

key points

SELECTED BY

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Common mental health disorders (CMHD) affect one in six people in the community. These disorders are even more common in primary care. The New Zealand Magpie Study found that 20.7% of people presenting to primary care had suffered a common mental health disorder over a 12-month period, compared with 14.8% in the community. Many patients with common mental health disorders go undetected by GPs, and can suffer disabling symptoms for years as a result, yet treatment is usually successful. Most sufferers do not consult their GP, even when patients do present with symptoms they are often not diagnosed. Only 24% of sufferers in the ONS survey were receiving treatment: 14% medication; 5% counselling or therapy and 5% both.

The NICE guideline on identifying common mental health disorders brings together recommendations on identification, assessment and referral in one place, for easy reference. The NICE depression guidelines recommend that GPs are alert for depression in those with a past history of depression, and in patients with a chronic physical health problem. The GAD and panic guideline also recommends that practitioners look for anxiety disorders in people with chronic physical disorders, plus frequent attenders with multiple functional somatic symptoms, and in patients with excessive alcohol consumption.

The use of the depression screening and assessment questionnaires in implementing the QOF has been criticised as some practitioners have made decisions on the basis of these scores alone, without carrying out a fuller assessment. The new guideline emphasises that practitioners should go on to: characterise the patient's mental state, assess the degree to which it interferes with their daily lives and explore interpersonal and social difficulties with relationships, living conditions, money and family worries which may be causing the problem.

In considering whether referral for specialist psychological or psychiatric treatment is necessary, the guideline recommends that practitioners take into account: the patient's past experience of their disorder, including their experience of, and response to, previous treatments, the trajectory of their symptoms, their severity and duration, the degree of associated functional impairment and comorbid mental or physical disorders complicating the presentation.

Access to care for mental health problems should be possible from different settings throughout the community, through multiple means of access, including self-referral. The evidence suggests that access is reduced rather than enhanced by restricting entry to a single point of access. GP commissioning consortia should consider ensuring that a full range of treatments is available for patients, especially those with PTSD and OCD.