

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP48 : Ymateb gan: Mind Cymru | Response from: Mind Cymru



Mind Cymru response to Senedd Health & Social Care Committee inquiry into the future of general practice in Wales

Key messages

- **Mental health is a core part of the business of general practice.** It's vitally important that the Committee bear mental health in mind in considering the future of General Practice.
- **Currently GPs are one of only two formal 'gateways' to getting mental health support** – the other being emergency/crisis care. GPs are often the first clinicians people make contact with when they want help with their mental health. The impact of getting this first step right cannot be understated. They are currently the key access point for mental health primary care support.
- **Waiting times 'upstream' are having a huge impact on GPs.** GPs are all too aware of long waiting lists and the impact this can have on their patients. Inevitably, this impacts the way GPs work and the decisions they can make for their patients.
- **Many GPs feel they work beyond the limits of their competency when it comes to mental health.** The Committee should seek to learn more about the training offer in relation to mental health for GPs, both prior to and post-qualification.
- **People going to the GP with mental health concerns are often also facing problems that need a non-medical solution.** Social problems that contribute to poor mental health aren't going to go away through medical intervention alone. By working with the third-sector, such as our local Mind network, GPs can help make sure their patients have the appropriate support they need, and achieve better, longer lasting outcomes.
- **The third sector offer must be better recognised by GPs.** We continue to hear the difficulties faced by the voluntary sector in their attempts to establish connections with GPs. GPs must recognise the value of the third sector professionals, who can provide the time and space needed to offer safe, credible, person-centred support, as well as reduce pressure on the system.

Key stats

- Emotional or psychological conditions are estimated to make up **between a quarter and a third** of a GP's workload¹.
- **55%** of 16-25 year-olds surveyed by YoungMinds had visited their GP about a mental health concern at some point in their lives. Around **1 in 3** (33%) reported that they had been to their GP between two and five times about their mental health.
- Our research found that almost **90%** of primary care staff experience workplace stress. **2 in 5** GPs said they had experienced a mental health problem.
- A 2021 YoungMinds report found that **only 53%** of young people indicated that they know other routes to access mental health support that don't involve going to see their GP².
- Of all GPs who completed their training in 2017, **fewer than half** (46%) completed a psychiatry placement (the only mental health placement available)³.
- More than seven million prescriptions for anti-depressants were given in Wales in 2022-23 compared with 2.1 million in 2002-03. The reasons behind this increase are not clear but are indicative of a system under increased strain and demand.

¹ NHS 111 Wales website. Available at: <https://111.wales.nhs.uk/encyclopaedia/m/article/mentalhealthservices>

² YoungMinds, First Port of Call, 2021. Available at: <https://www.youngminds.org.uk/about-us/reports-and-impact/policy-reports/first-port-of-call-the-role-of-gps-in-early-support-for-young-people-s-mental-health/>

³ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

Introduction

For most people in Wales, there are two main (NHS) 'gateways' to accessing help for your mental health: through a GP appointment, or emergency/crisis care. The vast majority of people seeking help will turn to GPs as their first port of call, with around 90% of first contacts with the NHS made via primary care⁴. Around 30% of people who visit their GP have a mental health component to their illness.⁵

At the heart of all our work at Mind Cymru lies the voice of people with lived experience of mental health and the mental health system. We have published a range of reports from a review of the Mental Health Measure and waiting times for adult talking therapies to experiences of transition between specialist CAMHS and Adult Mental Health Services. These have all informed this response and the recommendations we make.

High levels of demand for mental health support has affected General Practice considerably, with recent estimates telling us mental health constitutes between a quarter and a third of GP's total workload⁶. We know that waiting times are high across the NHS. Treatment for both physical and mental conditions is often slow and delayed, and this weighs heavily on GPs as they make decisions about referring patients' for mental health support.

Mental health is a core part of the business of General Practice. We urge the Committee to place mental health at the centre of considerations, both from a workforce and patient experience perspective.

⁴ Audit Wales, A picture of primary care in Wales, April 2018. Available at: <https://senedd.wales/media/kw1hnmnl/agr-ld11520-e.pdf>

⁵ <https://www.rcgp.org.uk/representing-you/policy-areas/mental-health-in-primary-care>

⁶ NHS 111 Wales website. Available at: <https://111.wales.nhs.uk/encyclopaedia/m/article/mentalhealthservices>

Section 1: The general practice workforce, including workforce planning, the recruitment of new staff into general practice, the retention of experienced staff, staff workload and wellbeing, training and continuing professional development, and the growth of the multidisciplinary team.

Training and continuing professional development

It's clear that mental health is becoming more demanding on GP workload. Emotional or psychological conditions are estimated to make up between a quarter and a third of a GP's cases⁷. **What is not clear is whether training for GPs has been levelled up to meet this demand.** This is something we would urge the Committee to uncover and evaluate through this inquiry.

In 2018, Mind ran a [survey](#) with GPs across England and Wales. It focused on GP's mental health training needs, and many related issues were uncovered in the process. Though we acknowledge the survey was undertaken some time ago, it uncovered many relevant issues that continue to exist today. The findings can provide a useful baseline from which to assess whether progress has been made in the time since publication.

What came out most clearly in the survey at that time was the **lack of mental health-specific posts available for GPs during their clinical placement**, where there was just a single mental health placement available and this was in psychiatry.

4 in 5 GPs (84%) said they felt it would be helpful to expand training placements to a wider variety of mental health settings (such as within a local psychological therapy service).

Just over half (53%) of the GPs responding to our survey had completed a psychiatry placement⁸. Of those who had completed the placement, 3 in 4 (74%) spent it in a hospital setting, in either a mental health hospital (the vast majority) or an older people's mental health unit. Whilst a placement in psychiatry is undoubtedly an insightful opportunity, there are other settings, including community and voluntary sector mental health services, which could give GPs insight into the services where a larger number of their patients will receive treatment⁹. Most people coming to a GP for support for their mental health are likely to receive support from primary care and/or the voluntary sector. The lack of opportunity

⁷ NHS 111 Wales website. Available at: <https://111.wales.nhs.uk/encyclopaedia/m/article/mentalhealthservices>

⁸ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

⁹ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

available for GPs to get hands-on experience with the services most of their patients will go to for mental health support creates an unnecessary barrier in their understanding.

Expanding the available opportunities could help to break down barriers and increase understanding of services available to patients. This could then allow GPs to have a better understanding of services available and allow them to make more suitable onward referrals, with peace of mind that their patients will be getting the right support.

The benefits to improving training touch on many of the issues we know GPs face. Many told us they felt they were working beyond the limits of their competency, feeling overwhelmed by the level of demand, and contending with the pressure of waiting lists 'upstream'. This inevitably impacts their own mental health and wellbeing.

7 in 10 GPs (72%) told us they would like more Continuing Professional Development (CPD) training relating to mental health. However, a major barrier for GPs accessing training whilst they are practicing is their excessive workload¹⁰. The issue is cyclical: Many GPs need training to help them feel more confident and empowered to manage patients' mental health needs, but their excessive workload makes it extremely difficult for them to take up training opportunities (without feeling even more stressed).

Recommendation: The Committee should look to understand what the current training offer is around mental health, both pre and post-qualification, and whether this meets the needs of patients presenting to GPs

Staff workload and wellbeing

"You cannot as a GP see 30 to 40 patients daily for decades, hearing all those tales of trauma plus seeing horrific things, without it causing an impact."¹¹

In 2016, Mind [surveyed](#) over 1,000 primary care staff in England and Wales including GPs, practice nurses, practice managers, receptionists and pharmacists. We found that almost **nine in ten** primary care workers found their work life very stressful or fairly stressful¹². **Two in five** said workplace stress has led to them resigning or considering resigning¹³. Despite this being some time ago, we feel that the situation has not moved on significantly so as to

¹⁰ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

¹¹ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

¹² Mind, Workplace Wellbeing Survey of Primary Care Professionals, July 2016.

¹³ Mind, Workplace Wellbeing Survey of Primary Care Professionals, July 2016.

dilute the findings. Moreover, there have since been significant additional pressures, with the pandemic placing healthcare staff under considerable strain.

When we asked GPs about how they look after their own mental health, most **GPs told us they wanted more support**. Respondents cited burn-out, high levels of stress, toxic work environments, and working beyond the limits of their competencies as common triggers for mental health struggles. They also referenced the part played by the pressures of modern General Practice and the increasing complexity of their workloads, leaving many feeling incapable of doing their job effectively.

*“Sessions to help with GP mental health would be amazing - access to free sessions, with backfill cover, even just 5 sessions a year to have access to if needed would be a big help.”*¹⁴

In the broader, free-text questions of the survey, doctors expressed great frustration at how overworked the system was, and the extent to which they were working at the very limits of their capacity. Several GPs felt they were working in situations of heightened risk with increasing regularity, and emphasised the impact that was having on their own mental health.

*“We are often working towards the limit of what is appropriate/safe in a primary care setting, especially when dealing with complex/specialist psychiatric medication and when looking after patients who pose a risk to themselves.”*¹⁵

Wellbeing provision for GPs

Improving the wellbeing and provision of support for healthcare staff is crucial to the future of general practice. A recent survey by BMA Cymru Wales has revealed that 91% of GPs are routinely unable to meet patient demand due to **unsustainably high workloads** affecting appointment availability¹⁶. The survey found that 92% of GPs felt some level of concern for their personal wellbeing due to their routinely high workloads¹⁷.

The strain that GPs are routinely working under inevitably impacts their outlook on the future of their career. **BMA Cymru Wales reported an anticipated exodus of experienced**

¹⁴ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

¹⁵ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

¹⁶ BMA Cymru, Save our surgeries campaign, 2023. Available at: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/wales-save-our-surgeries-campaign#:~:text=The%20data,whilst%20costs%20have%20only%20risen.>

¹⁷ BMA Cymru, Save our surgeries campaign, 2023. Available at: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/wales-save-our-surgeries-campaign#:~:text=The%20data,whilst%20costs%20have%20only%20risen.>

GPs, with over half (53%) of GP partners planning their exit in the next three years and almost a third (31%) of salaried GPs intending to work less than full-time¹⁸.

The impact of this extends beyond practicing GPs. GPST includes a period of General Practice placement to provide more hands-on experience prior to qualification. Seeing experienced GPs in this setting struggling with excessive workloads and experiencing poor wellbeing as a result will inevitably **impact aspiring and training doctors**. This will likely weigh heavily on their mind ahead of deciding whether to enter the profession.

It's vitally important that GPs are **supported** with their wellbeing. The risk to GPs that poor wellbeing poses is far-reaching. If GPs do not feel supported, the concerning trends identified by BMA Cymru Wales will continue, and this will impact on capacity, patient care, and the ability of those GPs remaining in the profession to stay well. In addition to this, we believe that if GPs feel supported with their own mental health, it enables them to be in a better position to empathise with and show compassion for those patients reaching out for help. GPs do not need more training on how to look after their mental health - they need better support.

Recommendation: GPs need improved access to wrap around mental health support. To this end, we would endorse BMA Cymru Wales' calls for NHS Wales to deliver upon the long-standing commitment to a properly functioning Occupational Health service that is accessible to GPs and practice staff.

Stigma

Stigma and self-stigma – in particular worries about career repercussions or even being found not fit to practice – is a major barrier to primary care professionals seeking help. Our survey of staff found that almost **one in three** people working in primary care feel disclosing stress to their manager would lead them to being perceived as less capable than other colleagues¹⁹. Respondents emphasised that as well as initial and ongoing training in this, systems need to be in place so that doctors have access to **regular, confidential and easy-to-access support**. Importantly, there needs to be **backfill cover** to allow GPs time to attend such appointments for support.

Across almost all aspects of the survey, we see **GPs demonstrate an extremely high sense of awareness for the potential impact of them stepping away from patient-facing work,**

¹⁸ BMA Cymru, Save our surgeries campaign, 2023. Available at: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/wales-save-our-surgeries-campaign#:~:text=The%20data,whilst%20costs%20have%20only%20risen.>

¹⁹ Mind Workplace Wellbeing Survey of Primary Care Professionals, July 2016.

whether this is for training, or for taking care of their own wellbeing. Backfill cover being referenced continuously demonstrates the pervasiveness of their excessive workload. Work-life balance is of course essential for mental wellbeing and GPs are no exception to this. **GPs must be supported to get help when they need it**, without fears that taking such opportunities will come with further detriment.

*"I have at times seen a psychotherapist for extended periods for both supervision and for my mental health. This was fantastic and positive."*²⁰

Recommendation: A specific campaign targeted at GPs to enable them to seek help for their own mental health, in recognition of the barrier posed by stigma. This should be supplemented by training on stigma, it's causes and impact on patients.

²⁰ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

Section 2: The patient experience of general practice, including equitable access to care, effective management of patient demand, the quality of care, and public trust in the services provided.

10 minute appointments

“There is a limit to what can be achieved in 10-minute slots in patients with mental health issues, and patients frequently burst into tears or hyperventilate during the consultation, especially on initial presentation, meaning that much of the consultation is spent trying to soothe and calm the patient enough to answer questions in order to be able to make an assessment and an initial management plan.”²¹

GP appointments are typically 10 minutes long. The **limited time** available to discuss concerns can add pressure and worry for people seeking support for their mental health, many of whom will already feel overwhelmed by the prospect of reaching out for support. This can be an **additional barrier** to people accessing help when they most need it.

Moreover, GPs being the first port of call for many people means that this is highly likely the **first time people have ever spoken out**. It may even be the case that a patient is presenting with a physical health issue and in the course of the discussion it becomes clear that there is an underlying mental health issue. Understandably, this can lead to patients feeling overwhelmed and emotional.

In 2018, Mind published [‘Find the Words’](#), a guide to talking to your GP about mental health. This short document aims to help people **feel more prepared for their consultation**, and explain their symptoms or concerns in a structured way. The guide acknowledges that it's harder to talk about mental health when you're not feeling well and helps people with what to focus on to get **the most out of the appointment**.

It is critically important that there is time for a patient to express themselves without feeling pressurised to immediately find the words to describe their experiences and feelings.

Social determinants of mental health

In our [survey](#), a number of GPs mentioned their struggles to support patients, many of whom were experiencing social issues such as financial, housing, benefits problems, or isolation and loneliness. Many felt **overwhelmed by trying to manage the complexity of**

²¹ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

patients' problems, and disempowered by finding there was often nothing they could do to help. Lots of GPs found that administering a medical model of support to people was not helpful, when social issues were at the root of many of their mental health problems. This was all set against the backdrop of what respondents felt was a **worsening social climate**, with more and more people experiencing financial, housing and other socio-economic issues.

Some doctors talked about the benefits of having **on-site practitioners** who helped patients with particular areas of life, such as with relationships or housing. This helped to address some of the underlying causes of a mental health problem, rather than patching it up for the short-term with medication.

This speaks to the experience of patients referred to local Mind services whereby patients feel the benefit of practitioners both having more time and taking a 'holistic' approach to their mental health and wellbeing support.

Mind's supported self-help

Services like Mind Cymru's [supported self-help](#) can help both ease the pressure on the workforce and provide people with more immediate mental health support. Supported self-help is a primary care mental health service, which was developed in conjunction with GP practices. It was delivered nationally by Mind Cymru, across all regions in Wales during the pandemic, building on the work of local Minds with individual GP clusters. People experiencing mental health problems could be referred to the service by healthcare professionals or sign up themselves online via a single access point.

From its launch in 2020 until its closure in January 2024, when national funding came to an end, the programme positively supported over 20,000 people with mild to moderate mental health problems. Despite the closure of the national programme several local Minds are commissioned to continue to deliver this programme on a local level.

Programmes such as this for people to access help immediately through GP or self referral, from a trusted source, can help to reduce the demand on GPs, and ensure people get the support they need as soon as possible.

Local Mind's role in primary care services

“Better working relationships with the voluntary sector and community organisations - we need better ways to work together.”²²

[Mind in the Vale](#) operate a commissioned primary care service whereby GPs can refer patients directly to their support offering. Mind in the Vale have been able to place practitioners on-site in some surgeries, and are based next door to one surgery in particular. Relationships have developed to the point where there is confidence in the support provided. Formal and informal follow up between the local Mind and individual GPs about patient needs and progress is in place. GPs are well connected with the service and have a good understanding of the offer. This can make a huge difference for patients’ experience from the very outset.

Moreover, the service uses **holistic outcome measures** alongside clinical/psychological outcome measures. Mind in the Vale use a ‘STAR’ method, which looks at 10 key aspects of a person’s life. This helps practitioners to identify exactly what the underlying cause(s) could be for a person’s poor mental health or wellbeing, and then take a coordinated approach to addressing their concerns. Mind in the Vale are then well positioned to make **warm referrals** on to other services if needed, many of which will be provided by other voluntary sector organisations. This person-centred approach is simply not possible within a 10-minute consultation with a GP.

A range of local Minds work with primary care to provide support with the benefit being very often **wait-lists** are far shorter – indeed, in some cases patients can be seen the same day they are referred. This leads to many GPs preferring to refer to a local Mind as they feel more secure in the knowledge that their patient will be given support well within the 28 day target set by the Mental Health Measure. GPs are understandably concerned about waiting times for patients, whose mental health needs require greater urgency than Local Primary Mental Health Support Services (LPMHSS) are typically able to respond with. **Voluntary sector services, like that offered by Mind in the Vale, have been pivotal in providing safe, compassionate and effective support, often more quickly than traditional/statutory services could cater for.**

One of the key learnings from the delivery across the local Mind network is that it is important to invest in relationships with GPs and practice staff, which can take time and concerted effort. There is a need for greater recognition of the value that the

²² Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

voluntary/third sector can offer, and the pressure that services like that at Mind in the Vale can help to ease.

This is something that is reported across the network of local Minds in Wales. This attitude can be rooted in scepticism around the credentials of third sector professionals.

Anecdotally, we have heard of the need to consistently “prove” services, and of efforts to sustain partnerships often feeling one-sided. This perpetuates a power imbalance which does not serve GPs nor patients – both can benefit from better integration with the third sector and wider community organisations. Local Mind practitioners can be relied upon to offer safe, credible, person-centred support.

Moreover, having **mental health workers** attached to or working alongside GP practices can also **help to improve the knowledge, confidence and capacity of the other primary care professionals in the practice**. The mental health worker can provide advice on consultations and formal training sessions. This was something that came out in the survey, too:

“Integrated sessions open to social workers and school nurses etc would be really helpful in establishing professional relationships. At present it is very ‘them and us’ and GPs are perceived as difficult to communicate with.”²³

Recommendation: GPs through training, information and exposure to voluntary sector services need a better understanding of what the sector can offer. We can help relieve the pressure, and provide patients the time and space they need for a fully person-centred service.

Recommendation: Wider commissioning of and investment into third-sector services for early access to mental health support can reduce the demand on GPs, and help people get the right support at the right time without necessarily having to see a GP.

GP’s and the ‘missing middle’

GPs play a significant role in helping children and young people access mental health support that is appropriate to their level of need. They are one of the only options that young people are aware of for getting help: A 2021 YoungMinds report found that only 53% of young people knew other routes to access mental health support that don’t involve going

²³ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

to see their GP²⁴. Local Minds recognise this, and have recently piloted a primary care service that has established **direct referrals to their service from GPs**.

The programme was established across three local Minds (Neath Port Talbot Mind, Cwm Taf Morgannwg Mind and Swansea Mind) to target the issue of the ‘missing middle’ for children and young people. The Children, Young People and Education Committee highlighted the issue of the ‘missing middle’ in their 2018 ‘Mind Over Matter’ report, whereby young people struggle to find mental health services appropriate to their level of need²⁵. The programme was designed to help young people who didn’t meet thresholds for accessing specialist CAMHS but who needed more help than universal provision could cater for. These local Minds developed **referral pathways** for young people to access their services directly through schools, GPs, and specialist CAMHS.

Two of the sites developed pathways with GPs, but both experienced challenges to establish a relationship with GP practices initially. Challenges included **gaining buy-in** and securing space to deliver the service in their practice.

“We went to a GP cluster meeting, and we put a presentation together and then we said, right if you want to refer in this is how it would be. And in that way we got the direct partnership with 4 [...] But initially trying to get to that point was quite difficult. It took us a really long time” Service Manager

Despite the initial **difficulties in establishing the partnerships** with GPs, the programme was highly successful. The evaluation of the programme found that there is a high level of need for support for young people with mild to moderate mental health symptoms, and that many young people would have tried to manage their symptoms themselves if this programme didn’t exist. These findings bolster the statistics reported by YoungMinds, which tell us that young people struggle to know where to look for support for their mental health aside from through their GP.

