

and gender matched cohort of people with PD who received internet therapy from our research team. All patients participated in a clinical diagnostic interview and completed online questionnaires measuring panic-related variables, levels of negative affect and quality of life. Before treatment, these two groups differed only in that those in the GP group were more depressed. After 12 weeks of treatment, patients were reassessed. As well as accessing PANIC ONLINE, all GPs had previously had at least 20 hours of training in non-pharmacological therapies.

Results

Both types of treatment significantly reduced the severity of panic-related variables, improved negative affect and improved quality of life. A majority of patients no longer met the diagnostic criteria for PD after treatment. There were no significant differences between the effects of the two treatments. Therefore CBT delivered by the GPs using PANIC ONLINE as the basis was as effective as internet therapy delivered by our research team.

Conclusions

Prior research suggests that GPs trained in CBT do not significantly improve outcomes for people with mental disorders. However, our data suggest that when such GPs are provided with accessible, online treatment protocols, patients (at least with anxiety disorders) are likely to get better. Our results therefore provide a guide as to how GPs may be assisted to provide evidence-based non-pharmacological therapies effectively.

060

Somatisation in South Asians - Images and Projections

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Introduction

'The classic ...that I find most difficult... is the lack of, within certain cultures, of the word for depression.. you find a short fat Asian lady will come in, with her daughter who translates for her and she will have pains through every system in the body and be tired all the time and unable to do anything..you would've examined this lady from top to toe and you would find nothing systemically wrong with her. But you know there is something wrong, and you know how to treat it, but she can't accept your diagnosis or your treatment.' (GP in focus group)

Methods

This study draws on a close reading of an ancient Indian medical text and an ethnographic study of older Gujarati women. This presentation aims to use the 'body-image' as a way to consider both doctors' and patients' perspectives as equally real and valid.

Results

The biomedical body-image, projected onto the patient, is of the anatomical body controlled and represented by the mind. It is within this body and mind that doctors are taught to find explanations for symptoms. This process has become so refined, by imaging technology for example, that there is little room for doubt in the biomedical construction of the body. When explanations are not found in the body, the discomfort and doubt generated is often displaced by the doctor onto the patient, who is said to be somatising. Patients such as the one described above, have different cultural influences upon their body-image. Their cultural history has created a body that is much less bounded and more influenced by social and environmental factors. While they come into the consultation with a body troubled by external factors, they leave with the added burden of a diagnosis of an internal mental disorder. For the patient, as their pain is real, and they do not feel 'depressed', they place the doubt on the validity of the doctor's assessment.

Conclusions

The presentation will put, in more detail, the argument for deconstructing the biomedical body (image) in order to enable the doctor to negotiate with rather than negate the patient's body (image).

061

Developing young people's involvement in primary care mental health: towards consumer- produced quality standards

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Introduction

Young people suffering from mental health problems do not readily access help from primary care and when they do recognition of symptoms is low. The methodological quality of existing guidelines is questionable and their

impact on practice is minimal. Consumer-developed guidelines are needed to address the high level of unmet need and facilitate the engagement of young people. This project aims to identify face valid quality standards for primary care mental health services from the perspective of young consumers.

Methods

A participatory approach was adopted in order to involve young consumers as focus group co-facilitators, in data analysis, and as steering group members. Seven focus groups were conducted with fifty participants aged 16-25. Each group was repeated to ensure respondent validation of the preliminary analysis. Both the researcher and young consumers closely involved in the research project coded the focus group data. Disagreements and alternative interpretations of the data were discussed. Young consumers developed statements of good practice from the focus group data. The statements were then presented to a Youth Expert Panel of young consumers not previously involved in the project. The Youth Expert Panel ranked each statement in order of importance using nominal group technique.

Results

Forty-six statements of good practice were developed and presented to the Youth Expert Panel. Agreement was defined as 100% of scores within a two-point region. Group consensus existed for sixteen statements. These statements represented the following aspects of primary care: advertising and information; training and qualifications of primary care practitioners; treatments options; referral protocol; communication strategies; and interactions during consultation.

Conclusions

The sixteen statements represent consensus among young consumers in defining quality standards of primary care mental health for 16-25 year olds. These standards may be used to provide an enhanced primary care service for youth mental health problems. This will go towards helping primary care trusts to meet standards one, two and three of the national service framework. The methodology could be applied to other groups to develop demographically sensitive standards of care.

062

First episode psychosis in primary care: A survey of general practitioners' knowledge, attitudes and needs

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Introduction

First episode psychosis (FEP) is a relatively rare event in primary care (incidence 0.5%); however, the impact on the individual and their family is significant and ongoing. General practitioners (GPs) play a key role in the final referral pathway, however, FEP often goes undetected and untreated in primary care for up to two years, resulting in less favourable patient outcomes.

Methods

A validated 31 item structured questionnaire used in a large-scale international multi-centre (13 countries) survey was sent to a random sample of 3003 GPs in the 10,500 practices on the Midlands General Practice Consortium (MidReC) database.

