

Medically Unexplained Symptoms in General Practice: Realities and service innovation

The Tavistock Psychotherapy Consultation Service Model Brian Rock

**Medical Psychotherapy Faculty Annual Residential Meeting
A joint conference of the Royal College of Psychiatrists and the Royal College
of General Practitioners
19/20 December 2012**

Overview

- Context in relation to the development of the service
- Distinctive features
- Makeup of the team and the work of the service
- Outcomes

'Geography is destiny'

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'Geography is destiny'

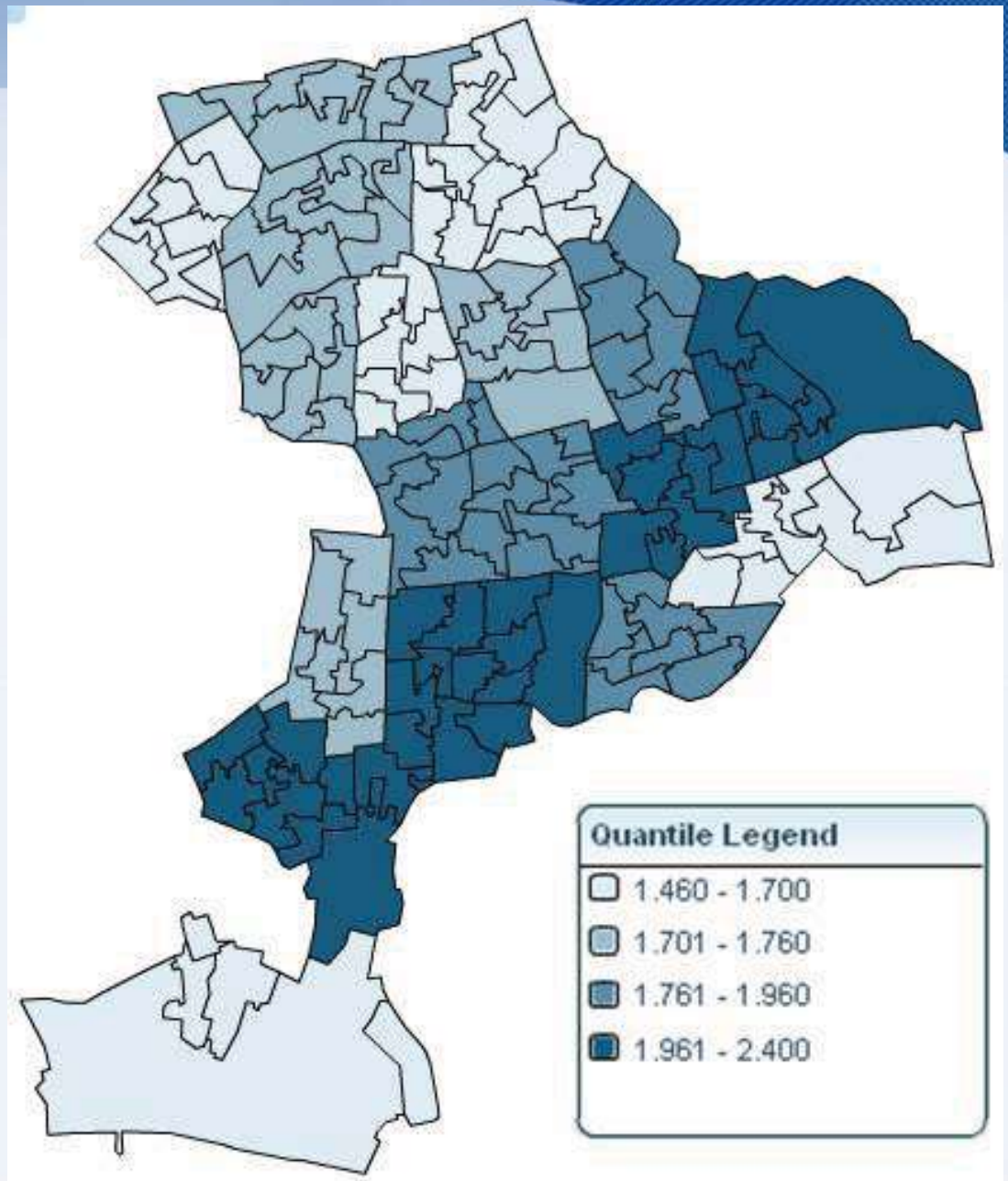
James Ellroy



***Mental health needs index (MINI2000):
variations across
Hackney and the City***

national average = 1

***(City & Hackney Joint Strategic
Needs Assessment, 2008)***



'Geography' of Primary Care

- '... like the proverbial iceberg, the greater mass of human mental pain is hidden below the diagnostic waterline.' *[Royal College of GPs, 2005]*
- GP is usually the first health professional to whom people turn when they develop symptoms. *[Joint report between the Royal College of Psychiatrists and the Royal College of General Practitioners, 2009]*
- Distinctive role of the GP and the local surgery
- Inverse care law (Justin Tudor Hart, 1971)

