



PLENARY SESSION NINE	
Event Code: LEE22-00523 World Mental Health Congress London Mental Health a Global Priority, London, UK 28/06/2022-01/07/2022	
<b>Your details</b> <small>(as you want them listed in the programme)</small>	Amanda Howe
<b>Date and time of your plenary session</b>	Friday 1 July 2022 08:30-10:10 hrs Overall Session Theme: Pathways to health
<b>Duration</b>	20 mins
<b>Proposed title</b> <small>(please complete)</small>	Primary care in distress – finding solutions
<b>Learning Objectives</b> <small>(please complete)</small>	<ul style="list-style-type: none"> <li>• Define and describe ‘distress’</li> <li>• Analyse contributory factors</li> <li>• Summarise evidence for solutions at different levels of health system</li> </ul>
<b>Abstract</b> <small>(max 500 words)</small>	<p>Distress can be described in emotional, resource restricted, or practical and physical dimensions. For primary care, we are speaking about both the setting where people get their first point of contact, and the service where (in a ‘good’ system), they can access effective good quality care in a way that integrates their personal needs and societal context.</p> <p>When primary care teams cannot meet the needs of their population in a way that aligns with their own values and expected standards, this creates distress – for individual health workers, clinical teams, their communities, and the wider system. Contributory factors include historical disinvestment from the sector; cultural biases against working in primary care which reduce workforce recruitment; unstable support for careers and longer term workforce stability, which reduce retention as well as recruitment; and sometimes a mismatch between political and societal expectations and the complex work that primary care can deliver for the population’s needs.</p> <p>Solutions which can contribute to answering these challenges include:</p> <ul style="list-style-type: none"> <li>• political advocacy – to ensure those making strategic decisions understand the relevant factors for a cost effective and efficient system</li> <li>• redirection of sector resourcing (financial and physical) to primary care</li> <li>• consistent and sustained workforce initiatives in training paths and longer term contractual and service conditions that favour PC</li> <li>• status and respect acknowledged by all sectors and the population</li> <li>• a societal discourse about the causes of ill health and the role of PC and PHC within it</li> <li>• broader policies that tackle the causes and consequences of ill health and health inequalities.</li> </ul> <p>This is easy to say, and difficult to do. The presenter will reflect on her career as a service GP, an active GP academic, a national and international leader for family medicine, and a citizen of the world. One thing that defeats</p>



	<p>logic, insight and good intent is lack of shared values; another is disagreement about strategy and priority; and a third is personal fallibility – or even vulnerability. Into this battle comes wellbeing, mental health, and our human battles. Understanding and accepting personal distress is a place to start making a change.</p>
<p><b>Key references or resources</b> (maximum five)</p>	