International Journal of Mental Health and Psychiatry

Review Article A SCITECHNOL JOURNAL

A Review of Work-Based Learning Opportunities Relating to Mental Health Care for Trainee Gps

Budd M*

Department of Psychology, Lancashire & South Cumbria NHS Foundation Trust, Preston, Walton Summit, PR5 6AW, United Kingdom.

***Corresponding author:** Miranda Budd, Department of Psychology, Consultant Clinical Psychologist, Project Lead, Lancashire & South Cumbria NHS Foundation Trust, United Kingdom, Tel: 07973736194; E-mail: miranda.budd@lscft.nhs.uk

Received Date: March 10, 2021; **Accepted Date:** March 25, 2021; **Published Date:** March 31, 2021.

Abstract

Mental health care is a core part of the business of general practice. GPs are frequently providing care for people with mental health problems. So how well does specialty GP training prepare trainees in terms of mental health care skills in a primary care setting? This review aims to understand what the current recommendations, policy guidance and research literature suggest in terms of work-based learning opportunities in relation to mental health care for trainee GPs. Results of the review revealed that there are ongoing issues in this area. With reports of less than half GP trainees receiving any kind of mental health placement and then concerns being raised about appropriately a psychiatry placement will up-skill the trainee ready for their future primary care work place. There also seems to be missed opportunities in other hospital and community rotations in terms of mental health related learning opportunities. Recommendations relating to integrated training placements and more emphasis placed upon learning days in different services, away from hospital posts are made.

Keywords: GP training; Mental health placements

Introduction

The Royal College of General Practitioners (RCGP) curriculum outlines 13 specific capabilities that are core to general practice, one section of which, relates to caring for those with mental health difficulties [1]. GP training is currently a three-year programme that consists of 18 months in general practice and 18 months in a variety of hospital or community specialties. General practice training has remained largely unchanged for many years now, despite the huge changes in the organisation and structure of the NHS [2-4]. Our awareness and understanding about mental health has also changed dramatically over time. There is a call for GP training to be extended [5]. This extension is generally supported by GP trainers and educators, some of whom has advised that extended training would allow for additional placements in areas such as mental health [6,7]. The RCGP make recommendations about where such mental health rotations should be and they include community mental health services, psychological therapy services, children's mental health services and psychiatric liaison teams, rather than in hospital settings. Whilst teaching and education sessions on mental health are important and provide trainees with vital knowledge, there is evidence to suggest that work-based learning has a greater impact in comparison to didactic teaching sessions [8-10]. Research has found that GPs who had undertaken a psychiatric rotation were significantly more likely to report a higher confidence in their ability to recognise and manage psychiatric presentations [11].

In 2017, the RCGP published an updated position statement on mental health care in primary care. The main premise of the paper is that mental health care always will be a core part of the business of general practice. The evidence and figures are available to support the idea that GPs are frequently providing care for people with mental health problems. 81% of people first come into contact with mental health services *via* their GP [12] and it is estimated that around one in three GP appointments involves a mental health component [13]. Demand for mental health support in primary care is increasing. In a survey of 1000 GPs published in 2018, 66% reported that the proportion of individuals needing help with their mental health had increased over the previous 12 months [14]. Yet, in England, only 24% of people with a common mental health problem receive treatment [15]. Why might this be the case?

Mental health prevention and promotion work plays a key part in primary care, with those who typically have low level, or common mental health problems having greater healthcare use (calling and attending their GP surgery) without accessing formal treatment [16]. Mental health prevention and promotion strategies can be universal, focusing on improving a person's resilience and preventing their mental health from worsening [17]. It has been shown to effectively increase mental well-being in primary care and reduce healthcare costs [18,19]. It is therefore reasonable to suggest that there would be a huge benefit of trainee GP's having a larger mental health component based in primary care.

This review aims to understand what the current recommendations, policy guidance and research literature suggest in terms of work-based learning opportunities in relation to mental health care for trainee GPs.

Methods

The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISM) guidelines [20] was used. A systematic review of the published literature relating to mental health work-based learning for GP trainees was conducted.

The PubMed and Medline datasets were searched *via* a Healthcare Databases Advanced Search (HDAS) to identify articles relating to mental health placements and training for GP trainees. The search strategy used was to search eight relevant terms, which are displayed in table 1. The searches were then narrowed to include articles dated from January 1990 to September 2020, restricting the search results to articles written in the English language and then the search field used was 'title and abstract only'.