Similarly to Mind in the Vale, the piloted services took a **holistic, person-centred approach to delivering support**. This led to young people being supported to access further support from other services if they needed it: The evaluation found that over half (56%) of young people were referred to another service by their local Mind practitioner, indicating that attending the Missing Middle programme helped young people to access further support

²⁴ YoungMinds, First Port of Call, 2021. Available at: <https://www.youngminds.org.uk/about-us/reports-and-impact/policy-reports/first-port-of-call-the-role-of-gps-in-early-support-for-young-people-s-mental-health/>

²⁵ Senedd Children, Young People and Education Committee, Mind Over Matter, April 2018. Available at: <https://senedd.wales/media/jr4oyh4p/cr-ld11522-e.pdf>

where they need it²⁶. This once again demonstrates the ability of local Minds to help people **navigate solutions for non-medical problems** they're facing, taking the pressure of GPs to have all of this information to hand and enabling a more person-centred approach to care.

In addition, young people and parents/caregivers saw the **short wait** to access the service as a positive. Some parents/caregivers said this helped their young person to stay motivated to engage. We know this is a concern for GPs, who told us in our survey that they wanted more training in relation to helping patients engage with care and stay motivated to manage their mental health symptoms²⁷.

"The fact there was no waiting list was amazing, as he agreed to seeking support and the initial appointment happened within a week, so he hadn't changed his mind set of accessing support" Parent/caregiver

Recommendation: The committee should specifically consider the experiences of children and young people accessing mental health support through their GP and what options are available to accessing timely support.

Whilst the examples we've given show that the persistence of local Minds pays off, had colleagues not made concerted efforts to be present at cluster meetings and engage with GPs at every possible opportunity, it's not clear that services would be utilised to their full potential.

When relationships are built and effective the potential is maximised and the results are of huge benefit to GPs, helping to address some of the concerns around capacity.

Equitable access to care

Self-stigma

Tackling stigma is important as it prevents people from seeking help at an early opportunity, and can then lead to a deterioration where more intensive support is needed. Through tackling stigma we can help create a culture whereby all communities feel it is okay to talk about mental health and which actively encourages people to seek help and support.

²⁶ Evaluation has not yet been published. For more information on this, please get in touch.

²⁷ Mind, GP mental health training survey summary, 2018. Available at: <https://www.mind.org.uk/media-a/4414/gp-mh-2018-survey-summary.pdf>

During the pandemic [Time to Change Wales](#) reported an increase in people experiencing self-stigma²⁸. This is where we seek to minimise our mental health as we believe there are bigger issues we or others are facing. This leads to neglecting the signs that we need support, even if it is just to talk to someone about our feelings and emotions.

*“Before March 2020, I had anxiety and depression. The past year has intensified those feelings. Perhaps I should contact my GP surgery, but I don't want to add to their already overburdened workload.”*²⁹

*“I feel like I shouldn't feel this way when I am physically healthy, but I feel like I am being a burden on services by asking for help.”*³⁰

The role that stigma plays in accessing help and support cannot be underestimated and GPs and all primary care staff need to be aware and approach their roles with knowledge on how to challenge and breakdown stigma.

Non-medical primary care staff

Most GPs will have staff at reception who triage calls and appointment requests, ensuring that those in greatest need are seen soonest. This means that for many people, the first person they make contact with is in fact the practice receptionist. The importance of this first contact cannot be understated. This can be as significant as to determine whether that person persists in getting the help they need. This is an extremely important step in a person's journey to getting support, and this interaction must be acknowledged and paid due attention.

We know that demand on GPs is extremely high. The pressure that comes with the role of triaging patients can result in unintended outcomes. We have heard from people with lived experience that the response they received from reception staff is not always compassionate or trauma-informed, and this can have a lasting impact. It is incredibly important for all staff within surgeries to take a trauma-informed approach. This means **recognising the potential barriers that have been overcome** by people to take that initial step of calling up for an appointment for their mental health.

