

PRIMARY CARE MENTAL HEALTH TRAINING NEEDS REPORT

On behalf of the Mental Health Joint Commissioning Board
Dartford Gravesham and Swanley PCT

May 2003

**Jan Prior
Consultant Clinical Psychologist & Project Lead**

Supported by

**Sean McCoy
Mental Health Joint Commissioning Manager**

&

**Anne Olding
Primary Care Tutor**

Table of Contents

	Page
	Executive Summary
	2
Part One	Introduction to the Report
	4
Part Two	Background
	5
Part Three	The Primary Care Mental Health Training Needs Project
	8
Part Four	The Views of Service Consumers and Carers
	10
Part Five	General Findings (Whole Sample)
	13
Part Six	The Training Needs of Primary Care Staff (Professional Groups)
	18
Part Seven	General Themes and Conclusions
	37
Part Eight	Recommendations to the PCT
	39
References	41
Appendices	
Appendix A	Mental Health Training Needs Questionnaire
	42
Appendix B	Letter to Staff to Accompany Mental Health Training Needs Questionnaire
	42a
Appendix C	List of Meetings attended by Project Lead
	43
Appendix D	Percentage of Staff (by professional group) Wishing to Know More about Mental Health Roles And Agencies
	44
Appendix E	List of Assessment Tools in Use (by profession)
	45

EXECUTIVE SUMMARY

Overview

This report outlines the findings from the Primary Care Mental Health Training Needs Project commissioned by the Dartford, Gravesham and Swanley PCT in December 2002. Training needs were assessed through the circulation of a Training Needs Assessment Questionnaire and discussions with professional staff working within primary care and service consumers and carers within the PCT area. Quantitative data were gathered regarding interest and confidence levels in mental health work, the current use of tools in assessment, areas in which further training would be helpful and how this training should be provided. Qualitative data was gathered regarding current experiences and issues emerging for staff from mental health work within primary care. In addition, information was gleaned regarding the views of service users and carers through meetings. Wherever possible, views of partner organisations have been sought and integrated into the report.

The report constitutes the beginning of a process in developing a coherent and pertinent mental health training strategy within the PCT, wherever possible identifying areas for collaboration with partner agencies.

Findings

The findings can be broadly summarised as follows :

- Primary care staff show a high level of interest in mental health and are keen to develop their skills in this area of work, although some do not view mental health as directly relevant to their role.
- Training is requested in both familiar and novel areas of mental health work, demonstrating the need for updating and continuing support as well as for areas of development.
- Across the primary care workforce, many lack confidence in assessing or dealing with mental health presentations, although many are currently working hard to manage this increasing demand
- Primary care staff need current and realistic information regarding the various sources of help for those presenting with mental health problems across the spectrum of need.
- There is a call from primary care for better liaison and communication and stronger working relationships across the interface with secondary mental health services, including support from specialist mental health staff for the mental health work undertaken within primary care.
- The importance of training initiatives responding to the specific demands of particular roles within primary care and maximising on the potential to learn and develop alongside other professional groups and partner agencies.

The Report outlines general themes and profession-specific training needs within primary care, integrating these with current concerns and difficulties within the current system of provision, particularly in relation to the interface with secondary mental health services, where training and development opportunities may assist in improvements. Ideas for such improvements have been incorporated into the conclusions of the Report.

Structure of the Report

It is hoped that the structure of the Report can facilitate and support the development of a robust and relevant training strategy for the PCT across the primary care workforce, whilst enabling specific groups of staff to focus on areas of development identified as priorities.

The Report should be read in conjunction with the Report outlining the Model of Care for Primary Care Mental Health Service Provision (Kay MacDonald, 2003). The authors have liaised throughout the Projects to ensure optimal integration of thinking and to enable the training and development agenda to underpin service delivery.

A full copy of this report is available from : Sean McCoy, Joint Commissioning Manager, Dartford, Gravesham and Swanley PCT, Livingstone Hospital, East Hill, Dartford DA1 1SA or on email at sean.mccoy@dgspect.nhs.uk.

