3.10 THE CLINICAL EXAMPLE ON

Care of People with Mental Health Problems

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
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KEY MESSAGES

- You should consider the mental health of a patient in every primary care consultation, but be aware of the dangers of medicalising distress
- 90% of people with mental health problems across the lifespan are managed in primary care
- Mental health problems contribute to disability, unemployment and social exclusion
- Depression and anxiety are common in people with long-term physical conditions, and increase the morbidity and mortality from these conditions
- People with severe mental health problems have an increased risk of morbidity and mortality owing to cardiovascular disease and diabetes; as a general practitioner (GP) you have a significant role in prevention, detection and management of this physical co-morbidity
- People with unexplained physical symptoms may have underlying psychological distress. Repeated investigation is costly in terms of patient suffering and healthcare costs
- Good communication skills, particularly listening skills, empathy, understanding and compassion, are key in managing people with mental health problems
- An exploration of physical, psychological, social, cultural and spiritual issues should be integrated into both the consultation and the management of illness; cultural issues can impact on how mental health issues present and the acceptability of diagnosis
- Offering alternative approaches and working with the third sector (voluntary and community sectors) are vital
Mrs Bushra S is 51 years old and rarely consults the practice. She works as a teaching assistant. Her husband, Imran, is 56, has diabetes and has just been made redundant from his job in a national IT company. Bushra attends your surgery complaining that she can’t settle, she feels ‘uptight’ and irritable, and finds it difficult to get to sleep. She is hot most nights and complains of palpitations. She stopped having periods about nine months ago. She is tearful in the consultation, but doesn’t feel that her mood is low all the time. She says she is ‘just about’ coping with school, but feels she is getting frustrated with her pupils. She is worried about her husband, who has stopped going to family events and only goes out to the job centre when he needs to. She says he recently came to an appointment at the practice with a different doctor. Bushra tells you that she is worried because Imran’s brother has a ‘mental problem’, which the family don’t talk about, and he is on some very strong tablets. He was admitted to hospital once, when he was 19, and the family are very ashamed of that.

The couple have four children; the youngest daughter, Safa, is 15 and Bushra describes her as ‘wayward’. She stays out late at night with friends from school, and Bushra thinks she might be smoking cannabis but hasn’t told her husband as he already always seems to be shouting at Safa. She worries about her daughter and wonders if she should confront her about her behaviour.

You spend some time in the consultation exploring Bushra’s concerns and think she is anxious. She scores 14 on the GAD-7 and you discuss with her the possibility that she has an ‘anxiety problem’ that might benefit from some treatment. You also suggest she has a blood test done to ‘check her thyroid’. She agrees to have the blood test but says she doesn’t want tablets – she thinks her husband might have been prescribed some, but she is not sure, and she feels that she should be able to sort things out for herself. She also feels that tablets are only for weak people.

You suggest that Bushra may wish to make contact with a South Asian women’s group held at the local library. She is not too sure and asks if there is anything else. You give her details of the local self-help services and explain that she needs to make contact with them herself. You also give her some written material about anxiety and panic and ask her to read it, and come and see you in two weeks.

Imran comes to see you later in the week saying that another doctor in the practice had prescribed some tablets because he said he was depressed. Imran disagrees and hasn’t taken the tablets. You explore how Imran is feeling and he starts to cry. He tells you that he feels worthless and feels that he has no function in the family. He admits that he does wish that he would not wake up, although he has not thought about harming himself. He denies any odd or unusual thoughts. You ask Imran what he thinks would help him and why he is reluctant to take the tablets. He describes his fear of becoming ill like his brother. You suggest that he might be depressed and perhaps discussing this would be helpful.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

