



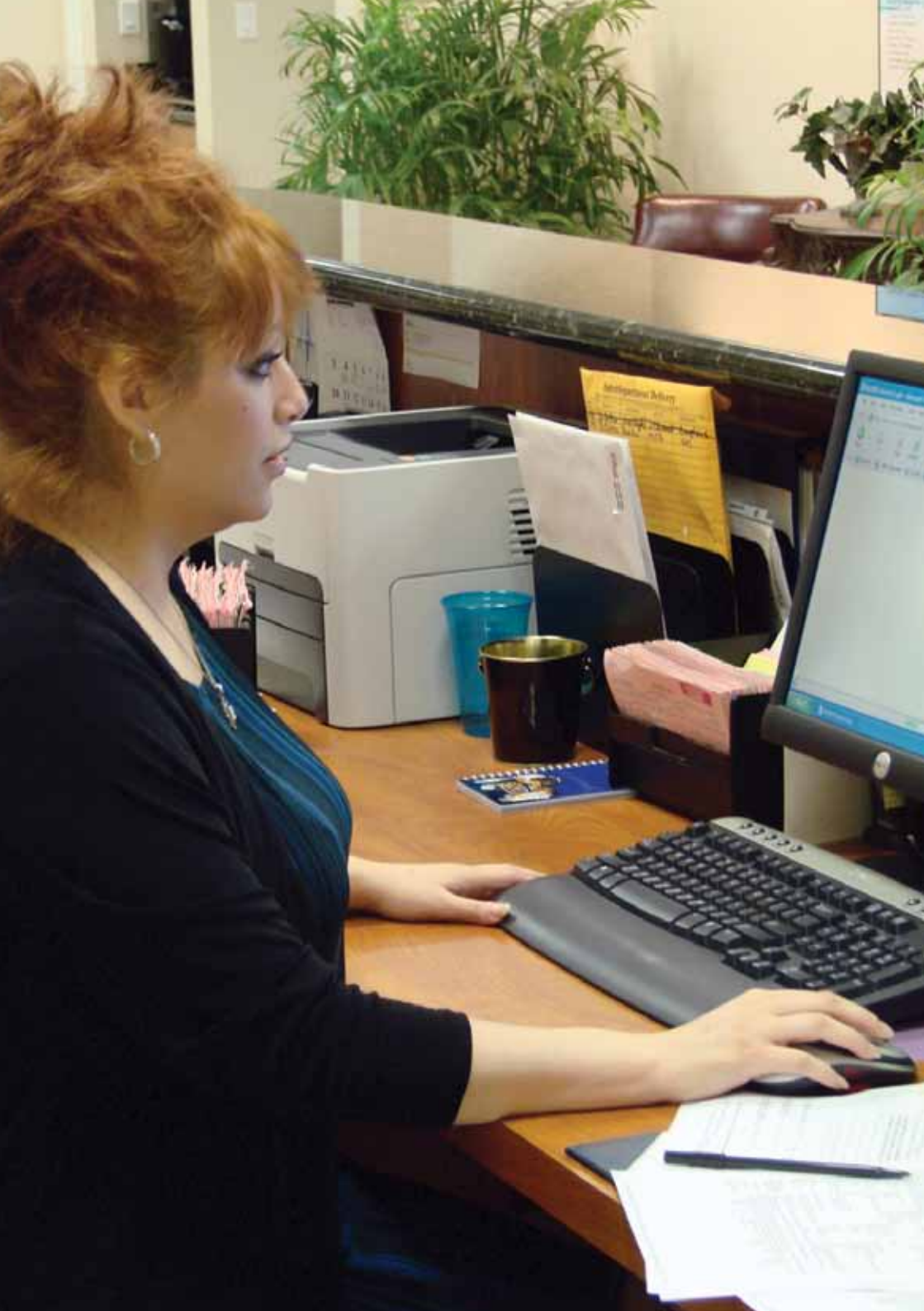
What's reasonable?

**Mental illness and disability
law in your GP practice.**

Produced in collaboration with



Royal College of
General Practitioners



Your legal duty.

The Equality Act 2010 confers a duty on GP practices to make 'reasonable adjustments' for people with a disability. This constitutes the removal of policies that make access for disabled people 'impossible' or 'unreasonably difficult'.

Areas of your practice which are covered by this legislation are:

- Reception.
- Equipment.
- Building (including waiting areas).
- Staff behaviour.

People who are affected by mental illness are covered by the Equality Act 2010 when their condition impacts substantially on daily living. The need for mental illness to be 'clinically well recognised' was removed from the legislation in 2005.

We know that for someone with a physical disability, a wheelchair ramp may be required at the practice, or that for a patient whose hearing is impaired, a visual signal might be needed in the waiting room. So what does a 'reasonable adjustment' look like for someone with a mental illness?

Where reasonable adjustments are not made, the repercussions for the patient can be stark. In the case of Alice, a young woman with schizophrenia, a procedural requirement to book appointments from 8am almost resulted in her being sectioned.

Because the medication Alice takes leaves her unable to speak coherently in the mornings, she stopped taking it so that she could ring for an appointment, however she only managed to get one after three days. By this time, she was unable to manage her symptoms and had to be helped to the practice.

A simple adjustment to the booking system would have been all it took to ensure Alice had access to the same quality of care that people with physical health problems receive.

This report is based on the results of a joint Rethink Mental Illness and RCGP event involving mental health service users, carers, GPs and practice staff. It offers practical examples of how to make reasonable adjustments for people with a mental illness so that your practice can fulfil its legal obligations under the Equality Act 2010. We have included good practice points, which we are aware of some practices carrying out.

We hope that you find it a valuable tool in running an effective practice.



Paul Jenkins
Chief Executive, Rethink Mental Illness



Dr Huw Lloyd
Chair, Mental Health Group, RCGP

Booking appointments.

Registration and appointment booking times need to be more flexible where possible. A morning scramble for an appointment could be an impossible hurdle for someone with a mental illness. Certain medications mean that some people are unable to get up and be coherent early in the morning. There is a danger that restrictive procedures will lead to people not taking their medication, or giving up on securing an appointment time at all.

It may be difficult for people to fully relay the urgency of their situation over the phone. Such is the stigma surrounding mental illness, if someone is in a public place or shared accommodation they may feel uncomfortable discussing symptoms over the phone and in earshot of others.

Good practice point

Allowing people with a mental illness to make appointments at later times or outside traditional booking hours.



Sometimes, people with a mental illness can be forgetful due to their symptoms. Adjustments should be made to take account of this. For example, writing out 'appointment cards' that a patient can keep in their wallet or sending out a reminder.

Additionally, if someone does not attend, they should not be automatically removed from the practice register. This may be because of an unexpected crisis.

"My practice is great. They know me and if I say it is urgent they do everything they can to fit me in."

Records.

Good practice point

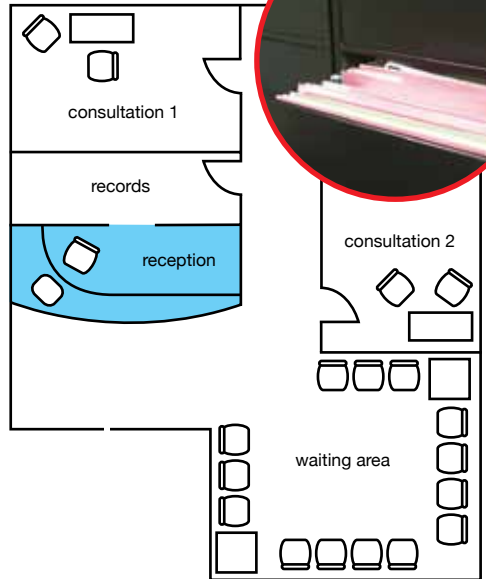
Text, email and phone reminders for appointments, or for the need to pick up new prescriptions.

It may be necessary to develop a flagging system for patient records to show whether adjustments are required. This shouldn't contain any information about a person's mental health history – it should just state 'access requirements' or similar, as when flagging a physical disability.

This is something that is vital for larger practices where a patient may see a different GP at each attendance. Where there is less familiarity with a patient, flagging becomes more important.

Good practice point

Asking yes or no questions on the phone or at the reception desk. For example, 'Is this a good time to talk?', or 'Would you like me to call back at a pre-arranged time?'.



The registration stage is an ideal opportunity to record a patient's access requirements. As the Disability Rights Commission (DRC) pointed out in 2004, capturing this information really shouldn't be any more difficult than recording someone's address or telephone number. We would like to see this as a standard feature of the process.

Practice staff training.

