Core Competencies of Family Doctors in Primary Mental Health Care

In this document we indicate what can reasonably be expected of all trained and qualified family doctors, working in primary care settings in any part of the world, when caring for people with mental health problems.

We consider that there are six domains for the core competencies of family doctors in primary mental health care.

1. **Values:** Family doctors consider mental health to be important.
2. **Communication skills:** Family doctors adopt person-centred approaches to assess, manage and support people with mental health problems.
3. **Assessment:** Family doctors identify and diagnose common mental health problems, and can identify severe mental health problems and assess risk.
4. **Management:** Family doctors manage people with common mental health problems, and the physical health of people with severe mental health problems.
5. **Collaboration and referral:** Family doctors use a range of available options and resources for care of people with mental health problems, and tailor them to patients' and carers' needs.
6. **Reflective practice:** Family doctors take care of their own health and well-being.

We present the core competencies for family doctors within each of these domains. We note competencies that would be expected for more advanced practice. We offer practical examples, supported by key resources and references. We consider policy, training and research implications of these competencies. Finally, we explain how this document has been generated.

1. **Values:** Family doctors consider mental health to be important.

Core competencies

- *Family doctors treat mental and physical health as of equal importance.*
- *Family doctors treat patients with mental health problems with dignity and respect.*
- *Family doctors take responsibility for diagnosing and managing patients with mental health problems, and support their families.*

Examples

You take one patient's expression of suicidal ideas just as seriously as the next patient's presentation with chest pain.

You agree to advocate on behalf of a patient with severe mental illness who has been excluded by his family.

A young woman presents to you with recurring abdominal pain. Physical examination and special investigations, including blood tests and ultrasound, are normal. You decide to discuss with her the possibility that there may be a psychological aspect to her problem.

Resources

- Prince M, Patel V, Saxena S, et al. (2007). No health without mental health. *Lancet* 370:859-77.
- World Federation for Mental Health. (2015). Report on Dignity in Mental Health.

https://www.rcpsych.ac.uk/pdf/WMHD_report_2015_vertical_v7.pdf
- World Health Organisation Quality Rights Toolkit. (2012) http://www.who.int/mental_health/publications/QualityRights_toolkit/en/
- World Psychiatric Association Bill of Rights for Persons with Mental Illness. (2017) http://wpanet.org/WMMD16/BillofRights_Mentalillness_FINAL.pdf

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2. **Communication skills:** Family doctors adopt person-centred approaches to assess, manage and support people with mental health problems.

Core competencies

- *Family doctors listen actively and are respectful and non-judgemental at all times.*
- *Family doctors use information-gathering skills to elicit symptoms as well as patients' ideas, concerns and expectations.*
- *Family doctors express empathy and compassion for their patients' distress.*
- *Family doctors manage problems and make culturally appropriate shared treatment plans with patients.*
- *Family doctors use effective information-giving skills in meeting their patients' needs.*

Example

You ask your patient with abdominal pain what she thinks might be causing her pain and how much of a worry it is to her. You ask her what sort of help she is hoping you can give her. She tells you that she doesn't know what is causing the pain but it is very hard to bear. She is particularly worried because her mother had a pain like this last year and it turned out to be stomach cancer. She wants you to take the pain away and make sure she hasn't got cancer. You listen carefully to her story, and tell her that you can see how difficult this must be for her. You explain that the tests you have already done show that she does not have cancer, and that she is generally in good physical health. You tell her that, nevertheless, you know her pain is very real, and you will help her to manage it. Then you ask her about her home life. She bursts into tears. She tells you how much she misses her mother, and how difficult she is finding it to care for her three young children without her mother's help.

Resources

- Silverman, Kurtz and Draper (2013; 3rd Ed.) Skills for Communicating with Patients Radcliffe Medical Press
- Coll X, Papageorgiou A, Stanley A, Tarbuck A. (eds) (2012). *Communication Skills in Mental Health Care*. London, Radcliffe.
- Dowrick C. (2009). *Beyond Depression* 2nd edition. Oxford, Oxford University Press.
- Dowrick C (ed). (2018). *Person-centred Primary Care: Searching for the Self.* London, Routledge.

