NATIONAL PRIMARY CARE RESEARCH & DEVELOPMENT CENTRE

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DEVELOPING QUALITY INDICATORS FOR MENTAL HEALTH IN PRIMARY CARE

ROUND 1 DELPHI QUESTIONNAIRE: MARCH 2000

Instruction sheet

This questionnaire represents round one of a two round postal Delphi survey. During this round we are asking you to rate the importance of a wide range of indicators contained in the questionnaire on two scales: validity and clarity.

In order to maximise reliability and consistency of rating please try and complete the questionnaire in one sitting.

Definition of validity

Ratings refer to the extent to which you believe that each indicator is important for measuring the quality of mental health care in primary care. Valid indicators are likely to require a variety of different methods in order to collect data. It would be our intention to use the most valid means possible to operationalise indicators; not rely on one method. At this stage please ignore whether you think that data can be collected for an indicator and just rate its importance to quality of care. Feasibility of data collection will be rated in the second round questionnaire.

Definition of clarity

The indicator is expressed in clear, precise and unambiguous language.

Rating scale:

Each indicator has a 9-point scale. 1 represents the lowest and 9 the highest rating. Please consider using the full range of the scales from 1 to 9 and not simply 1 and 9. For example, on the validity scale a rating of between 1 and 3 would mean that, in your opinion, the indicator is not a valid measure of quality. A rating of between 4 and 6 would mean that the indicator was an uncertain or equivocal measure of quality and a rating of between 7 and 9 would mean that you considered the indicator to be a valid measure of quality. Please remember to provide a 1-9 rating for each indicator. **Please do not leave any scales blank**.

For each indicator we need you to rate the indicator as in the following example:

	Indicator	**Validity ***	**Clarity ***
	Somebody on the primary care team should take the lead on mental health care	1 2 3 4 (6) 7 8 9	1 2 3 4 (6) 7 8 9

If you feel that you are unable to comment on an indicator please strike it out thus:

	Indicator	**Validity ***	**Clarity ***
	~~Somebody on the primary care team should take the lead on mental health care~~	~~1 2 3 4 5 6 7 8 9~~	~~1 2 3 4 5 6 7 8 9~~

A glossary is provided at the end of the list of indicators, which defines some of the terms used in this questionnaire. Words or phrases contained in the glossary are in **bold type**.

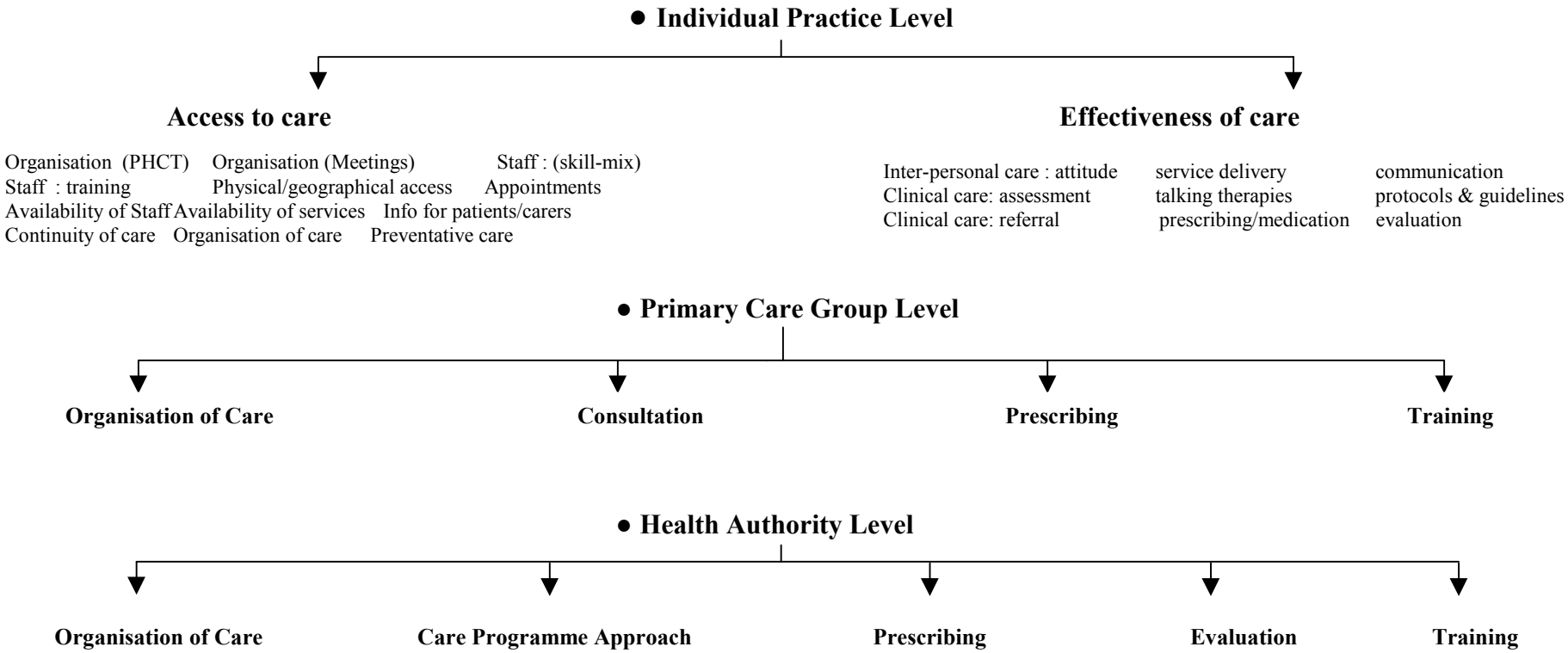
Note: If you feel that any of these criteria should be reformulated or reworded please give us your suggestions when you return the document. Please feel free to comment on any or all of the indicators.

