



New Survey Reveals GP Contract Compromises People With Depression

Leading mental health charities Depression Alliance and SANE launch report proposing practical solutions for improving diagnosis and care

Embargoed until start of National Depression Awareness Week, 00:01, Monday April 16, 2007: The *Now We're Talking!* report details new survey results exposing considerable gaps in the care provided for people with depression which could be addressed by improvements to the current GP contract.

Last year, Depression Alliance and SANE welcomed the recognition of depression within the GP contract (specifically the Quality and Outcomes Framework - the national system of remuneration governing the care provided by general practitioners) and called for a broadening of the contract. New survey results identify many inadequacies in the diagnosis and management of depression that it is believed revisions in the contract could address - especially in the area of ongoing care.

Emer O'Neill, chief executive of Depression Alliance commented: "This survey shows quite clearly that the GP contract is vital in helping the millions of people in the UK diagnosed with depression on the road to recovery. On average, a GP sees one person with depression in every surgery and changes in the contract will go a long way to enabling GPs to make real progress tackling this serious mental illness."

Drawing on the personal experiences of over 450 people living with depression and developed in conjunction with a multi-disciplinary healthcare professional advisory committee, the report highlights changes that could be made to the GP contract that would have a positive impact on all stages of the condition's management: during diagnosis, at the initiation of treatment and throughout ongoing care.

Marjorie Wallace, chief executive of SANE continues: "Our evidence shows that people with depression are waiting up to a year to receive a diagnosis. The longer a person goes without treatment, the more entrenched their feelings of hopelessness and despair can become - suffering which can often be unnecessary as two thirds of those with the condition can recover. That is why the breakdown in negotiations between NHS Employers and the General Practitioners Committee should not influence the early detection of depression and the provision of counselling, medication or both."

<u>Key Survey Highlights</u>	<u>Report Recommendation</u>
<p>Of those surveyed (all of whom have a diagnosis of depression):</p> <ul style="list-style-type: none"> ▪ People with depression are likely to suffer from a range of other co-morbidities such as high blood pressure (14 per cent), chronic painful conditions (12) and arthritis (11). ▪ Over a third (38 per cent) said a more rapid diagnosis would be an important improvement in depression management. ▪ Many (41 per cent) felt that their preferred treatment option was not adequately discussed or considered by their GP. ▪ Over half of respondents (58 per cent) called for more ongoing support from GPs. ▪ Over half of those treated with an antidepressant stopped taking it before the end of the course. 	<p>The recommendation outlined in the report for improving the management pathway for people with depression is that the contract should include indicators within the following key areas, encouraging GPs to:</p> <ul style="list-style-type: none"> ▪ Look for depression in a wider range of disease areas, in addition to diabetes and heart disease. ▪ Take into account the broad range of psychological symptoms (for example, low mood, loss of interest, poor concentration) and somatic symptoms (such as insomnia, aches and pains and constipation) associated with depression when considering an initial diagnosis. ▪ Involve their patients when making treatment decisions. ▪ Identify, manage and provide ongoing care for those with depression. ▪ Provide information for patients on their treatment to support adherence.

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The *Now We're Talking!* campaign has been developed in partnership with and funded by Lilly UK and Boehringer Ingelheim



Notes to Editors

- Depression is the UK's most common mental health problem affecting between 8 and 12% of the population in any year¹.
- Depression is estimated to cost England and Wales in the region of £8 billion annually in terms of lost productivity².
- Current indicators for depression within the QOF are:
 - The percentage of patients on the diabetes register and/or the CHD (coronary heart disease) register for whom case finding for depression has been undertaken on one occasion during the previous 15 months using two standard screening questions. (8 points)
 - In those patients with a new diagnosis of depression, recorded between the preceding April 1 to March 31, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care. (25 points)
- The QOF measures and financially rewards GP practices for delivering a wide range of services. GP practices score points according to their levels of achievement against these indicators, and from this payments to their practices are calculated.
- GPs are independent contractors to the NHS and their remuneration is determined through a nationally negotiated contract, the GMS (General Medical Services) contract, of which the Quality and Outcomes Framework forms part. The GMS contract is a local contract between the primary care trust and GMS contractor (GP practice), and is subject to a standard set of national rules and procedures.
- The evidence presented in the *Now We're Talking!* report is from a survey developed by Depression Alliance and SANE, in partnership with and funded by Lilly UK and Boehringer Ingelheim. The survey was posted on SANE's website and mailed out to Depression Alliance's membership in December 2006. After a period of four weeks, 473 responses from members of Depression Alliance and SANE were analysed by the independent market research company IPSOS Mori.
- National Depression Week is a time when organisations and charities join together to focus public, political and media attention on depression.
- SANE has three objectives:
 - To raise awareness and respect for people with mental illness and their families, improve education and training, and secure better services
 - To undertake research into the causes of serious mental illness through The Prince of Wales International Centre for SANE Research
 - To provide information and emotional support to those experiencing mental health problems, their families and carers through SANEline and SANEmail.
- Depression Alliance is the leading UK charity for people with depression, working to relieve and to prevent this treatable condition by providing information, support and understanding to those who are affected by it.
- The *Now We're Talking!* campaign has been developed in partnership with and funded by Lilly UK and Boehringer Ingelheim.

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SANE www.sane.org.uk

Depression Alliance www.depressionalliance.org

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References

¹ Singleton N, Bumpstead R, O'Brien M *et al.* Office for National Statistics: psychiatric morbidity among adults living in private households 2000. London: The Stationery Office (2001)

² Thomas CM and Morris S. Cost of depression in England in 2000. *British Journal of Psychiatry* 2003; 183: 514-9