<table>
<thead>
<tr>
<th>Primary care management</th>
<th>What are the common mental health problems that I encounter as a GP, and how do I manage them?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Which assessment schedules can be used in consultations to assess the severity of anxiety and depression?</td>
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<tr>
<td></td>
<td>What features might alert me to an emerging psychosis?</td>
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<tr>
<td></td>
<td>What is the role of the GP in supporting families where one person has (or may have) a mental health problem?</td>
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<tr>
<td></td>
<td>Are there any potential problems with consulting with members of the same family?</td>
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<td></td>
<td>Are there any ethical issues that concern me about this presentation?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person-centred care</th>
<th>How do I demonstrate to a patient that I understand their distress?</th>
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<tbody>
<tr>
<td></td>
<td>How do I explore patients’ ideas, concerns and expectations?</td>
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<tr>
<td></td>
<td>How can I explore and work with patients’ health beliefs?</td>
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<td></td>
<td>How would I conduct a risk assessment in a patient who is distressed?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Specific problem-solving skills</th>
<th>How do I distinguish between distress and clinically significant depression?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>How do I use assessment schedules within a consultation?</td>
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<td></td>
<td>What would alert me to the possibility of a psychotic illness and how would I explore these symptoms?</td>
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<tr>
<td></td>
<td>How do I explore issues such as domestic violence and sexual abuse, alcohol and drug misuse, which may be a factor in consultations about mental health problems?</td>
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</tbody>
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<table>
<thead>
<tr>
<th>A comprehensive approach</th>
<th>How do I ensure that both physical and psychological symptoms and social factors are explored fully in an integrated manner?</th>
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<tbody>
<tr>
<td></td>
<td>Which other health professionals in the community might I involve in the management of people with mental health problems?</td>
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<td></td>
<td>What do I document in my records?</td>
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</tbody>
</table>

<table>
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<tr>
<th>Community orientation</th>
<th>How can I ensure equity of access to mental health services?</th>
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<tbody>
<tr>
<td></td>
<td>What community resources are available for my patients with mental health problems (including the third sector)?</td>
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<tr>
<td></td>
<td>How do I ensure that I understand the cultural issues in my practice population?</td>
</tr>
<tr>
<td></td>
<td>How can I ensure that culturally sensitive services are commissioned? For example, how can I ensure that psychosocial interventions recognise the different understanding of mental health problems and solutions in people from different cultural backgrounds and with different beliefs?</td>
</tr>
</tbody>
</table>

<p>| A holistic approach | In what way does the cultural background of the patient in front of me influence the consultation and how can I be sensitive to their views and opinions? |</p>
<table>
<thead>
<tr>
<th><strong>Contextual features</strong></th>
<th>Do my own beliefs influence my understanding of how the patient’s culture affects a patient’s presentation, content of the consultation and acceptable management?</th>
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</thead>
<tbody>
<tr>
<td><strong>Attitudinal features</strong></td>
<td>How do I feel about patients consulting me with complex psychosocial and mental health problems? How do I deal with my feelings about working with patients who are distressed?</td>
</tr>
<tr>
<td><strong>Scientific features</strong></td>
<td>How do I keep up to date with current evidence about best management of the broad spectrum of mental health problems encountered in primary care? How do I keep up to date with published national guidelines and regulatory frameworks?</td>
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</tbody>
</table>
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of mental health. These learning outcomes are in addition to those detailed in the core statement, *Being a General Practitioner*. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the area of mental health you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 Understand the epidemiology of mental health problems in general practice
1.2 Understand the roles and the power of emotions and their relevance in well-being and mental illness
1.3 Understand and empathise with people who are distressed and fully assess them (including risk) and offer appropriate support and management
1.4 Ensure that you appropriately explore both physical and psychological symptoms, family, social and cultural factors, in an integrated manner
1.5 Understand the place of instruments in case-finding for depression (the Whooley questions\(^1\)) and for assessment of severity of symptoms (GAD-7\(^2\) for anxiety and PHQ-9\(^3\) for depression)
1.6 Understand the primary care management of patients with common mental health problems
1.7 Understand the initial management of a patient with a suspected psychotic illness

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\(^1\) This two-question case-finding instrument is a useful measure for detecting depression in primary care. The questions are: During the past month, have you often been bothered by feeling down, depressed or hopeless? During the past month, have you often been bothered by having little interest or pleasure in doing things? A positive response to either indicates that a person may be depressed and further assessment is needed.

\(^2\) The GAD-7 is a brief clinical measure for the assessment of Generalized Anxiety Disorder (GAD). This tool may serve as a case-finding instrument to identify probable cases of GAD, and the scale scores provide a measure of severity.