The list of indicators has been divided into three levels of service:

- indicators relating to services provided by **Individual General Practices** (divided into *acces*s and *effectiveness* of care)
- indicators relating to services provided by **Primary Care Groups**
- indicators relating to services provided by **Health Authorities**

The indicators have been organised under separate headings within these three areas to reflect key aspects of quality of care.
Some of the indicators could have been placed in one or more categories, but to avoid duplication these indicators have been put into only one category.

The indicators are subsequently organised as follows:



Thank you

PRACTICE LEVEL INDICATORS

PART 1 : ACCESS

	Indicator	Validity *	Clarity #
	ORGANISATIONAL STRUCTURE (PRIMARY HEALTH CARE TEAM)		
1	In each general practice, one named member of the **primary care team** should take the lead on mental health care, i.e. organise and co-ordinate care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
2	This person should be a :		
	a. General Practitioner	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b. Practice Nurse	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c. Community / district nurse	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d. Community Psychiatric Nurse	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e. **Link-worker**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f. Counsellor	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	ORGANISATIONAL STRUCTURE (MEETINGS)	Validity *	Clarity #
3	There should be planned meetings about mental health care, held on a least a quarterly basis, between :		
	a). GPs and other members of the Primary Health Care Team (e.g. practice nurses, counsellors)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b). Members of the PHCT and secondary care staff (e.g. community psychiatric nurses, psychiatrists psychologists)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c). Members of PHCT and **carer** groups	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	STAFF CHARACTERISTICS : SKILL-MIX	**Validity ***	**Clarity #**
4	Practice nurse(s) should be routinely involved in the care of mental health problems	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
5	The practice nurse(s) should receive specific training and support for depot injections	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
6	Health visitors should have specific training in post natal depression	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
7	At least one general practitioner in a practice should have **specific training in mental health**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
7a	50% of the general practitioners in a practice should have **specific training in mental health**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
8	The practice should have a counsellor as part of the **core team**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
9	The practice counsellor should have been trained in **evidence based therapies**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
10	A member of the **primary health care team** in every practice should be trained in arranging and running self-help groups such as art-therapy or gardening	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	STAFF CHARACTERISTICS : TRAINING	Validity *	Clarity #
11.	The following members of staff should have attended at least one training event relating to mental health within *the last two years:*		
	a. General Practitioners	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b. Practice nurses	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c. Receptionists	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d. Health visitors	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e. District nurses	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
12	Practices should offer **protected time** for GPs and nurses to attend appropriate training courses	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
13.	Practices should perform an **annual skills audit** or annual training needs analysis for mental health	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
14	Staff training should involve the promotion of the health and well-being of **patients** as well as the treatment of illness	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
15	Mental health keyworkers should have been trained in the core areas of the **Care Programme Approach**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
16	All staff should be aware of the roles and responsibilities of :		
	a. all members of the primary health care team with regards to mental health	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b. the roles and responsibilities of advocacy and user groups	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
17	All general practitioner should have an understanding of their role under the **1983 Mental Health Act**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	PHYSICAL / GEOGRAPHIC ACCESS	Validity *	Clarity #
18	**Patients** should be registered with a GP for at least 6 months	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
19	There should be adequate facilities for disabled patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
20	Patients with : a. **agoraphobia** should be offered services in their homes b. panic attacks should be offered services in their homes	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9