Results

A total of 712 GPs replied to the questionnaire (24%). Demographic characteristics were representative of GPs across England. The majority of GPs (72.4%) reported that they saw between 1-2 patients with suspected first episode psychosis annually. The majority of GPs (95.5%) had not received any recent education on psychosis and only 24% felt that GP education was an important component of improving patient care. GPs with greater knowledge about psychosis were significantly more likely to prefer collaboration with mental health specialists; however, only 50% reported that they were satisfied with that collaboration. Specialised mobile assessment teams were preferred by 39.5% of GPs, and 75.1% of GPs identified a need for a specialised low-threshold referral system for patients with FEP. Despite recent national guidance to the contrary, 38% of GPs said they would initiate drug treatment for patients with FEP and 33% of those would use a conventional rather than an atypical antipsychotic. Most GPs held pessimistic views

about the prognosis of FEP, its early detection, and the impact of early intervention services.

Conclusions

This study reports the findings of the largest survey to date in the UK on GPs' views, knowledge, skills and attitudes towards patients with FEP. Given that early intervention services are now a permanent feature of the mental health landscape and primary care is a key player in the patient pathway, continuing education, particularly on the value of early intervention, pharmacological options, and the importance of therapeutic optimism seems indicated and may impact on detection rates and longer term patient outcomes.

063

How does a patient-generated instrument ('PSYCHLOPS') perform as an outcome measure for evaluating primary care talking therapies?

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Introduction

Psychometric instruments used to measure outcomes in primary care are usually expert-centred. They consist of pre-determined questions chosen by professional experts. These questions may not have meaning to an individual patient. Patient-generated instruments attempt to measure only those aspects of health of most importance to an individual patient. Their development has been greatest in the field of rehabilitation. We have developed the first easy-to-use, patient-generated, mental health outcome measure, termed 'PSYCHLOPS' (Psychological Outcome Profiles). It consists of three domains: Problems (two questions), Function (one question) and Wellbeing (one question). Questions elicit a freetext response (e.g. a description of a problem) followed by a score for that item. We aimed to test its validity, reliability and sensitivity to change by comparing it to an established measure, CORE-OM (Clinical Outcomes Routine Evaluation – Outcome Measure), consisting of 34 questions.

Methods

Setting: primary care. Participants: patients referred for talking therapy. Therapists: four therapists, representing a broad range of talking therapies. Questionnaires: PSYCHLOPS and CORE-OM administered pre-therapy and on completion of therapy. Analysis: standardised responses to PSYCHLOPS, pre- and post-therapy, were compared with responses to CORE-OM.

Results

Data were obtained from 110 patients. Responsiveness was measured as the effect size (mean change/SD baseline score): -1.53 for PSYCHLOPS and -1.06 for CORE-OM, $P < 0.001$.

Internal reliability was high for both instruments: pre-therapy alpha scores were 0.79 and 0.94, respectively. Construct validity was determined by comparing change scores with self reports of recovery: change scores were higher in those reporting they were 'much better' compared to those reporting they were 'a little better': -2.16 compared to -1.20; $P < 0.001$. Convergent validity was demonstrated by strong correlation between PSYCHLOPS and CORE-OM change scores: Spearman's rho 0.61; $P < 0.001$.

Conclusions

PSYCHLOPS was found to be a highly sensitive outcome measure. Evidence of internal reliability, construct validity and convergent validity has been obtained although further work is required to establish test-retest validity. PSYCHLOPS might offer a more user-centred evaluation than traditional measures. Qualitative analysis of patients' freetext responses (analysed elsewhere) may offer insight into the diversity of distress suffered by those referred for the talking therapies.

064

Randomised controlled trial of the effectiveness of primary care graduate mental health workers

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Introduction

Mental health problems feature in approximately one in four consultations in primary care,

however there is evidence that some people with mental health problems may not always receive optimal care. Primary Care Graduate Mental Health Workers (PCGMHW) were heralded in the NHS Plan as a means of helping primary care teams improve care for people with common mental health problems. This study represents the first randomised controlled trial evaluating the effectiveness of this new role.

Methods

Cluster randomised controlled trial. All 77 practices in the Heart of Birmingham Primary Care Trust were invited to participate. Seventeen volunteered and eight practices were randomised to control and nine to intervention status. Five PCGMHWs were based in the nine intervention practices. All patients identified by their GP as having ongoing or newly diagnosed common mental health problems on study data collection days were invited to participate in the trial. Intention to treat analysis was performed. The primary outcome was patient satisfaction with primary care measured with the consultation satisfaction questionnaire (CSQ) at three months. Secondary outcomes included change (inception to 3 months) in mental health symptom scores on the Clinical Outcomes in Routine Evaluation (CORE), and use of services at 12 months.

