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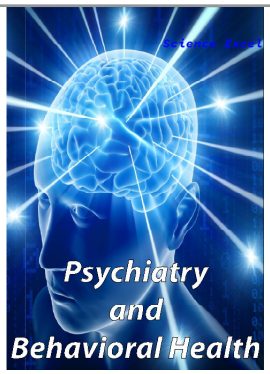

Demographics of Patients and Common Mental Health Conditions Attending GP Surgeries

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Introduction

Mental health difficulties represent one of the most common reasons for consultation within primary care services throughout the United Kingdom. General Practitioners (GPs) frequently act as the first point of contact for individuals experiencing emotional distress, psychiatric symptoms, behavioural difficulties, or concerns relating to their psychological wellbeing. GP surgeries therefore remain the setting for the identification, assessment, treatment, and onward referral of patients presenting with mental health conditions.

Over recent decades there has been a substantial increase in public awareness of mental health issues. Greater recognition of conditions such as depression, anxiety disorders, post-traumatic stress disorder (PTSD), autism spectrum disorders, and Attention Deficit Hyperactivity Disorder (ADHD) has encouraged more individuals to seek professional support. Simultaneously, pressures on specialist mental health services have resulted in primary care teams undertaking an increasingly significant role in providing initial assessment, therapeutic intervention, psychoeducation, medication management, and continuity of care.

The integration of Mental Health Practitioners (MHPs) within GP surgeries has developed as one response to rising demand (1). By providing direct access to mental health assessment within primary care, MHPs can support patients at an earlier stage, reduce waiting times, facilitate referrals to appropriate services, and offer interventions that may prevent deterioration.

Despite the significant role of primary care in mental health provision, relatively little has been published regarding the characteristics of patients who are assessed directly by Mental Health Practitioners working within GP surgeries. Existing national surveys provide valuable information regarding population prevalence rates and patterns of service utilisation, but few studies have examined the nature of presentations encountered during routine clinical practice in primary care settings.

Peter McNelly has worked as a Mental Health Practitioner within GP surgeries since 2022. During this period, data were collected relating to patients assessed across multiple GP practices in England and Northern Ireland.

The purpose of this observational review is to describe the demographic characteristics of patients presenting with mental health difficulties, identify the most common conditions encountered, examine interventions used during consultations.

The findings are compared with data from the Adult Psychiatric Morbidity Survey 2023/24(2) which reported that approximately 40% of respondents had discussed mental health concerns with their GP. Such comparisons may provide useful insight into the relationship between population-level mental health experiences and the presentations encountered in everyday primary care practice.

A total of 686 patients were included within this review. There was no formal difference in referral allocation between patients assessed by the Mental Health Practitioner and those seen directly by GPs.

Allocation was primarily influenced by appointment availability and service capacity. However, the Mental Health Practitioner worked four days per week, assessed adults aged 18 years and above only, and did not prescribe medication. (3)

The review offers a practical snapshot of contemporary mental health presentations within UK primary care and highlights the continuing importance of accessible mental health provision within GP surgeries.

Patient Characteristics and Clinical Conditions

The characteristics of patients presenting with mental health concerns were broadly similar across all participating GP surgeries regardless of geographical location. While certain regional differences were observed, the

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overall pattern of presentations remained remarkably consistent.

Practices located in Northern Ireland demonstrated higher numbers of patients presenting with alcohol-related difficulties and PTSD. These findings may reflect local demographic, historical, and socioeconomic influences that can contribute to patterns of psychological distress. Nevertheless, depression, anxiety disorders, stress-related presentations, and adjustment difficulties continued to represent the majority of consultations.

Practices situated within Southwest Yorkshire reported a greater number of consultations involving gender identity concerns and presentations from individuals identifying as non-binary. While these presentations represented a relatively small proportion of total referrals, they highlighted the increasing diversity of issues within primary care mental health services.

In the Midlands, a larger number of asylum seekers were assessed compared with some other locations. This group often presented with complex social and psychological needs, including trauma-related symptoms, anxiety, depression, housing insecurity, and difficulties associated with migration and resettlement.

The Midlands practices also recorded higher numbers of patients presenting with concerns relating to ADHD.

One of the most notable observations across the study period was the increasing prevalence of ADHD-related presentations. Earlier reports from participating practices identified ADHD much less frequently as a presenting concern. During the previous eighteen months, however, there was a marked increase in individuals seeking assessment, information, and support regarding ADHD symptoms.