	APPOINTMENTS	Validity *	Clarity #
21a	Patients with **a mental illness** should be able to make an urgent appointment to see a general practitioner on the same day	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
21b	Patients with **mental illness** should be able to make a routine appointment to see a general practitioner within three days	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
22	Patients with **mental illness** should have access to counselling on an emergency basis	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
23	Patients with **mental illness** should be given flexible lengths of appointment rather than fixed time appointments to provide more time for talking	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
24	Patients on a mental health register for **severe and enduring mental illness** should be seen at least every six months by a nominated member of staff	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
25	Patients on a **mental health register** for severe and enduring mental illness should be invited by their GP to an annual, comprehensive assessment together with the practice nurse or community psychiatric nurse where appropriate	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	AVAILABILITY: STAFF AVAILABLE ON SITE OR BY REFERRAL OFF SITE	**Validity ***	**Clarity #**
26	General practices should have access to a:		
	a). community psychiatric nurse **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b). community psychiatric nurse **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c). psychologist **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d). psychologist **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e). counsellor **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f). counsellor **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	g). psychiatrist **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	h). psychiatrist **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	i). social worker **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	j). social worker **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	k). welfare rights officer **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	l). welfare rights officer **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	m). occupational therapist **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	n). occupational therapist **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	AVAILABILITY: STAFF AVAILABLE ON SITE OR BY REFERRAL OFF SITE (continued)	**Validity ***	**Clarity #**
27	General practices should have immediate access to **community mental health teams** through referral to a **duty professional**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
28	General practices should have immediate access to crisis support through a **fast tracking service** for urgent referrals	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
29	Patients should be able to see a general practitioner of their own gender	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
30	It can be arranged for a patient to consult with either a male or female mental health professional as preferred, where practical.	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
31	Patients should have access to the primary care health professional of their choice	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
32	Patients should be able to ask to see a general practitioner of a particular cultural background	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
33	General practitioners and other members of the **primary health care team** should make home visits for patients experiencing a mental health crisis This should be irrespective of: a). the time of day b). the area a patient lives in	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
33	**Secondary psychiatric services** should make home visits for patients experiencing a mental health crisis This should be irrespective of: a). the time of day b). the area a patient lives in	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
34	Clear practice protocols should be in place for obtaining specialist help in an emergency/crisis situation	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	AVAILABILITY: SERVICES AVAILABLE ON SITE OR BY REFERRAL	Validity *	Clarity #
35	Access to all forms of talking treatment should be equal regardless of:		
	a) mental health diagnosis	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) ethnic origin	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) age	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d) place of residence	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e) socio-economic status	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f) gender	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
36	The following clinics/services should be available :		
	i). Routine practice counselling **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	ii). Routine practice counselling **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	iii). Bereavement clinic **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	iv). Bereavement clinic **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	v). Marriage guidance counselling **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	vi). Marriage guidance counselling **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	vii). Substance/misuse clinic **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	viii). Substance/misuse clinic **by referral of site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	ix). Home detox services in conjunction with primary care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	x). Stress clinic **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xi). Stress clinic by referral **off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xii). Ante and postnatal depression counselling **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xiii). Ante and postnatal depression counselling **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xiv). Terminal care counselling **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xv). Terminal care counselling **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xvi). Complementary medicine **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xvii). Complementary medicine **by referral off site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xviii).Self-help groups **on site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	xix). Self-help groups **by referral off-site**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	AVAILABILITY: SERVICES AVAILABLE ON SITE OR BY REFERRAL (continued)	Validity *	Clarity #