Results

368 adults of working age with a common mental health problem were recruited between March 2003 and November 2004, 188 (51.1%) in intervention and 180 (48.9%) in control practices. 245 (66.6%) were female; 134 (36.4%) were white British, 147 (40 %) were from South East Asia and 40 were African-Caribbean (10.9%). Mean age was 38 years (SD 10.86). 279 (76%) patients completed the CSQ at three months, with no significant demographic differences between those who did or did not complete follow up.

Patients in intervention practices were significantly more satisfied with their primary care than patients in control practices ($p = 0.002$). This difference remained after controlling for age, gender, ethnicity, language spoken and practice. There were no significant differences between groups in CORE scores.

Conclusions

PCGMHW appear to increase satisfaction with primary care for people with common mental health problems compared to usual care.

065

Access, befriending and choice: the role of the Graduate Mental Health Worker

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Introduction

Primary care graduate mental health workers(PCGMHWs) are a new role recently introduced into primary care in England to help primary health care teams (PHCTs) manage patients with common mental health problems. This study aimed to explore the views of General Practitioners (GPs), PHCTs, workers and patients on the value of the new role of PCGMHW.

Methods

Interviews and focus group were held with a range of stakeholders involved in piloting the new role in the Heart of Birmingham Primary Care Teaching Trust in the West Midlands, United Kingdom. The interviews and focus groups were fully transcribed and analysed using the Framework Analytical Approach. Patient interviews continued until data saturation was felt to be complete. EE and HL both read the transcripts and discussed emerging themes. Trustworthiness was increased through respondent validation and searching for and incorporating disconfirming evidence into the analysis.

Results

28 semi-structured interviews involving seven PCGMHWs and 21 patients and 8 focus groups involving 38 members of PHCTs were held with six teams with a worker and two teams who asked for the worker to be removed. Rapid access to a PCGMHW at times of stress was highly valued by both all. Many patients valued the workers' befriending role. This included the ability to normalise their situation, acknowledging the importance of wider social life issues on their mental health, such as housing, poverty and life events. The informal nature of the consultation and the friendly non-authoritarian manner of the workers also seemed key in this respect, enabling patients to talk in a relaxed way about broader but relevant issues. PHCTs and patients also valued the intermediate level of care offered by the workers including facilitating patient use of the voluntary sector,

and providing support for patients while on secondary care waiting lists. Workers however felt the intermediary role left them professionally isolated.

Conclusions

This focussed evaluation suggests that PCGMHWs provide a range of skills valued by both patients with common mental health problems and the PHCT and can increase patient access and choice in this important area of health care.

066

A longitudinal study of continuity in primary care.

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Introduction

In many respects, continuity is a longitudinal phenomenon, but very few studies have attempted to investigate patients' experience of continuity over an extended period. This study formed a component of a series of studies to investigate patients' and carers' views and choices for continuity.

Methods

We recruited a purposive sample of 36 patients from a variety of practices in Leicestershire and West London. After an initial interview, they were asked to complete a consultation record booklet each time they used a primary care service (including a practice, out of hours service, NHS Direct, walk-in centres, A&E and others). They were asked to continue completing returning booklets until they had completed 10, or until six months had elapsed. The record booklets collected information about the reasons for and circumstances of each consultation.

Results

A total of 151 consultation booklets were completed. In most consultations, patients saw the person they wanted to see; in 7% of consultations patients did not see the person they wanted, and in 7% they saw the preferred person but had to wait longer than they wanted. Five patterns of use of service were identified: (a) committed (a strong preference for relational continuity); (b) supported (no strong preference

for relational continuity, but sustained nonetheless); (c) frustrated (continuity preferred but not experienced); (d) pragmatic (higher priority to considerations other than continuity); (e) strategic (strong preference for continuity in certain circumstances only). Older people, particularly women, preferred continuity; younger, healthy people tended to prefer quick access. Patients differed markedly in their ability to realise their preferences. It was generally easier to obtain quick access than continuity.

Conclusions

Structural factors such as practice size and appointment systems influence whether patients' preferences are met as do patients' own efforts to overcome these obstacles. Practices need to develop more effective ways of assisting patients to obtain the care they prefer.

067

Job satisfaction, job stressors and intentions to quit in general practitioners

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Introduction

General practitioner (GP) job satisfaction is known to be a determinant of stated intentions to leave the workforce. Recent national surveys have shown that although job satisfaction improved over the 1990s, it was at its lowest in 2001 for over a decade. The aim of the current study was to assess job satisfaction and its correlates in GPs in England immediately prior to the introduction of the new GMS contract.

Methods

A postal survey was conducted in February 2004 with a random sample of 1950 principal and salaried GPs in England. Levels of job satisfaction, stressors and intentions to quit were compared with those found in similar national GPs surveys conducted in 1998 and 2001.

Results

The 2004 survey response rate was 53%. The mean overall job satisfaction score was 4.62, indicating higher satisfaction than in 2001 (3.95) and approximately the same as in 1998 (4.67). Job facet satisfaction scores reflected similar results, although in 2004 GPs were less satisfied