Several factors may contribute to this increase, including greater public awareness, increased media coverage, social media discussion, improved understanding of adult ADHD, and changing perceptions regarding neurodevelopmental conditions.

Further research is required to determine whether this increase reflects improved recognition of previously undiagnosed cases, changing referral pathways, or a genuine rise in prevalence.

Assessment Measures and Interventions Used in Clinical Consultations

Clinical assessments were undertaken using a combination of structured assessment tools, clinical interviews, risk assessments, and professional judgement. Standardised instruments were used where appropriate to support diagnostic formulation and clinical decision-making.

The Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist was frequently utilised when assessing possible ADHD presentations. This screening tool assisted in identifying symptoms relating to attention difficulties, impulsivity, and hyperactivity that might warrant further specialist assessment.

The Beck Depression Inventory (BDI) was used to assess the severity of depressive symptoms. The measure provides a structured evaluation of emotional, cognitive, behavioural, and physical symptoms commonly associated with depression.

Similarly, the Beck Anxiety Inventory (BAI) was used to assess anxiety symptoms and their impact on daily functioning. The inventory enables clinicians to quantify symptom severity and monitor progress where follow-up may occur.

The AQ-10 Autism Spectrum Quotient served as a screening measure for individuals presenting with possible autistic traits. Although not diagnostic, the AQ-10 helped identify individuals who may benefit from further specialist assessment.

For patients presenting with trauma-related symptoms, the PTSD Checklist – Civilian Version (PCL-C) can be employed. This measure provides a structured framework for assessing symptoms including intrusive memories, avoidance, hyperarousal, and emotional distress associated with traumatic experiences.

In addition to formal assessment tools, psychoeducational interventions formed an important component of clinical practice. Patients presenting with ADHD-related difficulties frequently received psychoeducational materials containing practical coping strategies. These included approaches such as the “5-minute rule,” designed to encourage task initiation, and the “20-minute rule,” which supports concentration and task completion through structured periods of activity.

Supportive ventilation and therapeutic listening represented significant aspects of many consultations. For a substantial proportion of patients, the opportunity to discuss difficulties was reported to be beneficial.

In cases involving situational stressors, relationship difficulties, bereavement, occupational pressures, or adjustment problems, supportive interventions were often sufficient to reduce distress and improve coping.

Where medication was considered appropriate, recommendations were communicated to the patient's GP. The most common medication requests involved Selective Serotonin Reuptake Inhibitors (SSRIs), propranolol for anxiety-related symptoms, and quetiapine in selected cases where clinically indicated.

Findings

Patient Demographics

A total of 686 patients were assessed during the review period.

Of these patients, 379 (56%) were female and 307 (44%) were male.

The gender distribution broadly reflects findings from wider mental health research, which consistently demonstrates that women are more likely than men to seek support for mental health difficulties within primary care settings.

Multiple factors may contribute to this pattern, including differences in help-seeking behaviour, societal attitudes towards mental health, symptom recognition, and willingness to engage with healthcare services.

Although men represented a smaller proportion of referrals, they nevertheless constituted a substantial percentage of patients assessed. This finding reinforces the importance of ensuring that mental health services remain accessible and responsive to the needs of all demographic groups.

Mental Health Conditions Identified

Depression was the most identified condition, affecting 254 patients (41%). Presentations ranged from mild depressive symptoms associated with situational stressors through to more persistent and severe depressive disorders.

Generalised Anxiety Disorder (GAD) was identified in 83 patients (12%). Patients commonly reported excessive worry, physical symptoms of anxiety, sleep disturbance, and difficulties managing everyday stressors.

Mixed Depression and Anxiety Disorder (ICD-10) accounted for 40 cases (6%). This category reflects the substantial overlap that frequently exists between depressive and anxiety symptoms within primary care populations.

Stress-related (ICD-10) presentations were identified in 49 patients (7%). Common contributing factors included workplace pressures, family difficulties, financial concerns, caring responsibilities, and significant life transitions.

ADHD was identified in 35 patients (5%). Although representing a smaller proportion of overall presentations, ADHD demonstrated one of the most significant increases compared with previous years of practice.

Obsessive Compulsive Disorder (OCD) was identified in 15 patients (2%). Presentations included intrusive thoughts, compulsive checking behaviours, contamination fears, and ritualised behaviours that significantly impacted daily functioning.

Bereavement-related difficulties (ICD-10) accounted for 12 presentations (1.5%). While bereavement is a normal human experience rather than a psychiatric disorder, some individuals required additional support to manage emotional distress associated with loss.