\(^3\) The PHQ-9 is a nine item depression scale of the Patient Health Questionnaire. It is a useful tool for assisting in diagnosing depression, assessing severity, as well as selecting and monitoring treatment.
1.8 Understand the psychological effects of trauma and war (e.g. post-traumatic stress disorder)
1.9 Understand specific interventions and guidelines for individual conditions using, where appropriate, best practice as described in the Scottish Intercollegiate Guidelines Network (SIGN) or NICE guidelines
1.10 Manage people experiencing mental health problems in primary care, using alternative interventions where appropriate, including different forms of talking therapy, medication and self-help
1.11 Recognise early indicators of difficulty in the psychological well-being of children and young people and respond quickly to concerns raised by parents, family members, early-years workers, teachers and others who are in close contact with the child or young person
1.12 Understand your responsibilities for supporting children in difficulty, and know how to access support and advice from specialist Child and Adolescent Mental Health Services (CAMHS) and CAMH workers in primary care
1.13 Understand how to access local health and social care organisations, both statutory and third sector, that are an essential component of managing people with mental health problems
1.14 Be able to co-create and implement an immediate safety plan with a suicidal patient

2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

2.1 Enable people who are experiencing mental health problems to engage as much as possible in understanding their difficulties and negotiate appropriate, acceptable management
2.2 Use communication skills that enable your patients who are distressed to feel comfortable enough to disclose their concerns
2.3 Use assessment schedules in a patient-centred way
2.4 Understand the concept of concordance, which is particularly important in mental health care:
   2.4.1 You need to support patients in making choices about which treatment options may work best for themselves
   2.4.2 You should understand that this ability to choose improves the likely effectiveness of the intervention
2.5 Understand the range of psychological therapies available including cognitive behavioural therapies, mindfulness, counselling, psychodynamic, psychosexual and family therapy
2.6 Provide opportunities for continuity of care for people with mental health problems
2.7 Be aware of the need to promote hope and demonstrate compassion and their use as resources to aid healing
3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 Know the prevalence of mental health problems and needs amongst your own practice population
3.2 Understand the difference between depression and emotional distress, and avoid medicalising distress
3.3 Understand the role of case-finding in identifying people at risk of developing mental health problems, using effective and reliable instruments where they are available
3.4 Be able to assess and manage risk/suicidal ideation
3.5 Know how to use your practice registers for specific mental health conditions and record the required data as part of your General Medical Services contract

4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

4.1 Ensure that people with severe mental illness are screened for cardiovascular risk factors and that such risks are minimised through appropriate lifestyle advice and management, including facilitating behaviour change
4.2 Know how to use case-finding in people with physical illness who are at risk of mental health problems
4.3 Understand the well-being agenda and the importance of mental health promotion and psychosocial interventions in preventing mental ill-health
4.4 Demonstrate an understanding of the evidence base for the positive relationship between work and mental health, and the association between unemployment and declining mental health
4.5 Understand the importance of recognising and treating depression and anxiety in people with long-term physical illnesses
4.6 Understand the common mental health problems in older people and the importance of considering complex multi-morbidities in such patients
4.7 Understand the range of mental health problems that people with learning difficulties may experience
5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Understand the stigma that can be associated with the label of a mental health problem
5.2 Understand how mental health problems contribute to (and are caused by) social exclusion, health inequalities and unemployment, and be aware of the contribution that you as a GP can make to support a patient
5.3 Understand why some people find it difficult to access primary care and mental health services with their symptoms, and what you can do to increase equity of access to care
5.4 Be able to work in partnership with other agencies to offer appropriate social interventions for individuals
5.5 Be able to work in partnership with other agencies to secure wider public health for your local population

6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 Understand that a model of mental illness that creates an artificial separation between mind and body is often unhelpful – particularly in understanding psychosomatic complaints, psychological consequences of physical illness and medically unexplained symptoms
6.2 Be aware of the impact that social circumstances such as poverty, debt, inequalities and upbringing can have on mental illness, and that recovery is contingent on the effective management of those social circumstances
6.3 Understand that mental illness is culturally determined and depends on assumptions that may not be universal, e.g. that a psychological intervention may not be acceptable to some people who have alternative explanations for, and understanding of, their symptoms
6.4 Be aware of the need for you to be culturally sensitive in your approach to all patients
The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