PART ONE – INTRODUCTION TO THE REPORT

- 1.0 This Report draws together quantitative and qualitative data gathered during the Project, presented within the context of local and national developments and policy initiatives. It is hoped that the structure of the Report will enable the reader to access general themes with regard to the mental health training agenda for primary care, whilst also allowing a focus on specific professional groups and areas of service provision.
- 1.1 **SECTION TWO** gives a context to the Project in terms of government policy, local initiatives and the current service structures.
- 1.2 **SECTION THREE** lays out the rationale, aims and objectives and methodology of the Project
- 1.3 **SECTION FOUR** details the views of service consumers and carers regarding provision of mental health services in primary care.
- 1.4 **SECTION FIVE** outlines the general findings across the whole sample, drawing together data from the Training Needs Questionnaire and the discussions with staff within the PCT, and giving a broad sense of themes and training issues across the primary care workforce as a whole.
- 1.5 **SECTION SIX** outlines findings for each professional grouping as detailed on the questionnaire, enabling the reader to focus on training issues identified by individual professional groups, whilst also facilitating discussion across professional boundaries where a multidisciplinary approach to training may be beneficial. For the busy reader, summary boxes have been placed at the end of each professional section, giving summary points and quotes from staff.
- 1.6 **SECTION SEVEN** draws out general themes and conclusions from the above findings pertinent to training in mental health across the primary care workforce as a whole.
- 1.7 **SECTION EIGHT** presents recommendations for taking forward the development of a mental health training strategy within the PCT and the development of processes and relationships to support the developing role of primary care in delivering mental health interventions. Such developments will occur alongside the proposed Model of Care for Primary Care Mental Health.
- 1.8 **APPENDICES** provide detailed information referred to in the main text.

PART TWO – BACKGROUND

2.1 National Policy Context

Current government policy places increased emphasis on Primary Care as the foundation for the provision of effective patient care tailored to local need (National Plan, DoH 2000). The National Service Framework for Mental Health (DoH, 1999) sets ambitious targets for access and delivery of mental health service across the spectrum of need. Since publication of *Caring for People : Community Care in the Next Decade and Beyond* (DoH 1988), care for those with serious mental health problems has shifted progressively from long stay hospitals to community settings. Responsibility for the physical health of these individuals has been devolved to those working in primary care, meaning that GPs and primary care staff have increasingly become the first point of contact for service users and their carers in the event of a mental health crisis. In parallel, as demands on specialist mental health services have mounted, needs of those with mild to moderate mental health problems has been left to primary care to manage, without the support previously available from specialist mental health teams. Workloads in primary care have expanded substantially, without corresponding increases in resources to meet the demand (Audit Commission, 2002). Staff time is fully employed with patient contact, with little time left for training. There is no doubt, however, that training is required to support the developing role of primary care.

2.1.1 The Context of Primary Care

Primary care staff provide care to all age groups, as well as those receiving the full range of health care services, both physical and psychological. Tasks and roles in primary care are fluid. Presentations may be physical or psychological, and it can often be hard to untangle the underlying aetiology of a problem. Where specialist services are stretched, the impact on primary care is compounded. Assessment is a key element of the primary care work.

The context of primary care offers enormous potential and fertile ground for health promotion, detection, assessment and intervention at an early stage in the development of an illness, be it physical or psychological. Approximately one in four people suffer with a diagnosable mental health problem each year, with about 90% of these presenting to the GP surgery (albeit not necessarily presenting with a mental health problem). Currently, only 60% of those attending the surgery are diagnosed, and only 10% of those diagnosed have any contact with specialist services (Muijen, 2002). The implications of this are significant for the primary care workforce. Almost everyone with a mental health problem will present in primary care at some point and it is estimated that approximately 30% of consultations in primary care involve a mental health component. Diagnosis and recognition rates are poor, indicating a need for training and a huge missed opportunity with a significant economic burden (SCMH, 2003). The cost to society of these illnesses is estimated at approximately £40 billion per annum, with the level of human suffering (including the impact on families and children) being incalculable. Inefficient or sub-optimal clinical care, particularly of common mental health problems, incurs a massive social cost. Primary care has a unique position within society and within communities. It is local, respected, generic and

non-stigmatising and viewed as the first point of access for all health care. The opportunities for treatment, prevention and education are potentially massive at this point in the system, with huge numbers of people with mental health problems treated only in primary care – in volume terms rather than severity. It is the main location for treatment, in contrast to other clinical specialties where more clinical work is undertaken in secondary care.

