

# Putting the person first - access for patients with mental health problems

## Disability Equality in Primary Care

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For better mental health

# About Mind

Mind is the leading mental health charity in England and Wales. We work to create a better life for everyone with experience of mental distress by:

- advancing the views, needs and ambitions of people with mental health problems
- challenging discrimination and promoting inclusion
- influencing policy through campaigning and education
- inspiring the development of quality services which reflect expressed need and diversity
- achieving equal rights through campaigning and education.



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# Some facts about mental health

- around 300 people out of 1,000 will experience mental health problems every year in Britain
- 230 of these will visit a GP
- 102 of these will be diagnosed as having a mental health problem
- 24 of these will be referred to a specialist psychiatric service
- 6 will become inpatients in psychiatric hospitals.
- 72% of respondents said they did not think people would understand mental health as a disability issue under DDA

(Based on figures from Goldberg, D. & Huxley, P, 1992, *Common mental disorders - a bio-social model*, Routledge.)



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# Case-study 1

Imagine yourself in this situation:

For the past few months you have had trouble sleeping, and have felt lethargic losing interest in your usual activities. You can't concentrate, and are avoiding people. Sometimes you feel tearful and afraid; other times you're just numb. Your GP prescribed a course of anti-depressants, which you've been on for 2 weeks. Since starting the tablets you've been feeling sick and dizzy. You have hot and cold sweats, and you feel even more lethargic and tired than before.

You go back to your GP's surgery one morning. The waiting room is extremely crowded, noisy, and hot. The receptionist tells you that you will have to see a different doctor this time, and that appointments are running an hour late.

How do you feel?



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# Case-study 2

Imagine yourself in this situation:

A patient who you have noted has had more visits to the surgery over the past few months than in previous years, has telephoned to ask for an emergency appointment.

You are incredibly busy. The waiting room is extremely crowded, and you know some people have been waiting longer than is usual. You notice the patient outside the reception door. He appears upset and has been or is crying.

What do you do?



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# Thinking about barriers (1)

- **The physical environment in the surgery:** What aspects of the surgery might cause people problems? What could be improved?
- **When a patient seems distressed:** What do you do?
- **Appointments:** What times are made available for appointments, open surgery, and emergencies? How important is continuity of care?
- **How much scope there is for flexibility:** What adjustments can be made when necessary? How do you decide when it really is necessary?

# Thinking about barriers (2)

Initial assessment: What do you ask about?

- **Side effects of medication:** How do you try to ensure the patient is making an informed choice?
- **Alternatives/additions to medication:** What are they? When are they appropriate? How long is the waiting list? How do you do explain the alternatives to the patient?
- **Ongoing treatment of the patient:** What should you never assume? What should you always assume? Should you assume anything?

# Thinking about solutions

What can I do to make the surgery truly accessible and welcoming to people who have experience of mental distress?

- Action point 1:
- Action point 2:
- Action point 3: