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Mental health workers

Primary care mental health workers (PCMHW) can go beyond the supplementation of services for those with mild to moderate depression and anxiety, as described by Elizabeth England and Helen Lester.[1] In our inner-city locality we have had a wider impact on mental health services, by changing the quality of care for people with severe mental illness, contributing to the assessment work of mental health teams, providing an additional client-based service within these teams, and engaging in research and service development.

Case management of people with severe mental illness is poorly developed in general practice, and despite much exhortation over a decade or more there is little evidence of shared care of patients with schizophrenia, severe major depression and bipolar disorders. We have demonstrated that PCMHWs can act as case managers for patients with severe mental illness, collating clinically and socially relevant data and capturing it in electronic templates that are modifiable in routine consultations.[2] This process of data capture involves using structured checklists in interviews with patients, and similar structured data extraction tools for analysing community mental health team records as well as those in general practice.

Moving between primary and secondary care also allows the PCMHW to contribute to community mental health team work, particularly in assessments of new referrals, and by providing a client-centred service to those who do not meet the criteria for secondary care provision. Working under supervision of secondary care and being part of this supportive team helps with the professional development of PCMHWs. This training then becomes an asset in expanding the range of practice-based services for patients with mild to moderate anxiety and depression. Finally, research and development work includes promoting training in identifying and responding to depression in teenagers, using a modified form of cognitive behavioural therapy, during routine GP consultations.[3]

The description of the tensions in developing the role of the PCMHW given by England and Lester resonates with our experience, where the roles of the new workers have been jointly negotiated by practices, the mental health trust, the PCMHWs themselves and the primary care trust. These negotiations have been fruitful, but funding problems, particularly around supervision, remain an obstacle to continued development of PCMHW roles.

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Handshakes and spoof publications

The Letter 'The meaning of the handshake towards the end of the consultation'[1] from the April edition of the *BJGP* brought much amusement whether this is an 'April fool' or a piece of 'off the wall' research. I have to assume it is a joke for several reasons:

- If it was real, only 1.2% of his patients are pleased with his consultation style (ergo-98.8% may have some significant reservations about him and therefore he would be unwise to let his appraiser know.

- If it was real why didn't he get it published in the normal way ? Easy to answer that one; no sane ethics committee would let this one past. And how could you justify spending time getting consent from the participants for such nonsense?

- If it was real he should have looked more broadly at the topic. Why do others not shake hands? What difference does cultural background of patient or doctor make? What about class, socioeconomics or education?

Anyway, what difference does it make except that you would have to wash your hands again.

Anyway, nice one. You nearly had me fooled into thinking both the Editor or the doctor had been daft publishing this when I realised it was April.

A more important debate is whether any journal be permitted to publish spoof material in Medline searchable format. I have long been of the opinion that for internationally-read journals the practice should be banned and that any breach should be regarded as research fraud. You may feel this is an overreaction but unfortunately I have seen spoof articles referenced in serious papers. The distinction is not always clear even to those whose first language is English and I believe it is insulting and arrogant to deceive other professionals who have to waste time trying to work out what is real.

At least the *BJGP* have not fallen into the practice of publishing pretend original research (or have they?)

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