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3. **Assessment:** Family doctors identify and diagnose common mental health problems, and can identify severe mental health problems and assess risk.

Core competencies

- *Family doctors are aware of different cultural presentations and understandings of mental health problems.*

- *Family doctors diagnose common mental health problems, including depressive disorders, anxiety disorders and substance misuse.*
- *Family doctors distinguish common mental disorders from normal responses to adverse and traumatic events e.g. grief reactions.*
- *Family doctors assess how psychosocial stressors and supports affect the patient's mental health.*
- *Family doctors assess how mental health problems affect the patient's daily functioning.*
- *Family doctors undertake risk assessments, including suicide and self-harm, neglect, risk to others and risk from others.*
- *Family doctors are aware of severe mental health problems, including dementias, psychotic disorders and personality disorders.*
- *Family doctors understand interactions between physical and mental health, especially for patients with long term conditions, multi-morbidity or unexplained physical symptoms.*
- *Family doctors undertake physical health assessments and management of identified comorbid problems for patients with severe mental illness.*

Advanced practice

- *Family doctors know the prevalence and risk factors for common mental disorders.*
- *Family doctors apply and interpret common mental health assessment questionnaires to assist in diagnosis of common mental health problems.*
- *Family doctors diagnose dementias, psychotic disorders and personality disorders, usually with support from specialist mental health services.*
- *Family doctors assess a patient's mental capacity to make informed decisions about consenting and refusing types of medical care.*

Examples

Continuing to care for the young woman with abdominal pain, you know that it is common for patients to present mental distress with physical symptoms, particularly if they think that family doctors are only interested in physical health. You are aware that anxiety and depressive disorders are relatively common amongst women caring for young children, but you also consider that this patient's main problem may be a grief reaction following her mother's death. You gently ask her whether she has thoughts of harming herself, and are assured that she would not do so because her children need her.

You next see an older man whose son is concerned that he is becoming increasingly forgetful. He has wandered out of the family home on several occasions and been unable to find his way back again. Twice he has started to cook something on the fire and then left it unattended. His son is worried he will burn the house down. You undertake a simple cognitive assessment with the aid of a validated questionnaire, which indicates probably dementia. You arrange for a set of blood tests and refer him to specialist mental health services for further assessment.

Then you see a middle-aged man who has a longstanding diagnosis of schizophrenia. You decide it is time to check his cardio-metabolic risk factors. You ask him about his smoking, alcohol, dietary and exercise habits and his current use of antipsychotic medication, measure his blood pressure, calculate his body-mass index, and arrange for blood tests to check his glucose and lipid levels.

Resources

- Asen E, Tomson D, Young V and Tomsom P. T*en minutes for the family: systemic interventions for primary care*. Routledge. 2004.
- WHO: *Primary Health Care version of ICD-11*: in preparation.
- Simon GE, VonKorff M, Piccinelli M, et al. (1999). An international study of the relation between somatic symptoms and depression. *New England Journal of Medicine* 341:1329-35.

- Dowrick C, Frances A. (2013). Medicalising unhappiness: new classification of depression risks more patients being put on drug treatment from which they will not benefit. *British Medical Journal* 347:f7140.
- WONCA *Evidence-based first consultation for depression*. http://www.globalfamilydoctor.com/depressionconsultation
- Chitnis A, Dowrick C, Byng R et al. (2014). *Guidance for health professionals on medically unexplained symptoms.* London: Royal College of General Practitioners and Royal College of Psychiatrists.
- WONCA guidance on *medically unexplained symptoms:* in preparation.
- WONCA guidance on *multi-morbidity*: in preparation.
- French P, Shiers D, Jones P. (2014). *GP Guidance: Early Detection of Emerging Psychosis.* RCGP/RCPsych; 2014.
- De Hert M, Schreurs V, Vancampfort D and van Winkel R. (2009). Metabolic syndrome in people with schizophrenia. *World Psychiatry* 8: 15-22.
- For simple cognitive impairment tests, e.g. 6-CIT, see. https://patient.info/doctor/six-item-cognitive-impairment-test-6cit
- WONCA guidance on *physical health care for patients with severe mental illness*: http://www.globalfamilydoctor.com /SMI
- Positive Cardiometabolic Health Resource (Lester Toolkit). http://www.rcpsych.ac.uk/pdf/e-version%20NICE%20Endorsed%20Lester%20UK%20adaptation%20.pdf
- WHO mhGAP Intervention Guide 2.0. http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/