Search term	PubMed results	Medline results
GP trainee mental health placement	0 results	1 result 0 relevant
GP trainee	52 results 1 relevant following initial review	172 results 6 relevant following initial review

	0 included in final review	1 included in final review
GP trainee mental health	0 results	3 results 2 relevant following initial review 0 included in final review
ST3 GP mental health	0 results	0 results
ST3 GP placements	0 results	0 results
Primary care placements for GP trainees	2 results 0 relevant following initial review	1 result 0 relevant following initial review
Primary care placements mental health	73 results 2 relevant following initial review 2 included in final review	26 results 0 relevant following review
GP training mental health	443 results 8 relevant following initial review 1 included in final review	148 results 8 relevant following initial review 1 included in final review

Table 1: Search terms used and results.

The RCGP website and various charity website pages (for example, Mind) were searched in order to access relevant policy documents (Table 1).

Study selection

Initially, records were selected by reviewing the title. If more detail was required then the abstract was reviewed, then if appropriate, the full-text article was accessed and reviewed.

Inclusion

Studies focusing upon mental health learning during a rotation were included in the review. This included psychiatry placements, but also GP trainees in a hospital placement with links to an attached mental health service, or an acknowledgement of an element of mental health relevant to the client group they were working with. Studies that addressed how GP training can impact upon the future role, for example, relating to confidence to work with mental health issues, identification and management of mental health were included. Papers or commentaries that explored GP trainee's experiences of placements working with specific mental health presentations. Any paper that made reference of the assessment of GP trainee competence relating to mental health.

Exclusion

All studies that related to training and education for GP's post qualifying were excluded, as this topic instead referred to continuing professional development (CPD). If the paper was more specifically about the reformation and extension of training and made little or no reference to placements in mental health settings, they were not included. Finally, if the focus of the paper was solely upon education (didactic teaching), as opposed to work-based learning then it was also excluded.

Data extraction

The purpose of completing this review is to inform understanding in relation to mental health placements for trainee GPs. Therefore, the information extracted from the articles was based upon whether it would helpfully inform this piece of work.

Results

Literature search and study selection

Once filters were applied, across the four databases, the titles of 921 articles were reviewed. 27 met the inclusion criteria and warranted a review of the full paper. Then 5 studies were included and deemed appropriate to include in this current review as they helped the authors meet the original aim.

Trainee GPs and mental health placements

The care provided for those with mental health problems has been identified as a weakness in current UK GP training [21,22]. There have been many attempts to increase the focus, understanding and confidence about mental health problems in general practice. A joint statement of general practice vocational training in psychiatry outlined recommendations for the training and experience that GP trainees should receive. More recently, the push to rotate more GP trainees through psychiatry has continued. Infact, the RCGP (2012) outlined the potential future impact on people with mental health problems if GP training is not enhanced. They raise concerns such as: missing opportunities to promote mental wellbeing; failure to recognise mental ill-health and intervene at an early stage; lack of recognition of the link between physical and mental health; potentially missed opportunities for preventing suicide; inadequate detection and treatment of dementia and, poor support for people with mental health problems and their carers. The Five Year Forward View for mental health [23] propose that the Department of Health and NHS England should work with the RCGP and HEE to ensure all GPs receive core mental health training. The DoH call for professional bodies to 'future proof' education and training programmes, meaning that training needs to develop clinicians that can meet future service and public health needs, with mental and physical health being treated with equal priority [24].

So are GP trainees getting the work-based learning opportunities they need to be effective and confident practitioners in their future primary care workplace? In 2016, the mental health charity, Mind, completed a report 'Better equipped, better care: Improving mental health training for GPs and practice nurses'. They submitted a Freedom of Information (FOI) request to Health Education England and the Welsh Deanery, asking what proportion of GP trainees undertook a rotation in psychiatry between 2013 and 2015. Responses showed that, on average, less than half (46%) of trainee GPs undertook a rotation in a mental health setting in that time frame. Furthermore, the only mental health related option offered to trainee GPs was in psychiatry, which was based in secondary and tertiary care, not primary care. One of the key recommendations as a result of their findings, was that all trainees should undertake a rotation in a mental health setting. The report not only recommends this, but also highlights the important point that secondary and tertiary care mental health placements may not appropriately equip trainees to then work in primary care and community settings.