### EF1 Contextual features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- **EF1.1 Being aware of:**
  - EF1.1.1 The Mental Health Act
  - EF1.1.2 The Mental Capacity Act
  - EF1.1.3 The General Medical Services contract and Quality and Outcomes Framework and the reductionist approach to care
- **EF1.2 Recognising how practice systems may reduce continuity of care, e.g. appointment systems that prioritise access may reduce patient continuity**

### EF2 Attitudinal features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- **EF2.1 Understanding and reflecting on how the need for confidentiality and informed choice may make you feel, always taking into account the patient’s perspective**
- **EF2.2 Understanding how your own beliefs and value systems may influence your interactions with patients with mental health problems**
- **EF2.3 Understanding the demands of working with people with mental health problems and the need to make sure you remain healthy; consider the need for supervision and support from your trainer, or peers. Consider joining a Balint group (see 2.01 The GP Consultation in Practice, non work-based learning)**
EF3 Scientific features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

EF3.1 Understanding the evidence base for care of people with mental health problems: evidence gathered through randomised controlled trials may not capture the complexities of working with people with mental health problems in primary care

EF3.2 Being aware of the content, but also the limitations, of the key national guidelines that influence the provision of mental health services
LEARNING STRATEGIES

Work-based learning – in primary care

Primary care, both inside and outside the practice, is the ideal environment for you to learn about the care of people with mental health problems. As a GP specialty trainee you should become familiar with the assessment schedules you can use in consultations to aid diagnosis and guide your management of patients with mental health problems. GP trainees should learn from patients and carers by offering health reviews and participating in their training practices’ mental health activities.

As a GP trainee you should take the opportunity to gain a better understanding of the role of the primary care mental health teams, specialist teams, referral criteria and care pathways. Attend any liaison meetings that are held in the practice with members of the specialist team. Attending clinic appointments with patients will help you better understand the patient’s journey and the partnership across the primary/secondary interface. As a trainee you should also take the opportunity to learn how to adopt a shared-care approach to primary care mental health with the community mental health teams and intermediate care mental health teams.

Teamwork learning resource

There is a toolkit specifically designed for primary care teams to evaluate the extent to which they and their practices promote mental health. It is available from d.p.c.tomson@ncl.ac.uk or maryanne.freer@pcpartners.org, or from NIMHE.

Work-based learning – in secondary care

Some GP training programmes contain placements of varying length in psychiatry units. These will give you exposure to patients with mental health problems but it is important that as a GP specialty trainee you gain a broader understanding of mental health than can be obtained in the psychiatry ward or clinics. Learn from community mental health teams about how referrals are assessed, which patients are cared for by both primary and specialist care, and understanding their physical health needs. There should also be opportunities to learn from graduate mental health workers/psychological practitioners (and other primary care mental health service providers, including the third sector) about which resources are available locally and how to create a local practice resource directory.

Non-work-based learning

Many postgraduate deaneries and RCGP Faculties provide courses on mental health problems.

The RCGP offers e-learning courses on a number of mental health topics (such as older people’s mental health; improving access to psychological therapies; substance misuse) as part of the e-GP programme (www.e-GP.org).
Learning with other healthcare professionals

Managing patients with mental health problems often requires teamwork across health and social care, and the third sector. Careful consideration and discussion of the roles of various individuals representing the many professional and non-professional groups should be fruitful. As a GP specialty trainee it is essential that you understand the variety of services provided in primary care. Joint learning sessions with psychiatry trainees and mental health practitioners will help you gain a greater understanding of both the services provided locally and the need for cross-agency communication and partnership working.
# LEARNING RESOURCES

## Examples of relevant texts and resources

- Age UK. *Promoting Mental Health and Well-being in Later Life*, 2011
- Beech R and Murray M. Social engagement and healthy ageing in disadvantaged communities *Quality in Ageing and Older Adults* 2013; 14(1): 12-24
- Cole-King A, Lepping P. Suicide mitigation: time for a more realistic approach *British Journal of General Practice* 2010; 60: 3-4
- Cournos F and McKinnon K. HIV seroprevalence amongst people with severe mental illness in the United States: a critical review *Clinical Psychology Review* 1997; 17: 259–69
- Department for Work and Pensions (DWP). Caseloads for employment and support allowance and incapacity benefits *Administrative Data Tabulation Tool* 2010