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4. **Management:** Family doctors manage people with common mental health problems, and the physical health of people with severe mental health problems.

Core competencies

- *Family doctors apply cognitive, behavioural and psychosocial interventions, e.g. psycho-education, motivational interviewing, stress management, behavioural activation, problem solving and mindfulness.*
- *Family doctors explain and prescribe antidepressant and anxiolytic medication, consistent with evidence-based guidelines.*
- *Family doctors are aware of the uses of anti-psychotic and anti-dementia medications and their principal side effects.*
- *Family doctors manage the physical health of people with severe mental illness, including infectious diseases, chronic respiratory diseases and cardio-metabolic interventions.*
- *Family doctors manage the mental health of people with chronic physical conditions.*
- *Family doctors engage and support families and carers of people with mental health problems.*
- *Family doctors ensure an appropriate plan for follow-up is in place.*

Advanced practice

- *Family doctors prescribe anti-psychotic and anti-dementia medications, usually with support from specialist mental health services.*

Examples

The young woman with abdominal pain realises that grief for her mother is probably her main problem. You discuss treatment options with her, and it is clear that she would prefer non-drug

approaches. You propose behavioural activation, and recommend an online meditation app. You help her to identify and involve supportive and family and friends. You arrange to see her again next week.

Having assessed your patient with schizophrenia, you find that he is overweight and has raised blood pressure. You give him information on healthy eating, and encourage him to take regular physical exercise. You advise him that he may need antihypertensive medication, being mindful of possible drug interactions with his antipsychotic medication.

An older woman with rheumatoid disease tells you that she is tired all the time and is finding no enjoyment in her life. She would prefer to be dead. You take a careful history, including assessment of risk, and diagnose severe depression. After discussing her problems with her and her daughter, you prescribe a course of antidepressant medication. You regularly monitor her suicide risk and response to medication, and consider referral to specialist mental health services if her symptoms do not improve.

Resources

- WHO mhGAP Intervention Guide 2.0. http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/
- David L. *Using CBT in general practice: the 10 minute CBT handbook.* 2nd edition. Scion. 2013.
- Stuart MR and Lieberman JA. *The fifteen minute hour: therapeutic talk in primary care.* 5th edition. Radcliffe. 2015.
- Robinson PJ, Gould DA, Strosahl KD. *Real behaviour change in primary care: improving patient outcomes and increasing job satisfaction.* New Harbinger Publications. 2011.
- WONCA *Evidence-based first consultation for depression*. http://www.globalfamilydoctor.com/depressionconsultation
- WONCA guidance on *non-drug interventions for common mental health problems*. http://www.globalfamilydoctor.com/NDI
- WONCA guidance on *medically unexplained symptoms:* in preparation.
- WONCA guidance on *multi-morbidity:* in preparation.
- Working Group for Improving the Physical Health of People with SMI (2016) *Improving the physical health of adults with severe mental illness: essential actions* (OP100). Royal College of Psychiatrists.
- WONCA guidance on *physical health care for patients with severe mental illness*: http://www.globalfamilydoctor.com/SMI
- Positive Cardiometabolic Health Resource (Lester Toolkit). http://www.rcpsych.ac.uk/pdf/e-version%20NICE%20Endorsed%20Lester%20UK%20adaptation%20.pdf

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5. Collaboration and Referral: Family doctors are aware of a range of available options and resources for care of people with mental health problems, and tailor them to their patients' and carers' needs.