In 1998, Williams evaluated if trainees own clinical competence relating to mental health was improved by a six-month psychiatric placement. They asked all GP trainees working in psychiatric placements in the South-West region to complete a questionnaire at the start and end of a six-month placement in February 1996. Results suggested that clinical competency appeared to improve in all but one of the areas appraised. However, skills were ranked more highly in dealing with hospital-based problems than those likely to be encountered in primary care. For example, skills related to managing psychiatric emergencies and prescribing in acute psychosis were rated more highly than skills relating to identifying psychosocial issues and managing depression.

Whilst there is no doubt, that a rotation in psychiatry will be helpful for the learning and development of trainee GPs, there are other settings, for example, IAPT, CAMHS and community settings that would provide insight into services where larger numbers of the population GPs will be working with will be seen [25]. Mind also comment that whilst a trainee is on rotation in general practice, they will of course come across mental health cases, however, the experience will be variable and will depend upon the existing approach and attitude to mental health within the practice.

In addition to specific mental health placements, there are also work-based learning opportunities that enhance a holistic understanding of an individual being cared for in other settings. For example, whilst in a palliative care placement, there will likely be mental health professionals working in the same environment, on a pediatrics hospital ward; there will be links with CAMHS, in A&E there will be the psychiatric liaison or crisis team. So perhaps GP trainees enhance their learning about mental health care through opportunities such as these? Given that GPs are traditionally the leaders in holism, a question about how appropriately we are preparing trainees, in the absence of mental health placements is raised. Both the Five Year Forward View for Mental Health [26] and Bringing Together Physical and Mental Health: A New Frontier for Integrated Care [27] emphasis the need to integrate physical, mental and social care.

Training opportunities within all placements

Denny worked on a project which aimed to improve the overall quality of hospital rotations for GP trainees by providing their supervisors with a 'Super Condensed Curriculum Guide (SCCG)'. The paper writes that the intended outcomes were to facilitate the development of specialty training posts with respect to future GP career and curriculum coverage, create a tool and training package to enhance the current learning opportunities provided in the hospital posts, and improve the delivery and understanding of the RCGP curriculum whilst in the hospital component of GP training. The guide also included information about local opportunities, such as specialised clinics and community teams. They then sort feedback from supervisors and trainees. The trainees reported that their training needs did not meet the requirements of the GP curriculum, and were overridden by service requirements. The paper reports that participants therefore felt that a significant proportion of the learning and experience that they gained had little relevance to their future role as a general practitioner [28].

Within the literature, some papers comment upon the importance of providing opportunities during hospital or physical health specialty placements to link with associated mental health services. Thus allowing for a more holistic learning experience. Noonan et al., conducted semi-structured interviews between March and June in 2017 with trainee GP's in General Practice in Ireland to explore learning experiences associated with perinatal mental health. Those who had had an obstetrics placement reported that the focus was upon medical topics in terms of practical experience. The researchers comment upon the lack of focus upon associated mental health problems, which resulted in participants feeling somewhat "unprepared for their role" once in general practice [29].

Interestingly, Stone & Gordon explored the cultural shift trainees are required to go through when transitioning from hospital placements and into the community [30]. GP trainees described some of the challenges they felt they faced, for example, individuals with Medically Unexplained Symptoms (MUS) were not "valued" in a hospital setting, so they felt they needed to reorient their thinking to adopt a new cultural role as a primary healthcare provider. Some reported that hospital consultants have difficulty in fully appreciating the curriculum competencies required to be a GP [31], which is understandable given it is a different specialty to their own. Additionally, the training needs of the GP trainee may vary to other specialty trainees.

Mental health of children and young people

The health of children and young people is also sighted as an area that would potentially receive more focus if GP specialty training were to be extended. Given that, in the UK, two-thirds of children see their GP at least one a year [32] and there has been a steady rise in those who are presenting with mental health difficulties, from one in nine in 2017, to one in six in July 2020 [33-35]. Understanding and working with mental health in young people is a complex area and there is concern that only a minority of individuals receive an appropriate diagnosis and treatment [36]. Many GPs report a lack of confidence in their competence and skills in child and adolescent mental health [37]. A more recent study reported similar findings; that there is a wide variation in GPs' confidence in managing anxiety in children [38-45].

