

Mental Health and Wellbeing Workstreams

<u>Workstream Title</u>	<u>Problem</u> How big a problem is this and who for?	<u>Strategy</u> What are we planning to do to address it?	<u>Stage</u> Where are we up to in our plans?	<u>Impact</u> What are we hoping to realistically achieve?
Assessment & management of complex needs in primary care (PC)	Poor assessment and management of biopsychosocial needs of those living with Long Term Conditions (LTC's) in PC which when left unaddressed leads to poorer self management and worse health and well-being for patients.	Develop a method to re-skill nurses/GPs in holistic assessment, and which leads to more use of psychosocial referrals. Test its acceptability and feasibility for use in primary care contexts. Deliver an evidence based intervention.	The Patient Centred Assessment Method has now been developed and tested in anticipatory health clinics. This tool now requires validation for use in primary care settings. Currently testing its acceptability and feasibility for use by practice nurses; and a stage 2 pilot trial .	<ol style="list-style-type: none"> 1. Regular use of the PCAM in primary care. 2. Increased recognition of psychosocial needs in patients (esp. with LTCs). 3. Increased use of community referrals. 4. Improved patient well-being and ability to self care.
Up-take and retention of e-mental health interventions	Despite evidence of effectiveness there is poor up-take and retention of e-mental health interventions (by GPs and patients/public). This may prevent many people accessing help which would be beneficial to their mental health.	Develop understanding of the problem and explore barriers from GP and patient/public perspective. Develop a strategy, based on social marketing theory and methods to impact on GP and patient/public attitudes and behaviours. Test such a strategy for its effectiveness in changing attitudes, behaviour and outcomes.	Seek funding to conduct Stage 1 qualitative exploration of patient/public and professional attitudes towards e-mental health	<ol style="list-style-type: none"> 1. Improve up-take and retention of evidence based self help 2. Improve cost effectiveness of existing services 3. impact on depression outcomes 4. improve GP confidence in e-delivery of care. 5. Improve patient understanding and confidence in e-service delivery

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Evidence based interventions for recurrent depression.	Recurrent depression is a significant burden in primary care. Mindfulness Based Cognitive Therapy (MBCT) is recommended as a gold standard treatment for prevention of recurrence but there is limited availability in the NHS. There are few alternative non-pharmacological options for managing recurrent depression.	The Wellness Recovery Action Planning (WRAP) model is an alternative community based intervention but with limited evidence of its effectiveness in prevention of recurrence of depression. We plan to test WRAP against the gold standard MBCT to assess equivalence.	We have completed a Chief Scientist Office funded community based feasibility trial of MBCT versus WRAP. Community based recruitment proved efficient and effective. This has demonstrated that a full scale trial is feasible and acceptable. Next step is to seek funding for a full scale trial.	<ol style="list-style-type: none"> 1. Reduce relapse and improve quality of life in people with recurrent depression. 2. Increase the options for evidence based interventions for recurrent depression 3. Increase potential for community based services. 4. Provide a cost effective alternative to MBCT
Prevention of suicide and depression in Europe	Suicide and depression is a significant problem across Europe. More people die by suicide than in road traffic accidents. Rates of suicide in many parts of the UK exceed European levels and young people are particularly vulnerable. Rates of self harm far exceed those of suicide, and self harm is a known risk factor for suicide. Many people who die by suicide have been in contact with health services. Early identification and better management of those at risk will help.	<p>Self help interventions including web based CBT can provide help to many. We have developed internet based guided CBT tools for adults and young people. This has been translated into 7(+) European languages and embedded in a wider Depression website for the public and professionals.</p> <p>Training for Emergency Dept. Staff could help identify and care for those at risk of suicide.</p>	<p>Website and CBT tool now requires enhancement with research based patient experiences that are culturally/language specific.</p> <p>The evidence base for Suicide Prevention Programmes aimed at training staff is weak. Therefore we plan to put one such programme through rigorous trial to determine whether it works and in what contexts.</p>	<ol style="list-style-type: none"> 1. Increase awareness and education for depression and suicide. 2. Improve professional knowledge on depression and suicide 3. Improve GP /nurse access to CBT resources for patients, especially in countries with limited healthcare resources 4. Improve (emergency) hospital staff's identification and care of those at risk of suicide.