37	Patients should be given the option of alternative/complimentary therapies or other activities such as local leisure activities	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
38	Translator services should be provided for patients whose first language is not English	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
39	Practices should have access to an **advocacy service**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
40	Advocates should be allowed in a consultation: a. if the patient wants an advocate b. if the patient would benefit from the presence of an advocate	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
41	General practices should provide specific mental health services for ethnic minority groups	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
42	**Genetic counselling** should be made available for families at risk from mental illnesses with a genetic component such as schizophrenia, dementia and Alzheimer's disease	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
43	Practices should have access to a day care /drop-in/crisis centre for patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
44	Out of hours **community mental health** services should be available "as patients don't stop being ill at 5.00 p.m."	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
45	Emergency cover should be available at all hours when general practice surgeries are closed	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	INFORMATION FOR PATIENTS /CARERS	Validity *	Clarity #
46	Patients should have access to benefits advice	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
47	Regular reviews of possible benefit entitlements should be undertaken by a member of the Primary Health Care Team	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
48	Information on **self-help groups** and community networks should be available and prominently displayed in practices	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
49	Information should be available in appropriate languages for all patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
50	Information on treatments, medication (including side-effects) and coping strategies should be available	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
51	Practices should have a written complaints procedure which is prominently available to patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
52	Information on patient access to medical records should be publicly displayed	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
53	Practices should have : a. A **local resource directory** available to professionals, in order to offer advice and information to patients, such as local art groups, creative writing and studying opportunities. b. Access to a **link-worker** who has a full understanding of services available locally	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
54	Practices should have a resource of information about mental health which patients can borrow, including self-help manuals, books, videos and tapes.	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
55	Family and friends involved in the care of a patient with mental illness should have access to information / education about the impact of the illness on the patient as a whole	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	CONTINUITY OF CARE	Validity *	Clarity #
56	Patients should be booked to see the same GP for subsequent consultations to ensure continuity of care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
57	Patients on psychotropic medication should be reviewed regularly with appointments **initiated by the general practitioner**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
58	All patients with **severe and enduring mental illness** should have a **keyworker**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
59	All patients with mental illness should have a **keyworker**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	ORGANISATION OF CARE	Validity *	Clarity #
60	The primary responsibility for the provision of mental health care in general practice should lie with general practitioners	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
61	Practices should use **prompted templates** on computer to record and manage mental health problems	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
62	All patients with severe and enduring mental illness should have an **integrated care plan**, with a care co-ordinator responsible for implementing, reviewing and explaining the care plan	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
63	Patients who are long term users of benzodiazepine medication should be recorded on a benzodiazepines register	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
64	Patients with a diagnosis of **severe and enduring mental illness** recorded should be included on a register	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
65	Patient medical records should be up to date and summarised	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
66	General practices should have an **annual written business plan**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
67	The annual plan should be written in consultation with those members of the primary health care team who provide services for those with mental health problems	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
68	Patients should be given the option of referral to talking therapies on a one-to-one basis or within a group	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
69	When a patient registers with a new practice, the patient's previous medical records should be obtained promptly	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
70	The confidentiality and privacy of patient medical records must be protected and ensured at all times	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	PREVENTATIVE CARE	Validity *	Clarity #
71	Practice should : a. have a register of patients who have a family history of mental health problems b. mark patients' records to show that the patient has a diagnosed mental illness and to alert health professionals to this diagnosis	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
72	Practices should regularly screen high-risk groups for mental illness such as older people, unemployed, new mothers	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
73	a. Patients at higher risk of mental illness should be provided with information about the prevention of illness and reduction in stress b. All patients should be provided with information about the prevention of illness and reduction in stress	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9

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PRACTICE LEVEL INDICATORS

PART TWO : EFFECTIVENESS

	INTER-PERSONAL CARE: ATTITUDE TO PATIENTS	Validity *	Clarity #
74	Staff should be friendly and treat patients with respect, courtesy and consideration irrespective of :		
	a. age	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b. sex	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c. diagnosis	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
75	Patients should be treated as individuals with individual needs and not as a diagnosis	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
76	Religious and cultural beliefs should be respected	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
77	Patients should be as fully involved as practicable in the formulation and delivery of their care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
78	All staff should be explicitly aware that being diagnosed as mentally ill does not make someone legally unable (incompetent) to decide about treatment	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
79	All patients have the right :		
	a) to have someone to talk to	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) to be listened to	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) to be taken seriously	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
80	Health professionals should be aware that mental health problems affect people of both sexes, all ages, backgrounds and socio-economic status	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
81	All staff should take a holistic approach to mental health and recognise the mental, emotional, physical, social and spiritual aspects of mental health and mental health problems	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
82	All staff should listen to, and take seriously, peoples fears and concerns about the unwanted side-effects of medication and where possible offer alternative treatment	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
83	Patients' decisions to refuse treatment should be respected	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	INTER-PERSONAL CARE: ATTITUDE TO PATIENTS (continued)	Validity *	Clarity #
84	Health professionals should be aware of the impact of a mental health condition on the patient's perspectives and actions	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
85	Health professionals should be aware that some patients are concerned about feelings of being stigmatised when diagnosed with a mental health problem	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
86	Confidential discussions should take place in private	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
87	Areas should be provided for reception staff to obtain and give confidential information	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
88	Patients should be allowed to play an active part in their own treatment i.e. self-care plans	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
89	Patients should be encouraged to play an active part in their own treatment e.g. **self-care plans**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
90	Suicide attempts must never be described as attention-seeking	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
91	Health professionals should realise that the needs of patients with mental health problems are not static and that health care should respond flexibly to changes in mood and symptoms and positive or negative social and personal life events	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
92	Patients consulting with a mental health condition must never be made to feel that they are a nuisance or are wasting health professionals' time	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
93	Primary care professionals should have a caring and positive attitude towards patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	INTER-PERSONAL CARE: SERVICE DELIVERY	Validity *	Clarity #
94	There should be an appropriate (i.e. private, quiet, relatively non-clinical in feeling) room for counselling / visiting mental health staff	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
95	The language used by the patient (if non-English speaking) should be prominently recorded on the patient's medical record	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
96	Treatments other than medication should be offered and discussed	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
97	Practices should have a written policy for dealing with violent or abusive patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
98	With the patient's consent, family and friends should be given the opportunity to be involved in the patient's care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
99	Patients should be on a mixed therapeutic regime (including talking therapies, exercise, lifestyle advice and medication) rather than just a drug regime	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	INTER-PERSONAL CARE : COMMUNICATION	Validity *	Clarity #
100	Health professionals should communicate simply and clearly in language that is easy to understand to **carers** and patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
101	As early as possible in the course of diagnosis and treatment, people with mental illness should be given comprehensive information about their condition	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
102	Information on the types of services available to patients with mental health problems should be provided at the first consultation	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
103	A patient's illness, its management and expected outcomes should be explained to family and friends involved in a patient's care with the patient's permission	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
104	Information on the risks and benefits of specific treatments and investigations and their alternatives should be provided to all patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
105	Information should be easy to understand and not pejorative	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
106	Patients' views should be recorded in the medical record and signed by them	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
107	Patients should be explicitly involved in decisions about their care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
108	Patients should be given advice about beneficial lifestyle changes (e.g. diet, exercise, sleep pattern, drug and alcohol use)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
109	Health professionals should explain a patients' rights, consent for treatment, and confidentiality before the patient is asked to sign consent forms	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
110	Where practicable, patient consent should be sought before giving information to **carers**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
111	The PHCT should have guidelines about sharing information with patients and **carers** which are realistic in a primary care setting	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

	EFFECTIVENESS OF CLINICAL CARE : ASSESSMENT	Validity *	Clarity #

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112	Patients with a diagnosis of mental illness should be offered regular appointments to monitor and follow-up treatment, symptoms, side effects and compliance	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
113	Patients with mental health problems should be assessed for their overall: a) physical health needs b) social needs (including family and cultural) c) psychological d) family/cultural/social environment and support, life stressors e) risk assessment	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
114	Assessments should take in to account: a) language issues b) the needs of people with disabilities, including sensory impairment c) ethnic and cultural preferences	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
115	Patients with mental illness should be given a comprehensive general medical as well as psychiatric assessment	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
116	Patients with severe and enduring mental illness should be reviewed by their GP or a member of the mental health team (covering symptoms, side-effects of medication, general health) : a) Annually b) Every 6 months	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
117	Definitions of severe and enduring mental illness should be explicit and standard in the practice	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
118	Physical symptoms should be taken seriously by health professionals and not automatically considered as psychosomatic.	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

	EFFECTIVENESS OF TALKING THERAPIES	**Validity ***	**Clarity #**

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119	Psychological (talking) treatments should be offered to all patients who prefer not to take medication	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
120	Counsellors, psychotherapists and other practitioners of talking therapies should: a) negotiate a contract with the patient at the beginning of a course of therapy b) make the boundaries of the relationship clear c) specify the course of action to be taken if the client wishes to make a complaint	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
121	Psychological therapists (including counsellors) working within the practice should have regular supervision	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
122	Psychological therapists (including counsellors) working within the practice: a) should be appropriately trained b) should hold appropriate qualifications	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9