“The seriousness and complexity of cases seen in primary care can certainly rival that seen in any secondary or tertiary care institution. Indeed, there is an “*inverse care*” law at work ... GPs, practice nurses, and health visitors often have to manage by themselves with the most intractable and complex cases because an onward referral is not practical or acceptable to these patients.”



Dr John Launer, GP & Systemic Psychotherapist
Reflecting on reality: Psychotherapists at work
in primary care (2005)

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Published
in London and
Manchester
guardian.co.uk

newspaper of the year
the guardian

Experts: cuts create mental health crisis

Tests for incapacity benefit harming most vulnerable people, say charities

Matthew Taylor and John Domokos

being reassessed for something that makes
a massive difference to their lives."

Farmer signed today's letter alongside

Paul Jenkins, chief executive of the

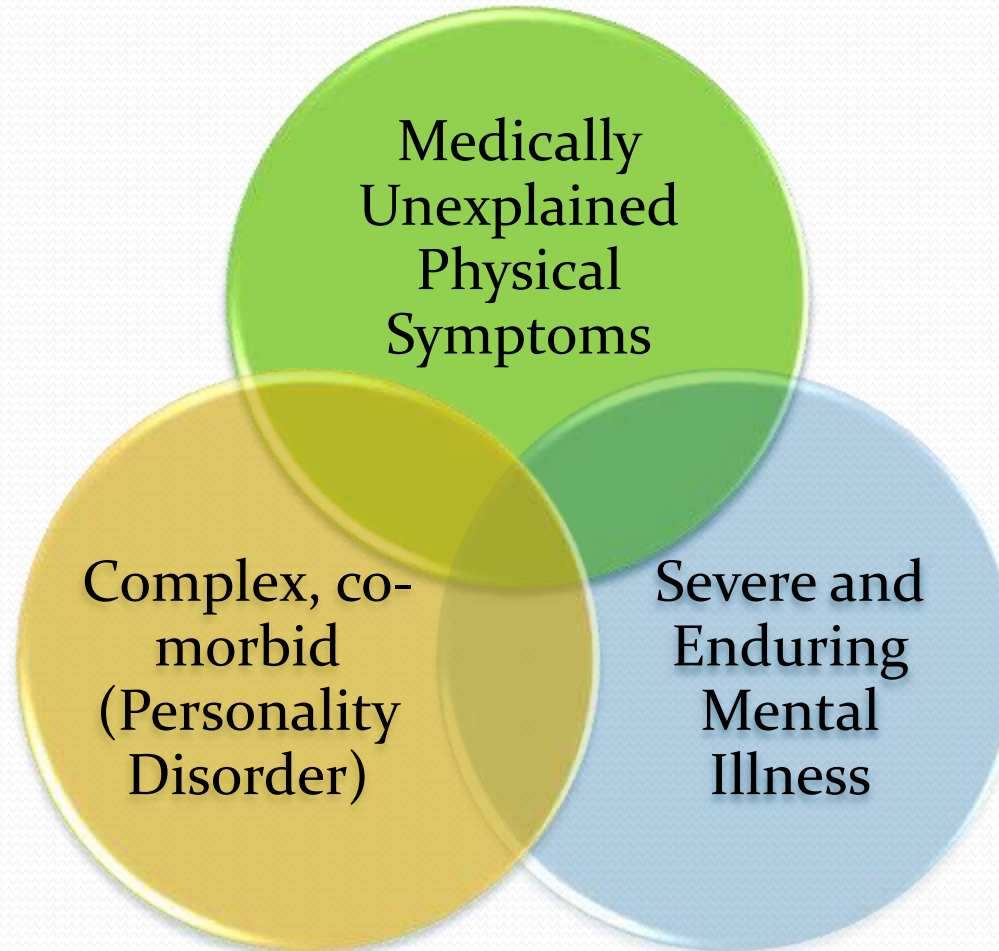
The government's changes to the welfare

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Distinctive features

- GP led
- Integrated care embedded in GP surgeries plus access to a team
- Addressing complexity in PC – ‘gaps’ & ‘heartsink cons.’
- Dual focus
 - *Capacity & capability-building* of the primary care system through various interventions aimed at supporting GPs and surgery teams
 - Providing a *direct clinical service* to patients and their families with brief, focused interventions
- Few exclusion criteria
- Active collaboration with other services: integrated pathway

Minding the gap



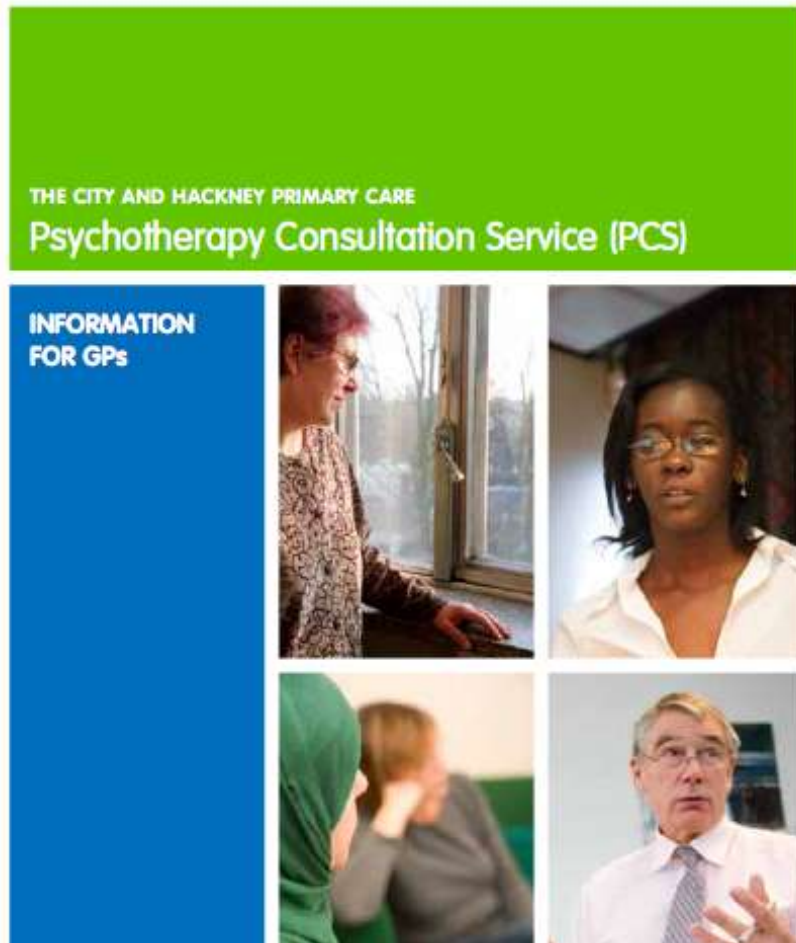
Some patient characteristics

- 40% MUS patients
- 46% diagnosis or features of PD
- 45% more than two previous treatment attempts
- 33% frequent attenders at their GP surgeries
- 80% present with severe (23%) or very severe and complex (57%) non-psychotic mental health problems

The Team

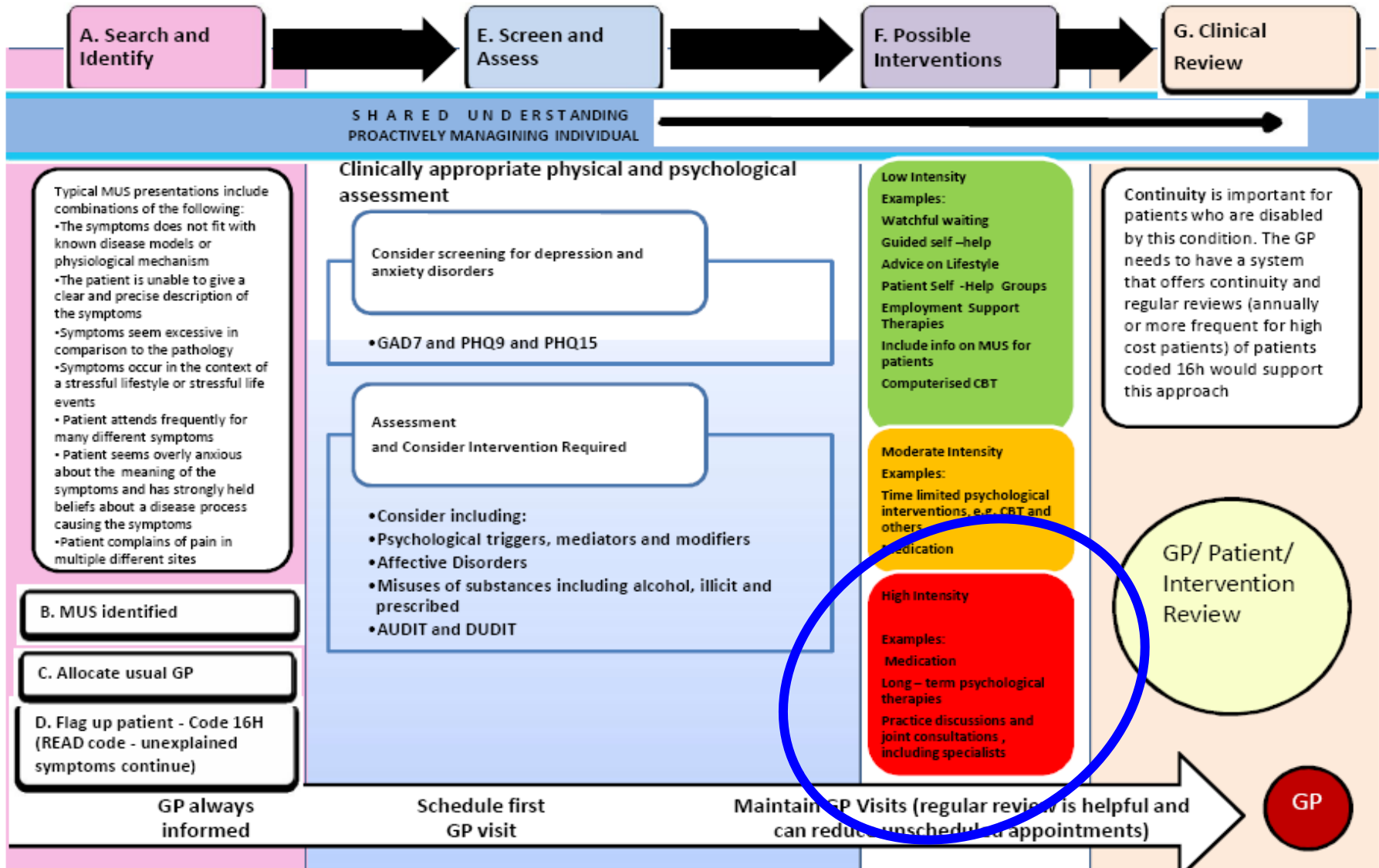
- 10 wte
- Multi-disciplinary
- Secondary care experience
- Multi-modal
- Qualified – range of experience
- Research & Data Coordinator
- Honoraries / Trainees

GP Support

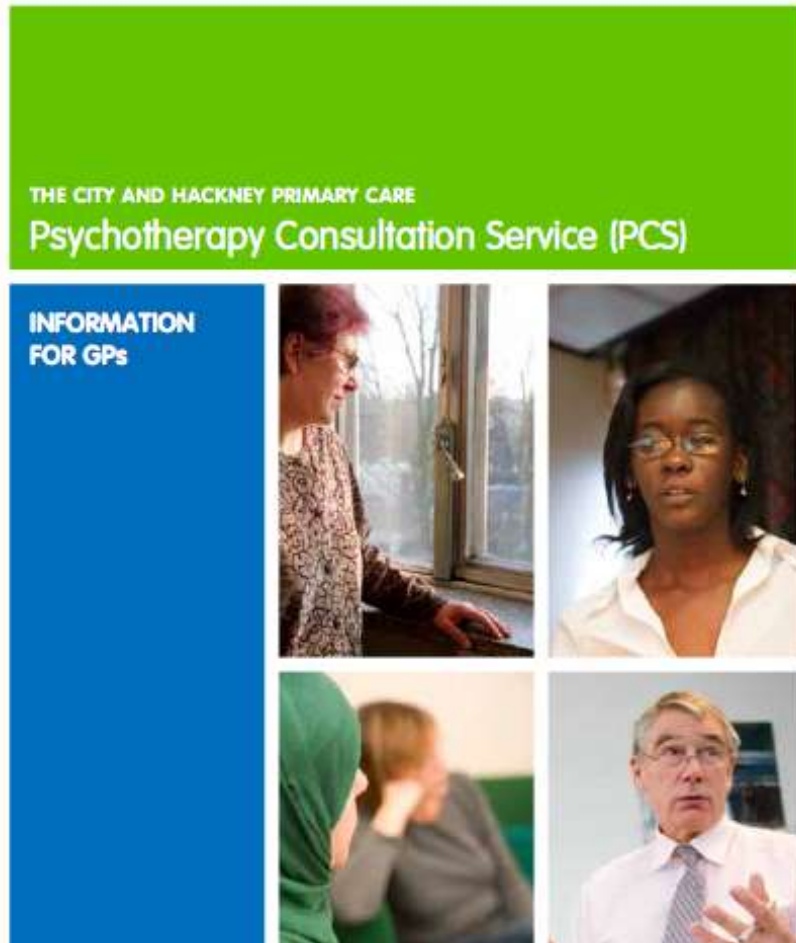


- Case-based discussions
- Professional consultation
- Joint meetings
- Case management
- Signposting
- Liaison
- Training

