematically in activities known to prevent and care for a range of mental health issues and medical conditions. This is achieved using brief interventions in relation to alcohol and tobacco use, lifestyle interventions in the context of exercise and stress management as well as delivering ongoing community based care.

COVID-19 and Mental Health

The COVID-19 crisis has had profound economic, social and educational impacts. The mental health staffing deficit and impact upon our young people is prominently reported in national newspapers. Countries that are more unequal suffer with higher levels of mental illness, including drug addiction and anxiety.[1] The social determinants of mental health are hugely significant. Supporting mental health, lives and livelihoods should be the role of every government department and not just the department of health.

In April, researchers from Ireland released the first wave of the Irish COVID-19 Psychological Survey, a multi-wave study running throughout the COVID-19 outbreak to better understand how people are responding, understanding and coping with the pandemic.[2]

Initial results suggest that mental health problems are common – 41% of people reported feeling lonely, 23% reported clinically meaningful levels of depression, 20% reported clinically meaningful levels of anxiety and 18% reported clinically meaningful levels of post-traumatic stress. Women seemed to be experiencing higher levels of anxiety and depression whereas men were experiencing higher rates of post-traumatic stress.

In May the UN launched a report entitled "*Policy Brief: COVID-19 and the Need for Action on Mental Health*." At its launch, the report highlighted that those most at risk were front-line healthcare workers, older people, adolescents and young people, those with pre-existing mental health conditions and those caught up in conflict and crisis. Even when the pandemic is brought under control, grief, anxiety and depression will continue to affect people and communities.[3]

General Practice

Every day, thousands of people all over the country get to see their family doctor without any waiting time, getting quality attention and care. Around one quarter of such consultations include a mental health component. Over 90% of mental health care takes place in a general practice setting.

GPs are the first port of call for many persons experiencing mental health difficulties, including symptoms of depression, when persons feel suicidal, have anxiety disorders, addiction problems, eating disorders and behavioural symptoms in dementia.

Furthermore, GPs provide physical and psychological support to those persons with life-long mental health conditions such as schizophrenia. People with severe mental disorders have a higher prevalence of many chronic diseases and are at a higher risk of premature death associated with these diseases than the general population. There is a 10-25 year life expectancy reduction in patients with severe mental disorders. The excess mortality among this group largely relates to cardiovascular, respiratory and metabolic diseases.[4]

Because general practice services are not associated with any particular health condition, stigma is reduced when seeking mental health care from a general practice team, making this level of care far more acceptable and accessible for people and their families.

General practice is one of the few parts of the health system which has remained open and accessible throughout the COVID-19 pandemic.[5] The traditional model of general practice has had to change and we now consult with patients by phone, video consultation or in person with appropriate social distancing and personal protective equipment. The (anonymised) real patient cases, referenced below, illustrate the many challenges in supporting especially vulnerable patients during this pandemic. People with substance misuse also require additional mental health and GP support to aid their mental wellbeing.

Access to Mental Health Services

Not all parts of the health system and, in particular the mental health system, are as accessible as general practice. Access for children and their families to Child and Adolescent Mental Health Services (CAMHS) can be problematic. There are restrictive referral criteria, waiting times can be long and children's conditions often worsen while they wait to be seen. A particular problem in the service is when children are 17 to 18 years old when they fall between CAMHS and adult services and referrals are rejected by both services. To state the obvious, this is detrimental to the care of these patients.

Access to psychology in primary care is haphazard and again has long waiting times. For example, at present in Galway there is an 18 month wait for this service. Counselling in Primary Care (CIPC) has increasing waiting times and the service is limited. The following problems preclude a patient from accessing this service:

- Those with moderate to severe psychological problems
- Longstanding depression
- Severe anxiety
- Behavioural problems or personality disorders

Where are these patients supposed to access psychological supports?

General Practice as Part of the Solution

Many improvements have taken place since the publication of *A Vision for Change*[6] in 2006 but, as *Sharing the Vision*[7] acknowledges, there is much more to be done in developing stronger mental health supports at community and primary care level. Mental health services, like general practice, should be accessible for all.

General practice provides care for over 90% of mental health conditions without the need for secondary care input and GPs have a pivotal role in providing first and ongoing care for these patients. General practice needs to be supported in caring for these patients with greater access to talk therapies including on-site sessional talk therapy in a general practice setting, addiction services, improved integration with primary and secondary care and upscaling of digital technologies in mental health services in particular.

The physical healthcare of patients with mental health conditions including severe and enduring mental illness should be led by their GP. A properly funded, integrated, structured programme of care for these patients needs to be implemented as a matter of urgency.

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Appendix 1 Examples of Anonymised Real Cases in General Practice

The anonymised real patient cases summarised below are from a range of GPs across a geographic spread. They illustrate the challenges faced by these patients within the past 6 to 12 months.

Munster

1. 38 year old male brought by ambulance to acute medical hospital after serious overdose taken in a field while alone. Intubated and ventilated for 5 days. Assessed by acute psychiatry team and on discharge was referred to local mental health team, which refused to see him on the grounds that he had taken cocaine as part of his overdose and therefore was deemed an addiction issue.

   Patient made another suicide attempt a few months later. Fortunately he is alive.

   I wrote to the clinical director of mental health services for the mid west.

   I received no reply.

2. 28 year old male brought by ambulance to acute medical hospital as family concerned about his behaviour. Assessed by psychiatry team, started on antipsychotic and referred to local mental health team for follow up of first presentation of psychosis.

   Local mental health team refuse to see him as he had a positive drug screen in A and E and say this is an addiction issue.

   The man presents to GP saying he has run out of meds.

   Patient is floridly psychotic, has assaulted his sister and has auditory hallucinations without insight.

Ulster

3. 22 year old with postnatal depression and suicidality, has not been seen by services 8 weeks later.
4. 21 year old with ADHD and anxiety disorder. There is no consultant locally who will deal with adult ADHD and there is no recommendation of where this patient can receive help.
5. 12 year old female with auditory hallucinations for the past 3 months, school psychology awaited, a CAMHS referral 8 weeks ago and still no appointment.

Connacht

6. 21 year old female with diagnosis of Borderline Personality disorder.

   Attended A+E 3-4 times over 3 weeks with medication changes made by Psychiatry on 2 visits.

   Prescription issued for 7 days by Psychiatry doctor with plan to follow up in weeks / months.

   No correspondence to GP.

   Patient called GP when medications ran out and tells GP what was prescribed in A+E.

   GP called Psychiatry to confirm medication: multiple calls.

   Issues with lack of follow up, correspondence and prescribing errors all of which takes time.