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	EFFECTIVENESS OF CLINICAL CARE : PROTOCOLS AND GUIDELINES	**Validity ***	**Clarity #**
123	Treatment plans should be individually tailored for each patient	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
124	Clinical guidelines must not be adhered to strictly but tailored to each individual patient	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
125	Practices should ***<u>have developed or follow</u>*** protocols or guidelines for the management of the following mental health problems:		
	a) suicide/risk assessment	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) anxiety/panic attacks	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) substance misuse	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d) referrals to specialist services	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e) bereavement	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f) depression	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	g) post-natal depression	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	h) medication management for those on long-term anti-psychotic medication	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	i) treatment of severe and enduring mental illness	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	j) **eating disorders**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	k) dealing with **carers** of patients with mental health conditions	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	l) withdrawal from benzodiazepines	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	m) dementia	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	n) **somatization disorders**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
126	Individual general practice protocols should be written in consultation with patients	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	EFFECTIVENESS OF CLINICAL CARE: REFERRAL	Validity *	Clarity #
127	Patients should be considered for referral to specialist secondary care services if there is uncertainty of diagnosis	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
128	Patients should be considered for referral to specialist secondary care services if: a) there is a risk of suicide b) there is a risk of self neglect c) there is a risk of violent behaviour d) there is a need for therapy unavailable in primary care e) there is a co-morbidity mental illness f) there is substance dependence	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
129	Referral letters should contain sufficient information (i.e. presenting problems, interventions tried and their outcome, what is expected from their referral)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
130	The practice should have a written protocol for dealing with the management of patients on hospital waiting lists (e.g. prompts to speed-up appointments)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
131	Patients should be fully informed of the reasons for referral	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
132	Patients should be involved, unless impracticable, in any decisions about referral	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
133	Staff must be aware of the range of services provided by external agencies which meet the individual needs of patients with mental health problems	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
134	In cases where all primary care and voluntary care options have been exhausted patients should be referred to secondary mental health services	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	EFFECTIVENESS OF CLINICAL CARE: REFERRAL (continued)	Validity *	Clarity #
135	Practices should be aware of what realistic alternatives are available locally (e.g. voluntary and self help organisations) for patents who: a) do not meet the acceptance criteria of specialist services b) do not wish to be referred to specialist services	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
136	Patients should be referred as soon as possible according to the need of the individual patient	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
137	Where services are not available locally, general practitioners should be able to refer outside their locality	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	EFFECTIVENESS OF CLINICAL CARE: PRESCRIBING AND MEDICATION	Validity *	Clarity #
138 (a)	Patients must not automatically be prescribed medication	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
138 (b)	Patients who cannot be persuaded to take medication must still be offered consultations	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
139	Patients must not be kept on medication indefinitely without regular review	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
140	Details of currently prescribed medication should be prominently displayed and recorded on the summary sheet in the medical record	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
141	Clear and accessible information should be made available with every psychiatric drug prescribed including information about the potential benefits and unwanted effects that might be caused by the drug	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
142	Prescribing for mental health conditions should be based on up-to-date evidence based data	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
143	No drug should be prescribed unless the health professional understands the potential efficacy and side-effects	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
144	Health professionals should be aware and responsive to patients' concerns about becoming addicted to medication	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
145	All medication should be prescribed at therapeutic doses	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
146	Medication used should be the minimum necessary dosage	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
147	If a patient is suicidal medication should only be dispensed a few days at a time	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
148	Patients undertaking withdrawal from medication should receive information about symptoms to expect and coping strategies	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
149	During withdrawal from any medication patients should be seen regularly for monitoring and support	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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150	Patients who are experiencing difficulties through withdrawal should receive additional support or specialist treatment	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	EFFECTIVENESS OF CLINICAL CARE: PRESCRIBING AND MEDICATION (continued)	**Validity ***	**Clarity #**
151	Medication should be withdrawn slowly	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
152	The choice of medication should be based on individual patient factors including the desirability or otherwise of sedation, previous response to a particular drug including adverse reactions, co-morbid psychiatric or medical conditions, concurrent drug therapy and relative risk of medication in overdose	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
153	Drugs should be prescribed from a restricted list demonstrating selective prescribing	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
154	Patients not responding to first line drug therapy should : a) have their diagnosis reviewed b) have their concordance checked c) be prescribed a different drug or treatment d) be considered for referral to a psychiatrist	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9
155	Prescribing decisions should be based only on clinical issues and not cost	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
156	Practices should review **PACT data** relating to mental health *annually*.	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
157	Patients on repeat prescribing should have their medication reviewed regularly	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
158	All patients should have their medication monitored for side-effects and possible interactions with other drugs	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
159	All patients should have equal access to exercise schemes or gymnasium, art\poetry\painting groups, yoga, etc. on prescription	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
160	Where the responsibility for prescribing medication lies with the general practitioner rather than a mental health professional , the GP should be primarily responsible for the patient's care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	EFFECTIVENESS OF CARE: EVALUATION	Validity *	Clarity #
161	Practice objectives should be developed in consultation with patients and **carers**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
162	Practices should have a continuous and systematic approach to evaluating and auditing the quality of mental health services	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
163	All types of staff (GPs, counsellors, community psychiatric nurses) should undertake regular reviews of treatment in order to ensure that people are happy with the form of therapy or counselling they are receiving, and the person that they are receiving it from	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
164	All relevant stakeholders (e.g. patients, minority groups, health authorities, PCGs) should be involved in setting standards for evaluation	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
165	General practices should have undertaken a patient evaluation of their mental health services (e.g. satisfaction surveys) in the last two years	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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PRIMARY CARE GROUPS AND HEALTH AUTHORITY LEVEL INDICATORS

PART THREE: PRIMARY CARE GROUPS

	PCG: ORGANISATION OF CARE	Validity *	Clarity #
166	PCGs should treat mental health as a priority for **clinical governance**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
167 (a)	All patients should have the right to be registered with a general practice	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
167 (b)	All patients should have equitable access to services offered by any practice	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
168	Local commissioners should determine their own locality's priorities	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
169	Service delivery should be based on agreed service plans and written service agreements	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
170	Where patient care is shared between two or more organisations there should be a jointly written protocol	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
171	Referral criteria to specialist mental health services should be jointly agreed with Hospital **Trusts**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
172	PCGs should ensure that local co-operative and deputising services meet locally agreed standards for the management of mental health crises out of hours	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
173	PCGs should monitor progress of people with **severe mental illness** by setting local protocols with locally agreed targets	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
173 (a)	PCGs should instigate a system of critical event analysis in relation to mental health	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
173 (b)	PCGs should create practice-based lists of patients with **severe and enduring mental illness**.	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	PCG: ORGANISATION OF CARE (continued)	Validity *	Clarity #
174	PCG protocols for mental health care should be written in consultation with:		
	a) Representatives from all local practices	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) Health authorities	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) Community **Trusts**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d) Local authority social services departments	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e) Local voluntary agencies	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f) Patient groups	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	g) **Carer** groups	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	h) Health Education Authority	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	i) Secondary care services	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
175	Allocation of finite health care resources should be guided by health need assessment	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
176	Mental health services should be appropriately audited and evaluated to ensure quality and efficiency	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
177	PCGs should set high level performance indicators and standards adhering to the national performance framework and establish monitoring procedures to assess the performance of practices in their catchment area	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	PCG: ORGANISATION OF CARE (continued)	Validity *	Clarity #
178	Service models should be developed at PCG level which ensure that general practices have access to protocols or guidelines, for any practice staff, for the management of the following mental health problems:		
	a) suicide/risk assessment	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) anxiety/panic attacks	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) substance misuse	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d) referral to specialist care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e) bereavement	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f) depression	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	g) post-natal depression	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	h) medication management for those on long-term anti-psychotic medication	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	i) treatment of severe and enduring mental illness	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	j) eating disorders	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	k) dealing with **carers** of patients with mental health conditions	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	l) dementia	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	m) somatization disorders	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	n) gender identity disorders	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
179	Service models should be developed at PCG level which:		
	a) manage referrals to specialist services	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) monitor waiting times	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
180	Patients should have access to a 24 hour FREEPHONE telephone help line dedicated to mental health	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
181	PCGs should develop a protocol for enabling patients to obtain free access to the Internet to obtain information about mental health care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	PCG: CONSULTATION	Validity *	Clarity #
182	PCGs should liaise with local self-help groups	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
183	PCGs should have undertaken consultation with advocacy and user/patient groups about mental health services (e.g. meetings) in the last two years	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
184	There should be planned meetings about mental health care, held on a least a quarterly basis, between :		
	a). Members of the PCG and health authority staff	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b). Members of the PCG and local authority staff (e.g. social services, housing)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c). Members of PCG and voluntary agencies	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d). Members of the PCG and specialist services	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e). Members of the PCG and local police services	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f). Members of the PCG and **carer** groups	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	PCG: PRESCRIBING	**Validity ***	**Clarity #**
185	With regard to prescribing for mental health problems, general practices should use the following developed at PCG level: a) prescribing guidelines **b) prescribing formulary**	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9

	PCG: TRAINING	**Validity ***	**Clarity #**
186	PCGs should take a lead in addressing the mental health training needs of health professionals	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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PRIMARY CARE GROUPS AND HEALTH AUTHORITY LEVEL INDICATORS