In 2019, O'Brien et al., explored the extent to which GPs experience was a barrier to, or a facilitator of identifying, managing and accessing specialist services for anxiety in children and young people, as well as factors associated with GPs confidence. Results showed that only a minority believed that their training in the identification (21%) and management (10%) was adequate. The paper also highlighted an issue in terms of the professional relationship GPs felt they had with local services. In seems likely that opportunities to link with such services, such as CAMHS, during training may help increase GPs knowledge about local services, the referral pathways and who to contact should they wish to discuss a case. This research supports recommendations from the RCGP that GPs should receive specialist-led training in child health and mental health problems [38]. Smith wrote an interesting commentary, as a trainee GP, and published his experience of a CAMHS placements in the British Journal of General Practice. His comments included: "After only a matter of weeks, I realised the huge relevance of CAMHS to GPs. Every child who comes through the door has not just got an illness that needs to be treated [46-50]. There are psychological and social factors (which are the mainstay of GP consultations) to explore and understand. Indeed, these often dominate the session."

"I would strongly advise all trainees to arrange 1 or 2 days at a local CAMHS clinic, to experience the set-up of local services, find out what therapeutic interventions are used, and see some of the common conditions (such as ADHD, school refusal, and self-harm). I for one

have greatly valued my experience so far, and feel that I would be able to deal with many of the problems that GPs encounter given adequate time" [51-55].

Conclusion and Recommendations

The figures relating to increasing mental health need in primary care settings, and how frequently this need presents within the context of a GP consultation, make clear the significance of ensuring GP trainees do indeed meet the curriculum competencies in relation to mental health. There isn't a vast amount of literature available in this area, but between the organisation policies, third sector position papers and of the research literature that is available, it is clear that there is support to enhance work-based learning in mental health care for GP trainees. Perhaps the clearest piece of work was the Mind document, which following a FOI, found that between 2013-2015, less than half of all GP trainees had a rotation within mental health. In addition to the scarcity of such placements, questions are also commonly raised about how applicable the skills are that are learnt in mental health secondary and tertiary care placements to the future workplace of a GP. There also appears to be missed opportunities for learning in other rotations, within which, a trainee could spend some time with the associated mental health service provision, for example, CAMHS when working in paediatrics. There have been recommendations made for the extension and enhancement of GP training. Whilst we are waiting for these recommendations to be put into place, it makes sense to maximise the learning opportunities available within the current placements trainees have. From the available evidence, there does appear to be a clear link between having experienced a mental health placement and future confidence in working with and caring for individuals with mental health problems. This confidence also seems to be associated with a lower prescribing level of psychotropic medication.

There are however, also examples of good practice. In the Mind report, the Kent, Surrey and Sussex Deanery reported that in 2013, 75% of trainees had a mental health rotation. Currently, in 2020, the course reports that 100% of their trainees now undergo mental health placements. Potentially, one aspect that may have helped the Deanery achieve this is their use of Integrated Training Posts (ITPs). ITPs were introduced to improve orientation to primary care, address gaps in GP trainee's knowledge and skills and improve recruitment into general practice. ITPs have been shown to be educationally effective and well received, particularly to GP trainees. ITPs usually mean that rotations last four months, instead of six, which ultimately means that more trainees can have the opportunity of experiencing a mental health placement, when there are a limited number available.

Greater Manchester Mental Health (GMMH) Deanery have developed what are known as GP+ posts, which ensure that GP trainees experience a mental health placement. This is a relatively new initiative that aims to increase the number of trainees who have a mental health rotation and is currently being evaluated and rolled out to other areas.

There are numerous recommendations contained within various guidelines and policy documents about where potential, appropriate mental health placements for trainee GPs may lie. Examples include CAMHS, IAPT and other community teams. What is needed now is a scoping exercise in different regions to identify possible placement partners. It is likely that in addition, part of this exercise will include identification of the benefits of such placements for both parties, for example, the trainee GP but also the IAPT service who offers to host the placement. Of course, all such placements, will need to be approved by the General Medical Council and such placements will require dual supervision by GPs and mental health specialists, and part time roles that allow for time in general practice each week. What is now needed is a model of mental health placement with recommendations for where these link rotations may take place.

