



Title	A Trial of Problem-Solving by Community Mental Health Nurses for Anxiety, Depression, and Life Difficulties among General Practice Patients. The CPN-GP Study
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Aim

- To compare the effectiveness of problem solving by community mental health nurses (CMHN) and generic CMHN care against usual general practitioner (GP) care in reducing symptoms, alleviating problems, and improving social functioning and quality of life.
- To determine the cost utility, cost effectiveness, or cost minimization of each treatment compared to usual care, evaluating not only direct costs of treatment but also indirect costs, including time off work.

Conclusions and results

Twenty-four CMHNs were trained to provide problem-solving under supervision, and another 29 were referred patients for generic support. In total, 247 patients were randomized to the 3 arms of the study, referred by 98 GPs in 62 practices. All 3 groups of patients were greatly improved on average by the 8-week followup. No significant differences were found between the groups at 8 weeks or 26 weeks in symptoms, social functioning, or quality of life. Greater satisfaction with treatment was found in the CMHN groups. CMHN care represented a significant additional health service cost and there were no savings in sickness absence.

Recommendations

Specialist mental health nurse support is no better than support from GPs for patients with anxiety, depression, and reactions to life difficulties. Primary care trusts should restrict referrals of unselected patients with common mental disorders to specialist CMHNs. CMHNs could provide treatment for patients not responding to self-help or primary care team interventions in managed, stepped care systems.

Methods

A pragmatic randomized controlled trial with 3 arms: CMHN problem-solving, generic CMHN care, and usual GP care, with an economic evaluation.

Further research/reviews required

More research is needed in the following areas:

1. Research needs to address the predictors of chronicity in common mental disorders, to identify which patients are less likely to recover within a few months under usual GP care, and so target extra treatment to those who need it.
2. More research is needed into the effectiveness and cost effectiveness of PST for other disorders, eg, major depression, deliberate self-harm, and personality disorders, and for the prevention of mental disorders.
3. More research is needed into the effectiveness and cost effectiveness of facilitated self-help treatments for common mental disorders.
4. More research is needed into the effectiveness and cost-effectiveness of CMHN care for people with severe and enduring mental illness.