Practice staff – particularly reception staff – are crucial to people’s experience of primary care. For those who may be experiencing delusions or paranoia, staff attitudes could make all the difference between someone seeing their GP successfully, or abandoning their appointment.

Mental Health Awareness training for practice staff is classed as a ‘reasonable adjustment’ under the Equality Act 2010, as it covers staff behaviour.

The best way to help staff understand mental illness is to have training delivered by people affected by these issues. You can find out more about how Rethink Mental Illness can help you with this at the back of this booklet.

‘There are attitudes from GP receptionists, for example “you don’t look ill”, or “what’s the panic?” when you approach the reception window in public eye and earshot. It just shows the ignorance towards people with a mental illness.’

Good practice point

Capturing access requirements at registration stage, when summarising notes and when new information is received into the practice.

Given that mental illness will affect 1 in 4 people at some stage of their lives, training can benefit practice staff on many levels, as well as aiding professional development.

‘The reception staff are very good, understanding, friendly – they don’t even stare at my scars!’



David Shiers
GP and Advisor to CSIP West Midlands

“We know that people with a mental illness such as schizophrenia or bipolar disorder may sometimes be ‘at risk’ of developing other physical problems over time.

“This idea of being ‘at risk’ is shared with a number of longer term conditions (like asthma or diabetes) where general practice has successfully introduced better systems for screening and dealing with problems much earlier.

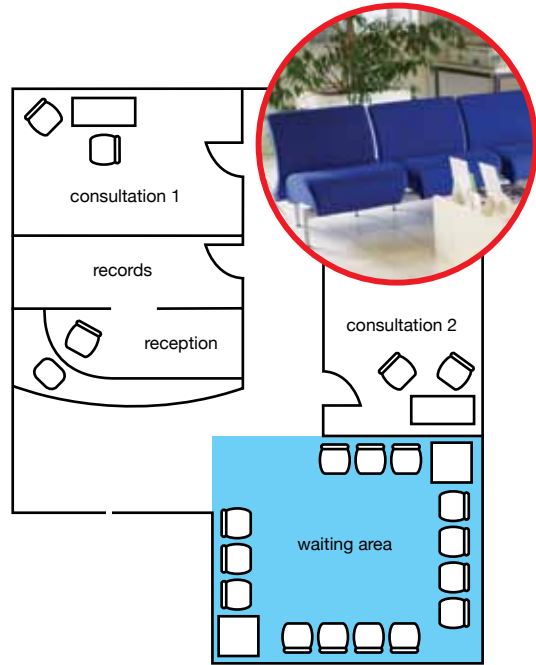
“We also know that ‘prevention is better than cure’ and by putting those with a particular condition onto a register you can expect to receive a more effective approach within your own general practice.”



Waiting areas.

People experiencing mental illness could be taking medication that causes restlessness. This can result in visible shaking or pacing, which may be stigmatising. This can make it uncomfortable to wait for a long period alongside other patients. Similarly, if someone is experiencing paranoid thoughts or delusions, a long wait can cause distress.

In cases such as this, it is reasonable to fast-track an appointment so that the patient is seen sooner and other patients are informed of the delay. Practices should also make an effort to inform patients to let them know if appointments are running late. One way to make waiting areas more comfortable is to display posters and literature about mental illness. This can help people to feel welcome rather than shunned, and enable better understanding in other registered patients.



‘I had to wait a long time in the waiting room, convinced that other people could read my mind. Someone had a camera and I thought she was a spy and thought the tannoy system was sending her messages. I felt very frightened and paranoid.’

Good practice point

Mental health awareness training provided as part of induction programme for all practice staff.

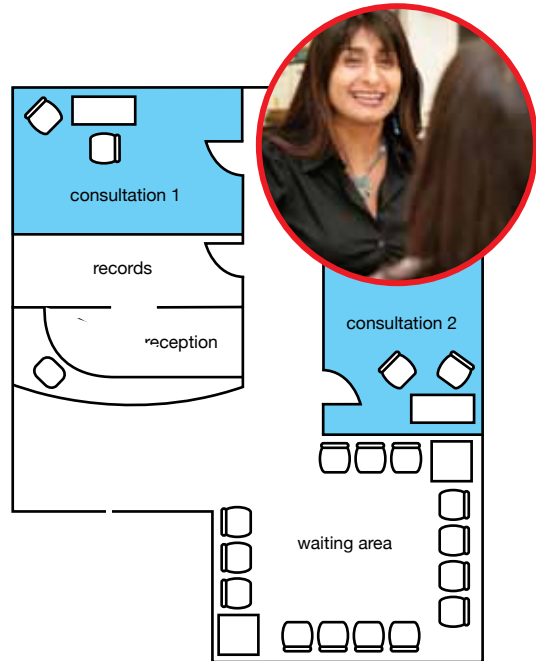
Such literature is a vital way of providing people with information, many of whom will be attending the practice for the first time. A poster and some leaflets on mental illness are available from Rethink Mental Illness. Read more about how we can help on page 10.