PART FOUR: HEALTH AUTHORITY LEVEL

	HEALTH AUTHORITY: ORGANISATION OF CARE	Validity *	Clarity #
187	Health authorities, in collaboration with social services and PCGs, should seek to promote mental health for all, working with individuals and communities	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
188	Health authorities, in collaboration with social services and PCGs, should seek to combat discrimination against individuals and groups with mental health problems, and promote their social inclusion	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
189	Health authorities should develop programmes/protocols for promoting the mental health of :		
	a) Victims of child abuse	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) Victims of domestic violence	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) People who sleep rough/homeless	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d) People with alcohol and drug problems	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e) People at risk (e.g. young, single parents)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f) Vulnerable groups (e.g. refugees and asylum seekers)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	g) People in prison	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	h) Ethnic minority groups	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	i) Children in schools	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	j) Mental well-being in the workplace	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	k) Within the general practice workplace	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
190	Health authorities should ensure that there are sufficient numbers of Section 12 trained doctors available , approved under the **1983 Mental Health Act**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	HEALTH AUTHORITY: ORGANISATION OF CARE (continued)	Validity *	Clarity #
191	Health authorities, in consultation with PCGs and local authorities, should assess health improvement programmes for evidence of activities to:		
	i). promote good mental health in schools, workplaces and neighbourhoods	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	ii). promote good mental health for individuals at risk	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	iii). promote good mental health for groups who are most vulnerable	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	iv). combat discrimination against the social exclusion of people with mental health problems	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
192	Health authorities, in consultation with PCGs and local authorities, should develop policies with long-term perspectives that reflect flexibility and sustainability in a managed mental health system	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
193	There should be formal and effective links between health and local authorities and other agencies to ensure the planning and provision of integrated care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	HEALTH AUTHORITY: CARE PROGRAMME APPROACH	Validity *	Clarity #
194	Each health and social services mental health provider must jointly identify a Lead Officer with authority to work across all agencies to deliver an integrated approach to the Care Programme Approach and Care Management	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
195	Local authorities social services departments should ensure that all **carers** who provide regular and substantial care for a person on the Care Programme Approach should :		
	a) have an assessment of their caring, physical and mental health needs repeated on an at least annual basis	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) have an assessment of their caring, physical and mental health needs repeated on an as required basis	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) have their own written care plan, which is given to them and implemented in discussions with them	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

	HEALTH AUTHORITY: PRESCRIBING	Validity *	Clarity #
196	Practice and hospital staff should adhere to a commonly agreed (restrictive list) **prescribing formulary**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
197	Practices should not be penalised for over-spending the prescribing budget if prescriptions are clinically indicated/necessary	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	HEALTH AUTHORITY: EVALUATION	Validity *	Clarity #
198	The performance of general practices should be assessed against specified targets as set out in the National Service Framework.	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
199	The implementation of service level agreements should be monitored annually by health authorities	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
200	Protocols should be agreed and implemented at the Health Authority level for the management of :		
	a) suicide/risk assessment	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) anxiety/panic attacks	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) substance misuse	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d) referral to specialist care	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e) bereavement	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	f) depression	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	g) post-natal depression	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	h) medication management for those on long-term anti-psychotic medication	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	i) treatment of severe and enduring mental illness	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	j) eating disorders	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	k) dealing with **carers** of patients with mental health conditions	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	l) dementia	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	m) somatization disorders	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	n) **gender identity disorders**	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
201	Health authorities should		
	a) set up a local implementation team, led by one person, to identify and engage key individuals, groups and agencies to develop local delivery care plans	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) these plans should be agreed with regional offices of the NHS Executive, and place mental health as a cross cutting priority for all NHS and social care organisations	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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	HEALTH AUTHORITY: EVALUATION (continued)	Validity *	Clarity #
202	Practices should be offered financial incentives to meet externally set quality standards; such as those set by Health Improvement Plans, Regional Health Authority Mental Health Development Plans or the National Service Framework	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
203	Health authorities, in consultation with PCGs and local authorities, should assess the level of performance of local mental health services by measuring:		
	a) the psychological health of the population as measured by the National Psychiatric Morbidity Survey	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	b) the level of suicide rates	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	c) the psychiatric emergency readmission rate	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	d) the prescribing of antipsychotics	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
	e) the integration of Care Programme Approach and care management	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
204	Health authorities should use the NHS minimum mental health dataset to review policy	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

	HEALTH AUTHORITY: TRAINING	Validity *	Clarity #
205	Health authorities should provide mental health training as part of the continuing professional development of primary health care teams	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
206	HAs and PCGs should work together to support primary care staff through continuing professional development	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

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