DAY 2 16th Jan 2019

Abstracts

Session 1
Mental health policy and practice

Is 'parity of esteem' for mental health just pie in the sky?
Paul Farmer, CEO Mind

Since the Coalition Government enshrined "parity of esteem" in the Health and Social Care Act, there has been an unprecedented focus on mental health policy within the NHS and Government. However, people's experiences on the ground of trying to access support for their mental health has not always reflected the commitments made at a national level. In this talk, Paul Farmer will argue that achieving parity of esteem is the work of a generation, and while progress has been made in expanding services, there is much further to go. This change will be driven by a generational shift in attitudes towards mental health problems, so that the public will no longer tolerate second-class support from the NHS. It will also require a cross-government and cross-societal commitment to put mental health at the heart of policy and practice.

The lived experience of 'austerity Britain'

Living below the breadline: the reality of austerity
Karen Coombes, community volunteer and DeSTRESS Advisory Board

A glimpse of 'real life' from Barne Barton in Plymouth.

Debt and depression: findings from the DeCoDer project
Adele Ring, University of Liverpool

Debt is an ever increasing feature of the day to day lives of many people living in the UK. There is growing evidence of the detrimental impact of debt on mental health.
The DeCoDer pilot trial was undertaken to confirm the methods and processes for delivering a full trial to evaluate the clinical and cost effectiveness of a shared biopsychosocial assessment of, and provision of debt advice by Citizens Advice to, primary care patients currently experiencing depression and money worries.
During qualitative interviews we explored participants' lived experience of debt and depression and their experience of taking part in the pilot trial. This presentation focuses on participants' narratives of debt and psychological distress, implicating key contexts and processes that fuel the relationship between debt and depression.

Violence as a symptom of poverty and mental ill health, not a cause
Tony Bone, Lawyer and Former Chief Inspector, Violence Reduction Unit

Session 2
Perspective from the policy sector

The policy challenge
Heather Henry, Nurse Entrepreneur, Brightness Management

How can policy help relieve the social causes of distress and improve mental health?

Lessons from home and abroad
Kate Cornford, Organisation for Economic Co-operation and Development [OECD]

An overview of where the UK sits compared to other EU28 & OECD countries, including:

- Overview of disorder numbers in comparison to other OECD countries
- Touch upon the difference between income quintiles for men & women across EU28 & highlight particular difference with UK men
- Illustrate GDP costs across EU (you might have seen a version of this in late November when *The Guardian* and others used our map)
- Show difference in employment between those reporting chronic depression & not across EU28, particularly highlighting the 36 percentage point difference in UK
- Point out that in terms of policy, UK has interventions across all 6 areas of the life course, but there are areas for improvement (unemployed – reinforced by previous slides, and older people), that the relationship between distance from social structures and deteriorated mental wellbeing should not be underestimated, and there is a clear economic case for further investment.

The public health agency perspective
Gregor Henderson, Public Health England

The third sector perspective
Helen Gilburt, King's Fund

Session 3
The role of GP's in times of austerity

The role of GPs in meeting the challenge of austerity
Chris Dowrick, University of Liverpool

As GPs, we need to be mindful that our patients' distress and suffering is not necessarily rooted in individual psychopathology, but may have significant external causes. We should avoid using a diagnosis of depression or anxiety as a mechanism of decoupling, replacing adversity with illness and individualising primarily social problems. We must remember that, in our consulting rooms as in our lives, the personal may be political. When we come to offer help, that too needs to take account of the socio-political domain. Our psychological solutions must be oriented towards empowering patients living in communities exposed to adversity. And we must make the opportunity to develop effective partnerships with our local communities, actively linking with a wide range of local resources. In addressing the challenge of austerity, primary care is necessary but not sufficient. GPs are in a (not the) position of authority within the community. We need to de-centre and re-connect.

How can medical education better support GPs working under challenging conditions ?
Karen Mattick, University of Exeter

Austerity is changing the nature of general practice, both in terms of the conditions that patients present with and the resources at a general practitioner's disposal that can be brought to bear on the increasing patient demand. This changing face of general practice coupled with an increasing non-clinical workload has placed considerable pressure on individual GPs, leading to absenteeism (when doctors miss work because they are unwell), presenteeism (when doctors work despite being unwell) and loss from the profession (for example through early retirement, reduced clinical work or moving overseas). Drawing on our NIHR-funded Care Under Pressure project, I will provide some insights into the ways in which doctor's mental ill-health may develop, and the strategies that are likely to help prevent or alleviate the problems. In particular, I will explore the role that undergraduate and postgraduate medical education can play in supporting GPs working under challenging conditions.

How the RCGP is responding to the challenges of health inequalities
Helen Stokes-Lampard, Chair Royal College of General Practitioners (RCGP)

Session 4
Alternative approaches to mental health in Primary Care

GP/Primary care training materials developed from the DeSTRESS Project
DeSTRESS Project team

This session draws on findings from the DeStress project to demonstrate how we can reconceptualise responses to poverty-related distress in a way that looks beyond the 'blaming' and 'responsibilisation' of neoliberalism, whilst also not denying people agency for their own wellbeing. We present ideas for training materials that aim to create a more compassionate, evidence informed and sustainable general practice response.

Session 5
What we have learnt and where do we go from here?

A new consultation model:different approaches to consultation
Daisy Parker, University of Exeter

One in three GP consultations has a direct and explicit emotional component. As there are no objective biomedical tests for the diagnosis of emotional problems, the identification of these concerns is achieved wholly though GP-patient communication. GP-patient communication also plays a role in the management of emotional concerns, with patients commonly report valuing aspects of the consultation related to the interaction with their GP. Therefore, this study aimed to develop a new model of the consultation focusing on supporting GPs to effectively communicate with patients with emotional problems. We used focus groups with GPs and patients, and a review of the literature, to explore the challenges around caring for patients with emotional problems in primary care, and

priorities for improving practice. This talk will discuss the developing model and different approaches to the consultation.

Experiences implementing a new approach in primary care practice
Matteo Pizzo

'Since March 2018, the Islington Practice-Based Mental Health team has been located in all of the Borough's GP practices, immersed in the world of primary care. Fostering close working relationships with GPs and their colleagues, we can deepen a holistic understanding of our patients' struggles. Frequently we find that basic needs have not been or continue not being met. We are witnesses to material poverty, poverty of relationships, poverty of containment and care. In our collaboration with one another we have the chance to make sense of this distress, to act as advocates when possible, and to build bridges with the local community'.

Where do we go from here?
Stewart Mercer, University of Edinburgh