Medically Unexplained Symptoms Practical Process Steps

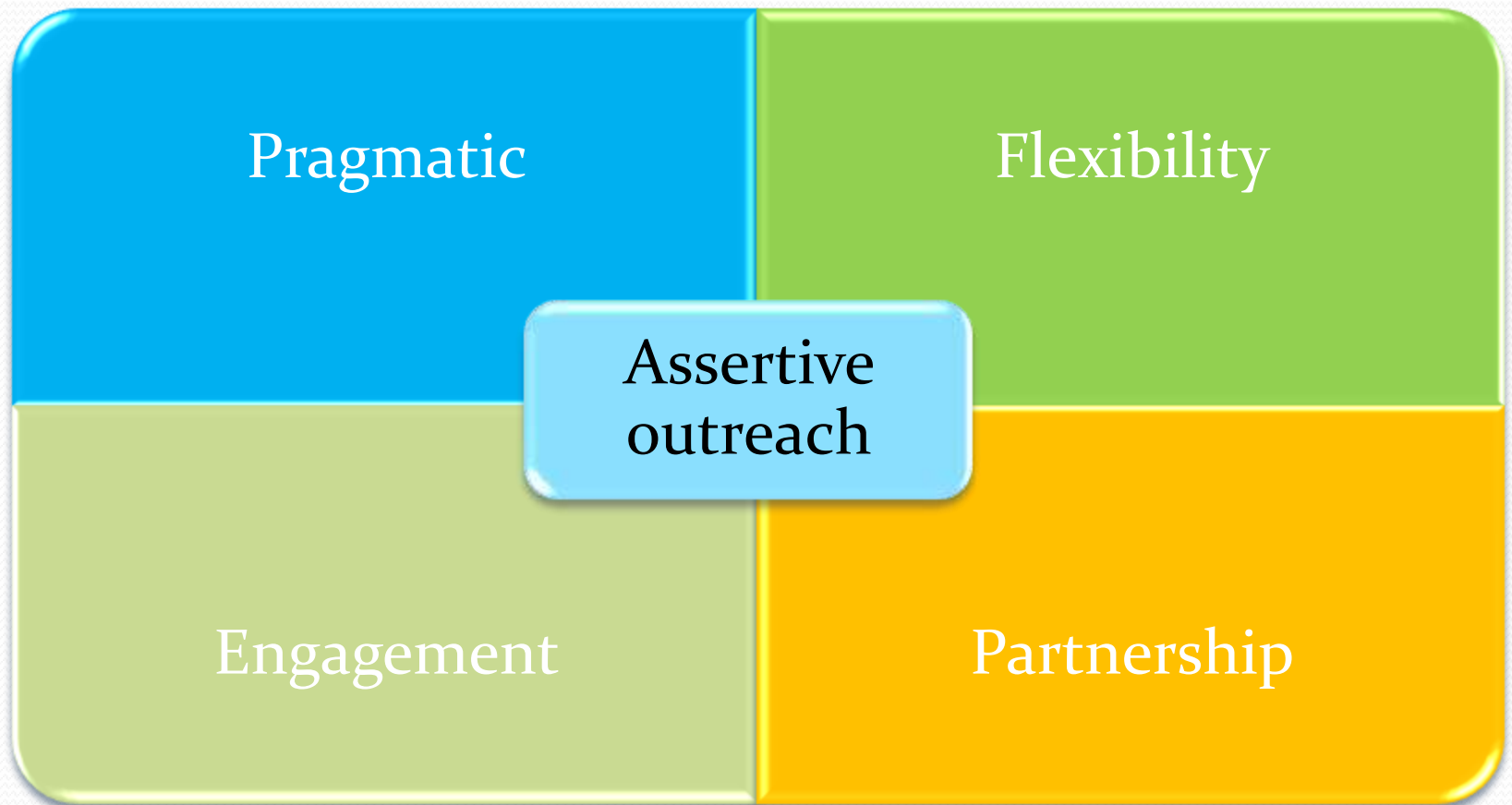


A range of therapeutic interventions



- Individual Tx
- Groups