Postnatal Depression (PND) was identified in 10 patients (1.5%). Although relatively uncommon within the overall sample, early recognition remains essential given the potential impact upon both parent and child wellbeing.

A further 188 patients (27%) presented with miscellaneous mental health conditions. These included phobias, substance misuse problems, eating disorders, PTSD, sleep disorders, psychosis, bipolar disorder, autism spectrum presentations, and adjustment reactions.

Overall, depression and anxiety-related conditions accounted for the majority of presentations. This finding is consistent with previous research demonstrating that common mental health disorders remain the predominant reason for mental health consultations within primary care.

Outcomes and Interventions

The most frequent outcome following assessment was follow-up support, involving 377 patients (54%). This finding highlights the importance of continuity of care and suggests that many individuals benefited from ongoing therapeutic engagement rather than a single assessment appointment.

Supportive ventilation and therapeutic listening were provided to 169 patients (22%). The frequency of this intervention demonstrates the value of providing dedicated opportunities for patients to discuss their difficulties.

Medication review requests were made to GPs in relation to 147 patients (21%). This finding reflects the role of pharmacological interventions in managing common mental health conditions within primary care.

Initial ADHD assessments were undertaken for 60 patients (9%), illustrating the growing demand for ADHD-related services.

Talking Therapy referrals or support recommendations were provided for 50 patients (7%). These referrals included access to counselling services, cognitive behavioural therapy, and other psychological interventions.

ADHD workbooks and psychoeducational interventions were provided to 17 patients (2%). Although relatively small, these interventions often formed part of broader management plans.

Additional interventions and outcomes were recorded for 185 patients (27%), reflecting the diversity and complexity of presentations encountered.

Discussion

The findings from this observational review closely mirror those identified within the Adult Psychiatric Morbidity Survey. Although the national survey relied upon self-reported experiences and the present review involved direct clinical assessment, both sources identify depression and anxiety as the most common mental health difficulties affecting adults.

The consistency between population survey findings and clinical practice observations strengthens confidence that the conditions most frequently reported by the public are also those most frequently encountered within primary care services.

One notable finding is the apparent consistency of presentations across different geographical regions. Despite local variations in demographics and specific social factors, the overall pattern of common mental health conditions remained stable. This suggests that primary care mental health services across the United Kingdom are likely to encounter similar challenges regardless of location.

The increasing number of ADHD-related consultations warrants particular attention. Waiting lists for specialist neurodevelopmental assessments have expanded significantly in many areas, creating increasing demand for information, support, and preliminary assessment within primary care settings. Mental Health Practitioners may therefore have an increasing role in providing early guidance, psychoeducation, and signposting for individuals awaiting specialist assessment.

The high proportion of patients requiring follow-up support also highlights the value of continuity of care (4). Mental health difficulties frequently develop over time and may not be adequately addressed through single-point interventions. Ongoing contact enables practitioners to monitor risk, review progress, adjust care plans, and maintain therapeutic relationships that support recovery.

The findings further suggest that many patients benefit from relatively low-intensity interventions. Therapeutic listening, psychoeducation, reassurance, and practical coping strategies were often sufficient to improve mental wellbeing.

Several limitations should be acknowledged. The data were derived from patients assessed by a single Mental Health Practitioner and therefore may not fully represent all primary care settings. Formal diagnostic interviews were not undertaken in every case, and some diagnoses reflected clinical formulations rather than confirmed specialist assessments.

Nevertheless, the findings provide valuable insight into routine clinical practice and contribute to understanding of patients seen within GP surgeries.

Conclusion

This review of 686 patients attending GP surgeries demonstrates that common mental health presentations remain remarkably consistent across geographical regions. Depression, anxiety disorders, stress-related conditions, and ADHD accounted for the majority of referrals and consultations.

The findings support broader national evidence indicating that common mental health disorders continue to place substantial demands upon primary care services. They also reinforce the importance of integrated mental health practitioners in providing timely assessment, therapeutic support, psychoeducation, and continuity of care.

The increasing prevalence of ADHD-related presentations is particularly noteworthy and may have significant implications

for future service planning, workforce development, and specialist referral pathways.

Perhaps most importantly, the findings demonstrate that many patients benefit from accessible mental health support delivered within familiar primary care environments. Early intervention, continuity of care, and collaborative working between GPs and Mental Health Practitioners appear to contribute positively to patient engagement and clinical outcomes.

As pressures upon mental health services continue to increase, the integration of dedicated mental health practitioners within GP surgeries may represent an increasingly valuable component of a comprehensive primary care provision.

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