We are moving towards a model of community care for services such as mental health care, as recommended in the NHS long term plan (2019), creating 'new and integrated models of primary and community mental health care' by 2023/24 (NHS England 2019). Mental health need across the lifespan is increasing and if predictions for a rise in mental health need following the Covid-19 pandemic is accurate, then not only will GPs need the right training and skills to help the community they work within, they will also need the appropriate support to manage their own mental health needs. Mental health prevention and promotion work will therefore fit in well here in order to manage the increasing mental health need within the community. The role of a GP is well known to be emotionally draining and there is much in the literature about burnout. Therefore, it seems vitally important, in a paper that is recognizing the rise of mental health need within the population general practice serves, that we also recommend any development of training goes hand-in-hand with consideration about how GPs themselves will be supported to manage their own wellbeing.

References

1. The RCGP Curriculum Being a General Practitioner (2019) The Royal College of General Practitioners 02-97.
2. Department of Health (2008) High quality care for all: NHS next stage review final report. London: The stationery office.
3. Department of Health (2008) NHS next stage review: our vision for primary and community care. London: DoH.
4. Department of Health (2009) Transforming community services: enabling new patterns of provision. London: DoH.
5. Greenaway D (2013) Securing the future of excellent patient care. Final report of the independent review. Shape of Training. General Medical Council.
6. Ferguson J, Wakeling J, Cunningham DE (2014) General practice training in Scotland: The views of GP trainers and educators. Educ Prim Care 25: 211-220.
7. England L (2017) RCGP Position statement on mental health in primary care. Primary care mental health steering group. Royal College of General Practitioners 3-21.
8. Gilbody S, Whitty P, Grimshaw J, Thomas R (2003) Education and organizational interventions to improve the management of depression in primary care: A systematic review. JAMA 289: 3145-3151
9. Gask L, Sibbald B, Creed F (1997) Evaluating models of working at the interface between mental health services and primary care. Br J Psychiatry 170: 6-11.
10. Hodges B, Inch C, Silver I (2001) Improving the psychiatric knowledge, skills and attitudes of primary care physicians, 1950-2000: A review. Am J Psychiatry. 158: 1579-1568.
11. Agyapoing VIO, Jabbar F, Conway C (2012) Shared care between specialised psychiatric services and primary care: The experiences and expectations of General Practitioners in Ireland. Int J Psychiatry Clin Pract 16: 293-299.