Core competencies

- *Family doctors involve the patient as a resource for their own care.*
- *Family doctors involve the patient's family and social network as resources for patient care.*
- *Family doctors involve the wider primary care team, e.g. nurses, case managers and psychological therapists, as resources for patient care.*
- *Family doctors share the care of patients with severe or complex mental health problems with specialist mental health services.*

- *Family doctors initiate the management of emergency presentations in people with mental health problems.*
- *Family doctors are aware of mandatory legal requirements and know how to access legal interventions, for example in cases of violence involving patients with mental health problems.*

Advanced practice

- *Family doctors involve community and voluntary agencies, including faith communities with patient consent, as resources for patient care.*
- *Family doctors involve welfare agencies, including social care, housing, education and financial benefit systems, as resources for patient care.*

Examples

For your patient with schizophrenia, you involve his brother in plans for his new exercise routine. Together they decide to join a local walking group. You also ask his mental health specialist for advice on whether his current antipsychotic medication is affecting his weight gain.

When your older patient with rheumatoid disease is beginning to feel less depressed, you discuss with her how she has successfully tackled difficult problems in the past. You also ask your nurse to advise her on practical help in her home.

For the patient with severe mental illness who has been excluded by his family, with his consent you contact the leader of his local faith community, to discuss how to encourage the family to exercise their social obligations. You also ask the local police force to investigate allegations of violence towards this patient.

Resources

- WONCA-WHO. (2008). *Integrating Mental Health in Primary Care*. http://www.who.int/mental_health/policy/Mental%20health%20+%20primary%20care-%20final%20low-res%20120109.pdf
- RCGP Collaborative Care and Support Planning Toolkit. http://www.rcgp.org.uk/clinical-and-research/toolkits/collaborative-care-and-support-planning-toolkit.aspx
- Cochrane Collaboration (2012). Collaborative care for people with depression and anxiety. http://www.cochrane.org/CD006525/DEPRESSN_collaborative-care-for-people-with-depression-and-anxiety
- World Health Organisation. Scalable psychological interventions for people in communities affected by adversity. (2017). http://apps.who.int/iris/bitstream/10665/254581/1/WHO-MSD-MER-17.1-eng.pdf

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6. Reflective practice: Family doctors take care of their own health and well-being.

Core competencies

- *Family doctors know the limits of their own knowledge and skills.*
- *Family doctors actively seek support and advice if they are out of their depth, cognitively or emotionally.*
- *Family doctors nurture their own mental health.*

Examples

A young man tells you that his neighbours are watching him all the time and strangers are following him when he walks down the street. You are unsure whether these are ideas of reference, related to severe anxiety, drug misuse or a possible psychotic illness. You decide to refer him urgently for a specialist mental health opinion.

You are distressed after a patient tells you that she was abused by her father as a child and is now in a relationship with a man who is frequently violent towards her. You arrange to meet with one of your colleagues after work, to talk about how you are feeling.

You expect yourself to be a 'good enough' doctor, and do not strive to be perfect. You maintain a balance between your work and your home life, spending time with your loved ones. You find time for meditation or prayer. You make sure you have regular enjoyable activities in your life, such as reading, exercise and socialising.

Resources

- Rowe L, Kidd M. (2009). *First Do No Harm: Being a Resilient Doctor in the 21st Century.* New York: McGraw-Hill Medical.
- Dowrick C. Wellbeing blog: www.wellbecoming.blogspot.com
- Epstein R. (2017). *Attending: Medicine, Mindfulness and Humanity.* New York: Simon & Schuster.
- Foundation for Positive Mental Health. www.foundationforpositivementalhealth.com.

Implications for policy, education and research

These competencies provide a benchmark for the assessment of family doctors' knowledge and skills in, and attitudes towards, primary mental health care. We expect this document to be useful at many levels, for example:

- for family doctors wishing to assess and improve their own performance,
- for educators considering what subjects to cover in family doctor training programmes, and
- for policy makers developing regional or national initiatives to integrate mental health and primary care.