²⁸ Time to Change Wales, Increase in self-stigma amongst those suffering with mental health issues since covid-19 lockdown, July 2020. Available at: <https://www.timetochangewales.org.uk/en/about/news/increase-self-stigma-amongst-those-suffering-mental-health-issues-covid-19-lockdown/>

²⁹ Mind Cymru response to the Health and Social Care Committee's inquiry into mental health inequalities, 2022. Available at: <https://business.senedd.wales/documents/s123799/MHI%2047%20-%20Mind%20Cymru.pdf>

³⁰ Time to Change Wales, Increase in self-stigma amongst those suffering with mental health issues since covid-19 lockdown, July 2020. Available at: <https://www.timetochangewales.org.uk/en/about/news/increase-self-stigma-amongst-those-suffering-mental-health-issues-covid-19-lockdown/>

Trauma-informed practices understand and respond to the high prevalence of trauma and its effects, as well as understanding that experiences of trauma can lead to development of coping strategies and behaviours that may appear to be harmful or dangerous. This has been identified as being particularly important when considering mental health support for women and girls, but equally can be effective for other groups.

“Participants in our lived experience focus groups identified particular barriers in accessing GP services, with participants highlighting a lack of understanding or training for receptionists and other frontline staff in GP surgeries, as well as a lack of training for GPs themselves”³¹

“Getting to the front line to GPs is difficult. Getting past the receptionist or front line staff is so hard. Front line staff that just can’t communicate with you that is particularly common with autistic people”³²

Recommendation: The Committee should seek to understand the training offer for all staff within general practice around taking a trauma-informed approach, and the uptake of any existing training.

Digitisation of access

The pandemic saw the rapid digitisation of services, with health services working in completely new and novel ways to prevent the spread of covid, with GP surgeries’ footfall diminishing significantly overnight. Accessing support from a GP digitally is the new norm for many people, with lots of us now able to interact with our GPs without ever making face-to-face contact.

Many people seeking support for mental health will be directed towards [Silvercloud](#). However, in some places this has been supplemented with voluntary sector support, and will include face-to-face support in some instances. Whilst online access has proven a convenient and accessible option for many, it is important that the availability of more traditional options for seeking help continue to be on offer. We know that Wales has proportionally more people living in rural communities³³ than the rest of the UK, meaning some patients may struggle to physically access help due to a lack of or poor transport links

³¹ Welsh Parliament Health and Social Care Committee, Connecting the dots: tackling mental health inequalities in Wales, December 2022. Available at: <https://senedd.wales/media/1uchw5w1/cr-ld15568-e.pdf>

³² Welsh Parliament Health and Social Care Committee, Mental health inequalities engagement findings, March 2022. Available at: <https://business.senedd.wales/documents/s124209/Citizen%20Engagement%20Team%20Report%20Mental%20health%20inequalities%20Engagement%20findings%20-%205%20March%202022.pdf>

³³ Welsh Government, A Statistical Focus on Rural Wales, 2008. Available at: <https://www.gov.wales/sites/default/files/statistics-and-research/2018-12/080515-statistical-focus-rural-wales-08-en.pdf>

in their local area. However, 13% of households in Wales lack any access to the internet³⁴. These people will require in-person access.

Digital NHS Wales published an analysis of video consultations in January 2021, which suggested there is a “large appetite”, suggesting a more **blended model of in-person and online appointments is preferable**³⁵. We agree with this view. Nobody should be limited by access due to where they live or their access to the internet.

Recommendation: Patients must always be offered the choice up-front, as to whether they would prefer in-person or online/digital support, or a blend of the two. Their choice should always be accommodated.

Inequalities

Understanding inequality of access within mental health services in Wales is severely impaired by **limited availability of demographic data**. This has long been a significant challenge and was raised in multiple inquiries by both the Health & Social Care Committee and Children and Young People Committee during the previous Senedd term. Delays to the development of a Mental Health Core Dataset (MHCDs) and an outcome framework means it is not possible to fully assess access to and experiences of mental health services by demographic groups.

This issue has previously been highlighted by both the Equality & Human Rights Commission:

“There are data and evidence gaps in Wales. They limit our ability to make a comprehensive and detailed assessment of progress. These gaps were exacerbated by the interruption to the flow of data caused by the pandemic. The gaps exist in the collection of data generally and in data broken down by region and protected characteristic”³⁶

Nonetheless, there are some key figures relating to inequality that we can glean from to understand the potential barriers to access that exist.