In the consultation room.

Practices may feel the need to restrict access to GPs, or operate rigid practice policies such as ‘one appointment, one problem’. However, this could be construed as unreasonable for people with a mental illness. Often, someone with a mental illness will have related physical health issues that need to be addressed in the same appointment session.

It is not easy to explain mental health symptoms quickly. People may need a longer appointment to explain their symptoms. The Disability Rights Commission categorised this as a reasonable adjustment in 2006.

‘You have to make different appointments to talk about more than one thing. Usually the next patient is coming through the door before I have even put my hand on the handle to go. I never really feel that I am “heard”.’



Good practice point

Where space allows, provide a quiet or separate waiting area.



If someone with severe mental illness comes to see you who is not on the SMI register, take this as an opportunity to talk to them about the benefits of being on it. On average, people with severe mental illness die 20 years younger than the rest of the population due to physical health problems.

‘I know that written communication isn’t ideal for some of my patients with severe mental illness, so I make a habit of discussing the benefits of being on the severe mental illness register face to face. Usually, people understand the purpose of it and want to be on it if we go through it together, whereas a letter out of the blue could put people off.’

Dr Fleming, Norfolk

A recent survey conducted by Rethink Mental Illness showed that only one in three mental health service users had been offered a physical health check despite being at greatly increased risk of life-threatening physical conditions.

Annual health checks are an effective way to improve physical health outcomes and increase life expectancy. But sometimes people feel scared by the word ‘register’ so they may need to have a more in-depth conversation about the benefits of this. People might be concerned that this is a ‘risk’ register of some kind. It may be helpful to explain the purpose of this register.

How Rethink Mental Illness can help.

Rethink Mental Illness is a charity that believes a better life is possible for millions of people affected by mental illness. For 40 years we have brought people together to support each other. We run services and support groups across England that change people's lives and we challenge attitudes about mental illness.

We can help you by:

- Providing literature and materials about mental illness for your practice. Go to **www.rethink.org** to order our materials.
- Putting you in touch with people with mental illness and carers online if you want advice direct about possible policy or procedure changes.
- Giving information to your patients via our website **www.rethink.org** – providing evidence based mental health awareness training, tailored to your needs. Please call **0300 5000 927** and ask for the mental health promotion team.

Let us know what you think. We welcome any feedback you have on this guide.

Please email campaigns@rethink.org with any comments you may have.

- We have 250 services which help people live independently, make the most of their lives, make their voice heard, cope in a crisis without hospital and find out about their rights. We may have a service near you, go to www.rethink.org/services to find out.
- We have 150 support groups where people can share experiences and find understanding. We may have one near you. Go to www.rethink.org/groups to find out.
- We campaign to improve people's rights to care and put an end to stigma and discrimination. www.rethink.org/campaigns
- We have a network of thousands of members who feel part of a movement to improve the lives of people affected by mental illness. Join us today www.rethink.org/join
- We provide reliable information on topics from medication to housing rights. Go to our website www.rethink.org or call 0300 5000 927.
- We have specialist advisors who help with benefit problems, debt, access to services, medication and rights under the Mental Health Act. Call 0300 5000 927, Monday to Friday, 10am to 1pm or email advice@rethink.org
- Join our online community 'Rethink Talk', where people connect to others with similar experiences www.rethink.org/talk
- We train teachers, the police, and everyone who needs to understand mental illness better. Call 0300 5000 927 to find out more.
- Our research gives new perspectives on mental illness and improves the evidence base. Visit www.rethink.org/research



Rethink Mental Illness is a partner in:





Special thanks are due to Pfizer,
who kindly funded this project.



**Leading the way to a better
quality of life for everyone
affected by severe mental illness.**

For further information
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www.rethink.org