

# Mental Health Services in Metropolitan Primary Care. The Unique Challenges and Opportunities.

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Mental Health Editor

The LJPC intends to publish mental health material that will be relevant to GPs practising in metropolitan areas. Secondly, we want to harness the knowledge and experience of GPs (nearly 5,000 in London alone) and other primary care professionals to contribute to the development of the journal.

The importance of primary care for mental health cannot be overestimated. The vast majority of mental illness is managed in primary care <sup>(1)</sup>. Over three quarters of patients consulting their general practitioner admit to at least one psychosocial problem and over one third report that psychosocial problems impact on their present health <sup>(2)</sup>. There are three areas of particular importance:

1. Adding to the evidence base about the prevention, recognition and management of mental illness and co-morbid physical conditions.
2. Service configuration, including practice based commissioning, access to services, user involvement and whole system interactions between primary, voluntary and secondary services and patients.
3. Improving quality of care, including implementing evidence-based interventions, training of primary care professionals and influencing policy.

Many areas of mental health delivery have been well researched and our emphasis may need to move from generating new data to implementation and quality improvement. For example, over the past decade, trials based in primary care have shown the effectiveness of collaborative care models in treating depression <sup>(3)</sup>. This could be an area where implementation and dissemination by means of audit, training and strategy changes may take precedence over generating new evidence.

There are, however, numerous fields lacking a firm evidence base and here the emphasis may need to remain with generating new knowledge. For example, the primary care management of paediatric psychiatric disorders is significantly under researched. The situation is compounded by relatively poor incentives for general practitioners to institute comprehensive child health programmes, leading to service fragmentation and inadequate resource allocation <sup>(4)</sup>.

The analysis of the strengths of London primary care in relation to its needs may provide a focus for the editorial strategy. London has a wealth of academic resources yet there are significant problems with translating evidence generated in specialist psychiatric settings to primary care <sup>(5)</sup>.

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London has a highly developed network of health services yet there are significant problems with voluntary-primary-secondary services cooperation<sup>(6)</sup>. London has a growing, multicultural and very diverse population. This diverse population faces significant inequalities in the services access and outcomes<sup>(7)</sup>, but there is also growing evidence of effective tackling of these problems<sup>(8)</sup>. London, therefore, provides a unique environment for advancing the knowledge of mental health care in primary care. In turn, this experience is likely to be of interest not only across the UK, but also to the International audience of large city primary care providers that may well share similar challenges.

The issue of mental health policy is of special interest as it is argued that a major change is urgently needed. Mental health care is significantly under-resourced in virtually every country of the world. Psychiatric illnesses contribute 12% to the global burden of disease, whereas even industrialised nations spend on average about 5% of their health budget on mental health care<sup>(9)</sup>. This is further complicated by trying to balance prevention and treatment programmes. Most countries do not spend sufficient money to afford both with clear preference to the latter in most cases. A further consideration is the role of audit. On the one hand the NHS spends at least £220m on audits<sup>(10)</sup>, that frequently remain incomplete<sup>(11)</sup> and may not lead to any clinical care changes at all. On the other hand audit is undoubtedly one of the most effective tools of progress in medicine<sup>(11)</sup>. A metropolitan primary care journal is likely to be in a strong position to disseminate evidence on the economic effectiveness and feasibility of mental health interventions in primary care that may well help inform the policy decision making process.

In conclusion, we have the potential to become a novel and influential voice in the diverse field of the delivery of mental health services in large urban areas around the world. We will focus specifically on the problems and achievements of metropolitan primary care, especially London, to generate evidence, disseminate best practice and provide a platform for policy change.

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