We are aware that in some countries, for example in Central Asia, the diagnosis and management of common mental disorders are not yet considered part of the family doctor's role. However we are confident that they should be. We encourage and support family doctors across the world to work with professional colleagues in related disciplines, and with regional and national policy makers, to make sure that these core competencies are implemented into their routine clinical practice. As examples, we commend:

- the WHO-led initiative to integrate mental health into primary health care across the Eastern Mediterranean region;
- the collaboration between primary care clinicians and Pan-American Health Organization (PAHO) to provide a series of mhGAP training programmes for family doctors across Brazil.;
- the collaboration between psychiatrists and family doctors from Australia and China to deliver a mental health training programme for GPs in Ghuangzou province, China.

We also expect that this document will be useful for those wishing to engage with audit and research in primary mental health care, for example audits of current practice regarding mental health diagnoses and range of existing treatment options; research into cultural variations of presentation of mental health problems in primary care settings; research into the clinical effectiveness of non-drug

interventions for depression; and research into the cost-effectiveness of family doctor-led physical health care for patients living with psychosis.

The WONCA Working Party for Mental Health will be please support family doctors, educators, policy makers and researchers seeking to develop initiatives based on this core competencies document. Drawing on a wealth of knowledge and experience, we are available to provide a range of international consultancies, focused particularly on the needs of low-income and middle-income countries. For further details, see http://www.globalfamilydoctor.com/mhconsult

Contributors

This document has been produced by a task group of the WONCA Working Party for Mental Health. The task group was chaired by Christopher Dowrick (UK) and its members were Abdullah Al-Khatami (Saudi Arabia), Michael Duncan (Brazil), Jane Gunn (Australia), Cindy Lam (Hong Kong), Christos Lionis (Greece), Ray Mendez (USA) and Sonia Roache-Barker (Trinidad & Tobago).

It is designed to be consistent with mental health-related competency work undertaken elsewhere, including:

- Brazilian Society for Family and Community Medicine. (2015) *Curriculo Baseado em Competências para Medicina de Família e Communidade*.
- European Union of General Practitioners (UEMO): http://www.uemo.eu/mission/
- Miller B, Gilchrist E, Ross K, et al. (2016). *Core Competencies for Behavioral Health Providers Working in Primary Care*. Colorado Consensus Conference.
- Royal College of General Practitioners. (2016). *Curriculum: Professional and Clinical Modules*. section 3.10 Care of people with mental health problems: http://www.rcgp.org.uk/training-exams/gp-curriculum-overview/online-curriculum/managing-complex-care/3-10-mental-health-problems.aspx
- Švab V, Švab I. Towards an international curriculum on mental illness for family medicine practitioners. In preparation
- University College London competence frameworks for the delivery of effective psychological interventions: http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks
- WONCA-WHO. (2008). *Integrating Mental Health in Primary Care.* http://www.who.int/mental_health/policy/Mental%20health%20+%20primary%20care-%20final%20low-res%20120109.pdf pages 189-199.
- World Health Organisation mhGAP training manuals. (2017). http://www.who.int/mental_health/mhgap/training_manuals/en/ Competency assessment forms are on pages 435-436.

An initial version of the core competencies document was proposed by task group members. This version was then circulated for comment to all members of the WONCA Working Party for Mental Health (WWPMH). Following feedback a revised version was produced and agreed amongst task group members. The revised version was circulated and received further comment from members of WWPMH (Aldyth Buckland, Amanda Howe, Igor Švab and Venetia Young), World Health Organisation's Department of Mental Health and Substance Abuse (Neerja Chowdhary, Tarun Dua and Fahmy Hanna), World Psychiatric Association (Helen Herrman and Roger Ng), World Federation for Mental Health (Gabriel Ivbijaro and Henk Parmentier), International Association for Communication in Healthcare (Evelyn van Weel-Baumgarten) and Royal College of General Practitioners (Carolyn Chew-Graham, Elizabeth England and Faraz Mughal). The final version was approved for publication by the WONCA Executive Committee.