- Family/Couple work
- Case management

Philosophy

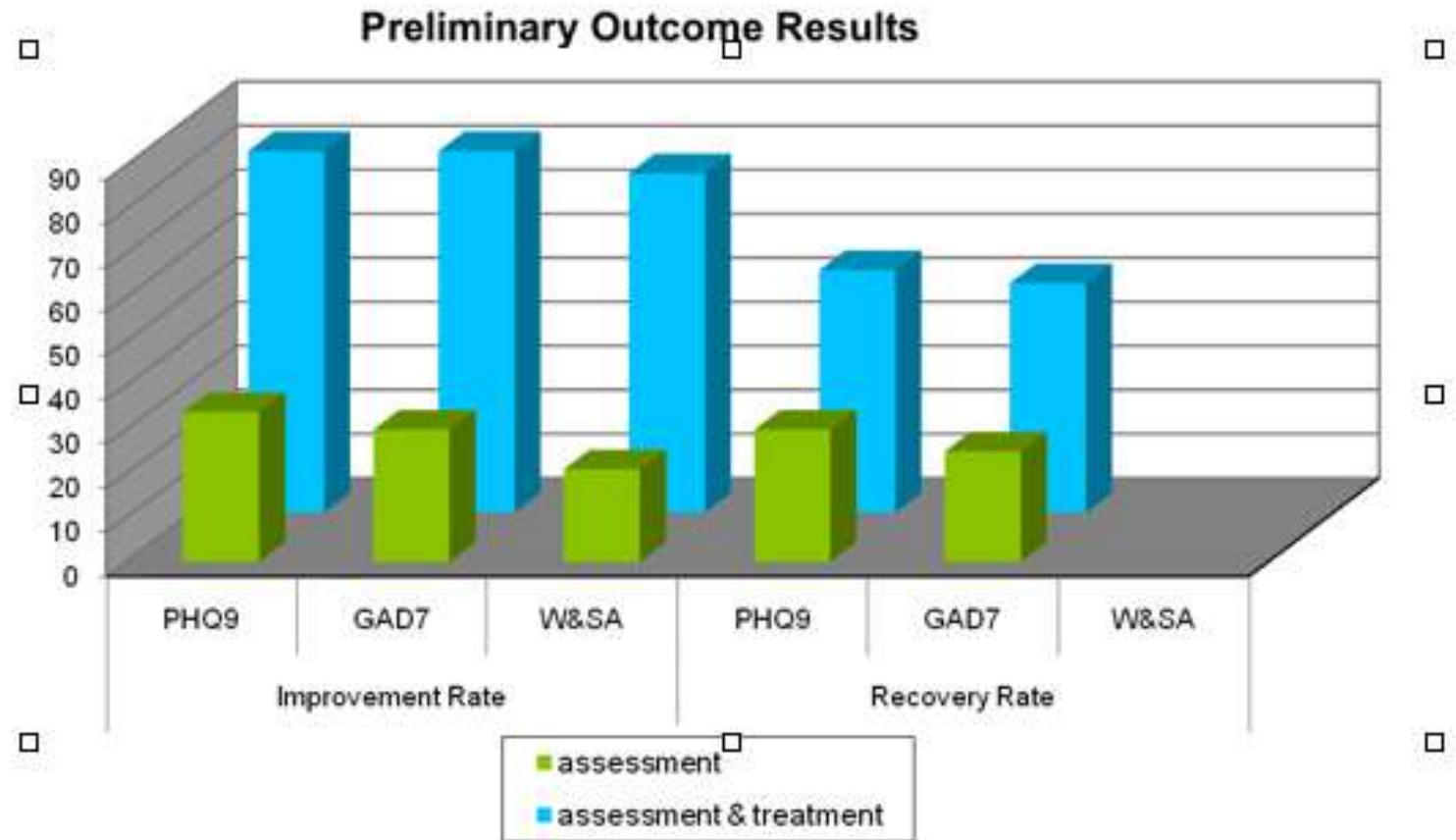


The story so far: The “reach” of the service

From Oct 2009 – present:

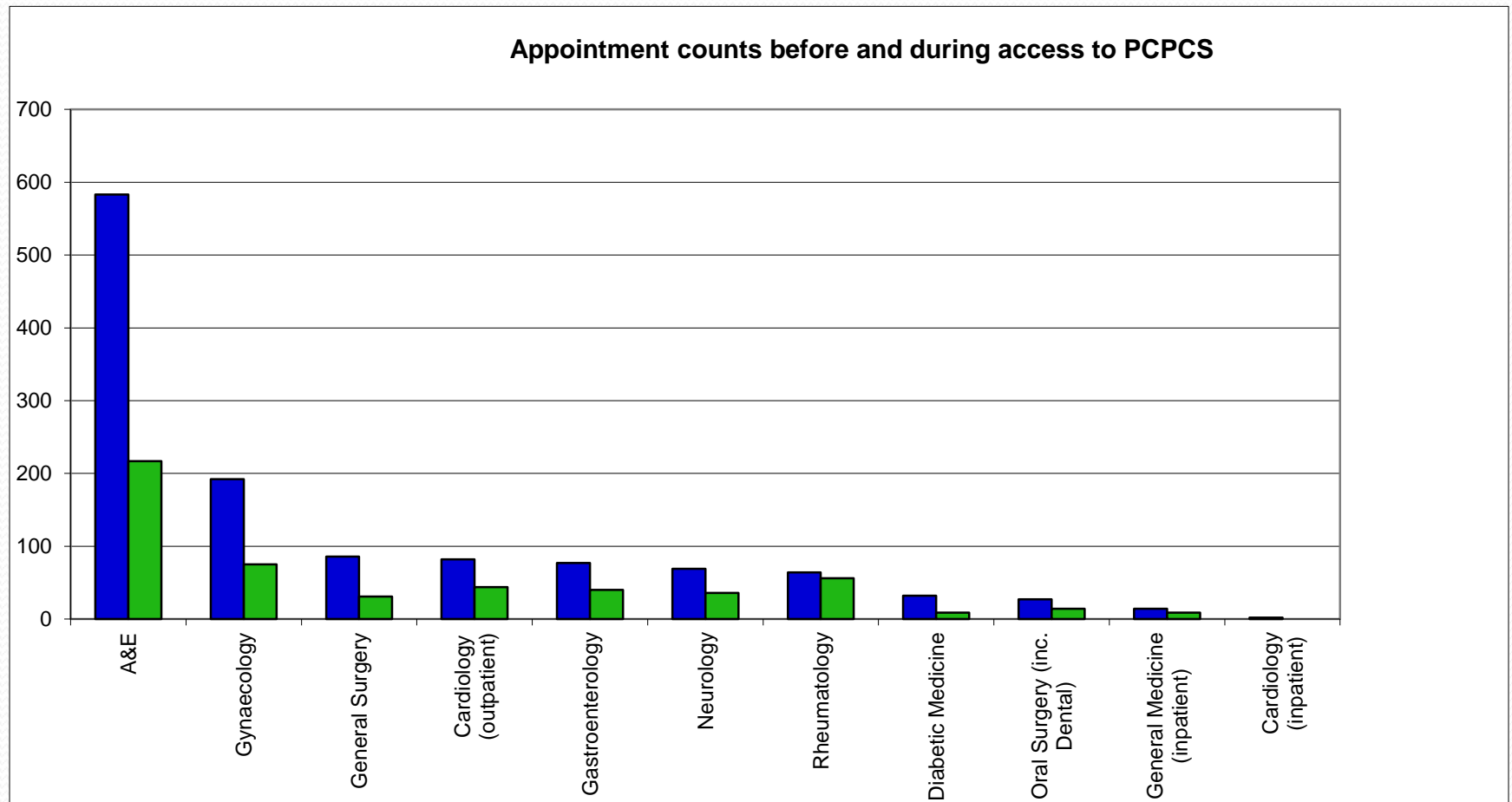
- Present in around 40 surgeries (approx. 90% of surgeries in City and Hackney)
- From one referral in the first month to over a range of between 50 – 70 referrals each month
- 1400 patients referred (85% accepted referrals)
- External evaluation: GP/Service providers/Patients
- 2 year extension to contractual period