³⁴ <https://research.senedd.wales/research-articles/coronavirus-poverty/>

³⁵ <https://www.gov.wales/written-statement-250000-nhs-video-consultations-undertaken-wales>

³⁶ Equality and Human Rights Monitor, Is Wales fairer? November 2023. Available at: <https://www.equalityhumanrights.com/sites/default/files/2023/Is%20Wales%20Fairer%20Equality%20and%20Human%20Rights%20Monitor-%20English-%20accessible%20PDF.pdf>

- People from racialised communities are more likely than White people to be referred to mental health services via ‘involuntary’ routes including justice and social services, than they are through ‘voluntary’ routes such as their GP.
- In June 2020, people from racialised communities in Wales reported on average more than 4.1 problems associated with mental distress on the GHQ-12 score, whilst White British individuals reported 2.7, a difference of **55%** in relative terms³⁷.
- Public Health Wales found racialised communities in Wales reported higher levels of anxiety, feeling isolated and worrying a lot about their mental health³⁸. They were also more likely to be worrying a lot about their job and finances.

Our research, carried out in 2020, showed that existing inequalities in housing, employment, finances and other issues have had a greater impact on the mental health of people from racialised communities than White people during the coronavirus pandemic³⁹. The findings reflect data from participants in both Wales and England who were aged 25+ and identified as Black, Asian or minority ethnic (just under 5% of the 14,421 adults who completed our survey):

- Problems with housing (30% of racialised people said this made their mental health worse vs 23% of White people), their job (61% vs 51%) their financial situation (52% vs 45%), difficulty getting physical health support (39% vs 29%) and caring for someone else in the house (30% vs 23%) disproportionately affected mental health for racialised communities.
- Racialised people are much more likely to want advice about money and benefits (40% vs 24%) and housing (19% vs 10%) to help manage their mental health.

Recommendation: Welsh Government must fulfil its promises on delivering a mental health core dataset, and that protected characteristics data are collected and published.

Recommendation: The Committee should engage with people from racialised communities to uncover what barriers to access exist.

Conclusion

³⁷ Cardiff University/Wales Fiscal Analysis, Covid-19 in Wales: The mental health and wellbeing impact. July 2021. Available at: https://www.cardiff.ac.uk/_data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf

³⁸ Public Health Wales, How are we doing in Wales? <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/how-are-we-doing-in-wales-reports/how-are-we-doing-in-wales-a-focus-on-ethnicity/>

³⁹ Mind Cymru, The mental health emergency, June 2020. Available at: <https://www.mind.org.uk/media-a/6175/the-mental-health-emergency-wales-summary-report-english.pdf>

The future of General Practice is of huge importance to mental health. Most people seeking support for their mental health will turn to their GP, and for many young people, they aren't aware of any other option. General Practice is currently one of only two access-points for mental health within the NHS, and this places GPs under considerable strain with the growing number of people who seek support for mental health problems.

Poor mental health is a problem that has many contributors, and GPs can't address all of these alone. Better commissioning and understanding of third/voluntary sector community organisations can help to reduce pressure on statutory services, and give GPs peace of mind that their patients are being managed in a compassionate, person-centred way. The good practice we have encountered within our own network of local Minds evidence that strong partnerships and closer ties with the voluntary sector can have huge benefits for patients and GPs alike.

GP's training must be enhanced to ensure that they get the practical, hands-on experience to equip them with the skills they need to face the growing workload around mental health. Moreover, GPs own mental health and wellbeing must be given the attention it deserves; The high pressure and excessive workloads that GPs face day in and out must not leave them too worried to take time off to get support when they need it. Moreover, stigma must be recognised as a significant barrier to GPs accessing support for their own mental health; Overcoming this requires a culture shift and a national campaign could help to turn the tide on this prevalent issue.

There are a whole host of reasons for why a person might experience a barrier to accessing support from their GP. When it comes to mental health, the need for a trauma-informed, compassionate response is absolutely central. The response a person seeking help receives when they try to reach out must be with a sense of compassion, and awareness for the difficulties that may have been overcome in this pursuit.

We hope that this Committee inquiry will capture a range of voices and experiences and include patient's own lived experience of mental health in general practice. The report of this committee must ensure mental health is given the level of attention it deserved, proportionate not least to the demand and workload for GPs in this regard.

We would be happy to discuss further any aspect of this response

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