12. Gask L, Lester H, Kendrick T, Peveler R (2009) Primary Care Mental Health. RCPsych Publications.
13. London Strategic Clinical Network for Mental Health (2014) A commissioner's guide to primary care mental health.
14. Mind (2018) 40% of all GP appointments about mental health. Mind website.
15. McManus S, Meltzer H, Brugha T, Bebbington PE, Jenkins R (2009) Adult psychiatric morbidity in England, 2007: results of a household survey. Leeds: NHS Digital 1.
16. Kim ES, Park N, Sun JK, Smith J, Peterson C, et al. (2014) Life satisfaction and frequency of doctor visits. Psychosomatic medicine 76: 86.
17. WHO (2004) Prevention of mental disorders. Effective interventions and policy options. Geneva: World Health Organisation.
18. Jacka FN, Reavley NJ (2014) Prevention of mental disorders: evidence, challenges and opportunities. BMC Med. 12: 75
19. Jane-Llopis E, Katschnig H, McDaid D, Wahlbeck K (2011) Supporting decision-making processes for evidence-based mental health promotion. Health Promot Int 1: 40-46.
20. Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A, et al (2015) Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 Statement. Systematic Reviews 4.
21. Gofal (2011) The voice of Lived Experience.
22. Lester H. Shared care for people with mental illness: a GP's perspective. Adv Psychiatr Treat 11: 133-139.
23. The five year forward view for mental health (2016) A report from the independent mental health taskforce to the NHS in England.
24. Department of Health (2015) Delivering high quality, effective, compassionate care: Developing the right people and the right skills and the right values.
25. Mind (2016) Better equipped, better care. Improving mental health training for GPs and practice nurses.
26. NHS Digital (2015) Prescription Cost Analysis, England 2015.
27. Naylor C, Das P, Ross S, Honeyman M, Thompson J, et al. (2016) Bringing together physical and mental health: a new frontier for integrated care. London: The Kings Fund.
28. Denny M (2014) Signposting GP trainees to relevant learning opportunities in hospital posts: the Super-condensed Curriculum Guide. Br Med J.
29. Noonan M, Doody O, O'Regan A, Jomeen J, Galvin R (2018) Irish general practitioners' view of perinatal mental health in general practice: a qualitative study. BMC Family Pract 19: 196.
30. Stone L, Gordon J (2015) Learning to provide patient-centered care with patients with medically unexplained symptoms: a grounded theory study in Australian. General Practice 4.
31. Bedward J, Davison I, Burke S, Thomas H (2011) Evaluation of the RCGP GP Training Curriculum. A final report. Warwick Medical School.
32. Hippisley-Cox J, Vinogradova Y (2009) Trends in consultation rates in general practice 1995/1996 to 2008/2009: analysis of the QResearch database. NHS Information Centre and Department of Health.
33. Charles J, Harrison CM, Britt H (2011) Management of children's psychological problems in general practice 1970-1971, 1990-1991 and 2008-2009. Aust N Z J Psychiatry 45: 976-984.
34. Kelleher KJ, McInerny TK, Gardner WP, et al. (2000) Increasing identification of psychosocial problems: 1979-1996. Pediatrics. 105: 1313-1321.
35. NHS Digital (2020) Mental health of Children and Young People in England 2020: Wave 1 follow up to the 2017 Survey.
36. Hickie IB, Fogarty AS, Davenport TA, Luscombe GM, Burns J (2007) Responding to experiences of young people with common mental health problems attending Australian general practice. Med J Aust 187: 547-552.
37. Roberts JH, Crosland A, Fulton J (2013) 'I think this is maybe our Achilles heel 'exploring GPs' responses to young people presenting with emotional distress in general practice: a qualitative study. BMJ 3.
38. O'Brien D, Harvey K, Young B, Reardon T, Creswell C (2017). GPs' experiences of children with anxiety disorders in primary care: a qualitative study. Br J Gen Pract 67 : 888-898.
39. Mathers N (2013) Improving general practice- a call to action. Royal College of General Practitioners.
40. Griffin R, Tarabie A, McLean I (2011) An evaluation of the experience of integrated GP training placements in Kent, Surrey and Sussex Deanery. Educ Prim Care 11: 74-82.
41. Sales B, MacDonald A, Scallan S, Crane S (2016) How can educators support general practice (GP) trainees to develop resilience to prevent burnout? Educ Prim Care 27: 487-493.
42. Developing people for health and healthcare (2014) Broadening the Foundation Programme. Recommendations and implementation guidance. Health Education England 1-132.
43. Freeling P, Rao BM, Paykel ES, Sireling LI, Burton RH (1985) Unrecognised depression in general practice. British Medical Journal (Clinical research Edition) 290: 1880.
44. Freeman AC, Sweeney K (2001) Why general practitioners do not implement evidence: qualitative study. Br Med J 323: 1100.
45. Fleury MJ, Bamvita JM, Farand L, Tremblay J (2008) Variables associated with general practitioners taking on patients with common mental disorders. Mental health in family medicine 5: 149-160.
46. Rimmer A (2014) GP trainees should receive mental health training, says chief medical officer. Br Med J 349: 5578.
47. NHS Long Term Plan (2019) NHS England.
48. NHS Mental Health Implementation Plan 2019/20-2023/24 (2019) NHS England 1-54.
49. O'Brien D, Harvey K, Creswell C (2019) Barriers to and facilitators of the identification, management and referral of childhood anxiety disorders in primary care: a survey of general practitioners in England. BMJ: e023876.
50. Penrose-Wall J (2000) Their full potential, The national general practice guideline implementation program. Conference presentation, 'To their full potential: evidence based guidelines uptake in primary mental health care', Centre for GP Integration Studies, Sydney, 2000.
51. Richards JC, Richards JC, Ryan P, Mccabe MP, Groom G, et al. (2004) Barriers to the Effective Management of Depression in General Practice. Australian & New Zealand J Psychiatr 38: 795-803.
52. Rutz W, Knorring LV, Walinder J (1992) Long-term effects of an educational program for general practitioners given by the Swedish Committee for the Prevention and Treatment of Depression 85: 83-88.

53. Smith AJ (2019) Is CAMHS suitable for a GP training placement?. Br J Gen Pract 59: 378-379.
54. Thompson C, Kinnimonth AL, Stevens L, Pevele RC, Stevens A, et al. (2000) Effects of a clinical-practice guideline and practice-based education on detection and outcome of depression in primary care: Hampshire Depression Project randomized controlled trial. The Lancet 355 9199: 185-191.
55. Williams K (1998) Self-assessment of clinical competence by general practitioner trainees before and after a 6-month psychiatric placement. Br J Gen Pract 48 : 1387-1390.