Clinical outcomes

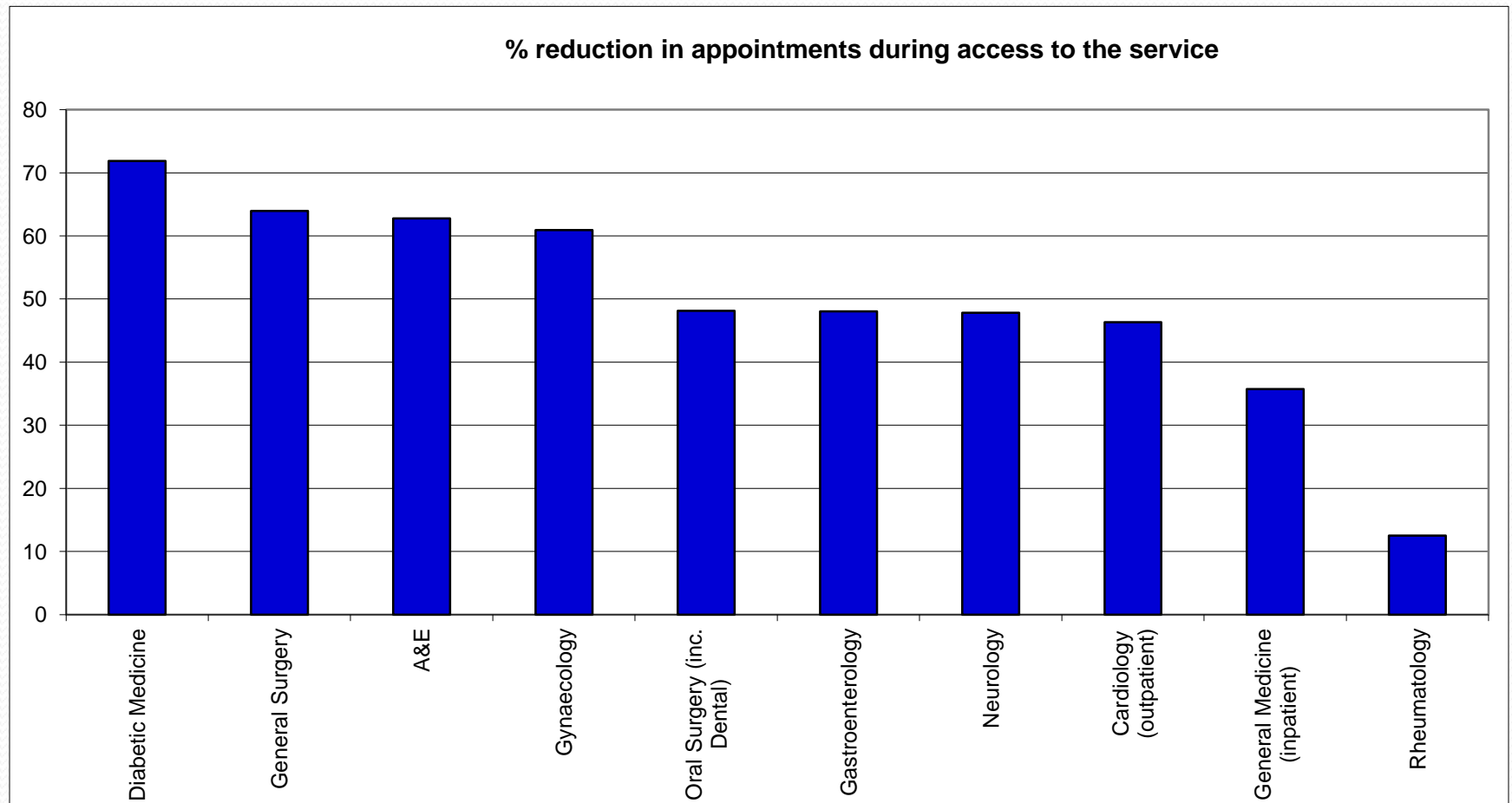


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Preliminary Health Economics data



Preliminary Health Economics data (2)



Collaboration with the local IAPT service

MUS-Intensity Level		Primary Care Psychology [& some Primary Care Voluntary Sector Services]	Primary Care Psychotherapy Consultation Service
Red	Severe MUS— Frequent GP Consultation/ Referrals & Use of Acute Care	Severe MUS with Physical Health Condition. [e.g. Heart Failure Patient with Severe Depression]	Predominantly patients with severe MUS, possibly without associated Physical Health Conditions e.g. Personality Disorder with Chronic Pain
Amber	MUS in Patients with Diagnosed/ Linked Physical Health Conditions	Physical health problems & anxiety or depression (including trauma), admission avoidance, self- management for Physical Health Conditions	Physical health problems with severe & enduring mental health problems; Physical Health Problems & anxiety or depression unwilling to attend or engage with Primary Care Psychological Services.
Green	Patients with mild-moderate MUS and no Diagnosed/ Linked Physical Health Conditions	Patients with presenting with mild/moderate MUS but no associated medical condition, ♦ common mental health problems ♦ sub-ICD 10 threshold psychological problems	Patients with presenting with mild/moderate MUS but no associated medical condition, unwilling to attend or engage with Primary Care Psychological Services.

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Collaboration with other service providers

- Liaison psychiatric service operates single point of entry into the mental health Trust
- Secondary care psychotherapy service
- Personality disorder service
- Voluntary organisations - Derman

Conclusion

- Prescient commissioning in light of more recent developments in the commissioning landscape
- Health policy: No Health without Mental Health
- Long Term Conditions / MUS (clinical / economic / usage)
- Integrated care – opportunities and barriers (King's Fund)
- Bespoke - Localism

References

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Thank you

Mr Brian Rock

Brock@tavi-port.nhs.uk