• Harris EC and Barraclough B. Excess mortality of mental disorder British Journal of Psychiatry 1998; 173:11–53


• Henderson DC. Atypical anti-psychotic-induced diabetes mellitus: how strong is the evidence? CNS Drugs 2001; 16: 1–13


• Kendler KS and Eaves LJ. Models for the joint effect of genotype and environment on liability to psychiatric illness American Journal of Psychiatry 1986; 143(3): 279–89

• Kendrick T, Burns T, Freeing P. Randomised controlled trial of teaching general practitioners to carry out structured assessments of their long-term mentally ill patients British Medical Journal 1995; 311: 93–8


• Mental Health Foundation. Starting today: the future of MH services. Final enquiry report Sept 2013

• Montgomery P and Dennis P. Cognitive behavioural interventions improve some sleep outcomes in older adults Cochrane Database Systematic Review CD003161, 2002

• Morgan K, Dixon S, Tomeny M, Mathers N, Thompson J. Psychological Treatment in the Regulation of Long-Term Hypnotic Drug Use London: NHS R&D


• National Co-ordinating Centre for Health Technology Assessment (NCCHTA), 2002

• Nolan P and Badger F (eds). Promoting Collaboration in Primary Mental Health Care Cheltenham: Nelson Thornes, 2002

• Phelan M, Stradins L, Morrison S. Physical health of people with severe mental illness British Medical Journal 2001; 322: 443–4


• Sainsbury Centre for Mental Health. *Primary Solutions* London: Sainsbury Centre for Mental Health, 2002
• Sainsbury Centre for Mental Health. *Economic and Social Costs of Mental Illness* London: Sainsbury Centre for Mental Health, 2003a
• Sainsbury Centre for Mental Health. *Investing in General Practice—the new General Medical Services contract for GPs. Policy briefing 21* London: Sainsbury Centre for Mental Health, 2003b

Web resources

**Age UK**
Age UK have produced many resources as part of their *Down but Not Out* campaign.

**AMP – Improving access to Mental Health in Primary Care**
A guide to delivering good quality health services to people with mental health problems from under-served groups
[www.amproject.org.uk](http://www.amproject.org.uk)

**Centre for Mental Health**
[www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

**Counsellors and Psychotherapists in Primary Care**
[www.cpc-online.co.uk](http://www.cpc-online.co.uk)
Faculty for Psychology Specialists Working With Older People
Site for psychological interventions and talking therapies.
www.PSIGE.org.uk

The Mental Capacity Act Code of Practice
Provides an explanation of the Act and the obligations of those, including health professionals, caring for people who lack capacity.

Mental Health Act
Provides an outline of the amendments to the Mental Health Act 1983.

Mental Health Foundation
www.mentalhealth.org.uk

National Autistic Society
www.nas.org.uk

National Mental Health Development Unit
For information on care homes and general hospitals.
www.nmhdu.org.uk/our-work/mhep/later-life/lets-respect

NHS Wales NSF Mental Health
This website provides information and links to the National Service Framework for Adult Mental Health Services in Wales
www.wales.nhs.uk/sites3/home.cfm?orgid=438

NIMHJE National Early Intervention Programme
The Early Intervention in Psychosis IRIS Network supports the promotion of EI in psychosis. Their website includes links to resources.
www.iris-initiative.org.uk
Northern Ireland Association for Mental Health
Niamh, (the Northern Ireland Association for Mental Health), is an independent charity focusing on mental health and wellbeing services in Northern Ireland.
www.niamh.co.uk

Royal College of General Practitioners (RCGP)
There are a number of mental health courses on the online learning environment.
www.elearning.rcgp.org.uk
The Primary Care Mental Health Forum (2009-12) has developed a number of factsheets which are still available on the RCGP website.
www.rcgp.org.uk/clinical-and-research/clinical-resources/mental-health.aspx

Royal College of Psychiatrists (RCPsych)
This website provides a number of useful resources including:
Improving physical and mental health
www.rcpsych.ac.uk/mentalhealthinfo/improvingphysicalandmh.aspx
www.rcpsych.ac.uk/quality/nationalclinicalaudits/schizophrenia/nationalschizophreniaaudit/nasresources.aspx
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