2.1.2 **The Interface with Secondary Mental Health Services**

At the same time, it is crucial that the £3.5 billion consumed by secondary mental health care is deployed to maximum effect. This is partly determined by the appropriateness of referrals from primary care and by the quality of the primary/secondary interface generally. If secondary care is not to be swamped by the high volume of common mental health problems, recognition, assessment and intervention capabilities within primary care must be improved. The relationship between primary and secondary care must change, with primary care developing its capacity and capability to respond to those with common mental health problems (as outlined in Standard Two of the Mental Health NSF), and secondary care providing capacity for liaison and support to primary care in this developing role.

2.1.3. **Service Consumers and Carers**

The views of those using services and their carers must be heard and integrated into service development at all levels. There is an increasing recognition nationally of the potential role of those using services in training and developing staff. In particular, there is an urgent need for the development of care pathways which facilitate and encourage greater uptake of primary care services by ethnic minorities and other potentially socially excluded groups. Training in cultural awareness and how this affects assessment and treatment is urgently required (Sathyamoorthy, 1999)

2.1.4 **Challenges for the Current Primary Care System**

The primary care system in this country is admired internationally and has many strengths. However, within the above context and with the increased demand now placed on it, certain weaknesses exist :

- Inadequate training of the primary care workforce in mental disorders
 - Unclear targets for training which is often geared to traditional, outmoded models of service delivery, rather than to the skills, competencies and knowledge now required in primary care
 - Inadequate access to evidence-based therapies (e.g.. Brief focussed therapies)
 - Poor quality assurance with inappropriate prescribing and poor diagnosis rates
 - The current structure whereby almost everyone is seen by a GP which may not be the most efficient or economic means of dealing with the growing demand
 - Inadequate information systems, rarely linked to secondary care
 - Poor interface connections with other agencies (e.g. education system)
- (Sainsbury Centre for Mental Health, 2003)

2.1.5 **The Need for Training in Mental Health in Primary Care**

Within the above national context, development of mental health services within Primary Care has major training and workforce implications. Increased emphasis is now placed on primary care practitioners' ability to recognise and intervene with regard to mental health presentations, particularly those defined as common mental health problems. This clearly calls for a training and support programme to underpin such developments and foster confidence and competence within the primary care workforce with regard to mental health in its broadest sense.

Asked to consider "the action required to ensure the primary care workforce is equipped to deal with mental health problems", the Workforce Action Team Special Report (2001) made the following recommendations :

- a new programme of primary mental health training
- a review of the content of GP vocational training
- wider dissemination of information about evidence based practice
- the establishment of a national lead on the well-being of primary healthcare professionals
- a ministerial sponsored primary care conference.

This Project constitutes a means of considering issues raised by the Workforce Action Team at a local level.

2.2 **Local Context**

The Dartford, Gravesham and Swanley PCT was established on 1st October 2000 to serve the primary care and community needs of a local population of some 230,000, The population is broadly based and includes both urban and rural communities in areas with some of the highest deprivation levels in Kent. Within the PCT boundaries, there is an ethnic population of around 5%, the largest single group within this being Indian. The Trust population is registered to 39 GP practices. The PCT provides the following community based services : District Nursing, Health Visiting, Child Health Services, Intermediate Care Services, Rehabilitation Services including Occupational Therapy and Physiotherapy, Community Hospitals and Elderly Medical Services. For secondary mental health services, it is served by the West Kent NHS & Social Care Trust.

Existing Local Initiatives

Previous work was undertaken in 1998 by Dr Ann Palmer, Director of Public Health with regard to mental health experience and training needs of GPs in the Dartford area. Since this time, however, there has been much change in terms of broader policy, the role of primary care and organisational structures. The PCT's Strategic Plan (A Force for Positive Change) provides an overview of the key influences shaping care delivery, sets out a conceptual framework and offers key pointers to nurses, therapists and health visitors to enable them to contribute to a healthier future alongside their partners in the local health economy. It also identifies the need for a formal training needs assessment to underpin such developments.

PART THREE – The Primary Care Mental Health Training Needs Project

3.0 Rationale for the Project

As a means of responding to the above context, this Report was commissioned by the Mental Health Joint Commissioning Board of the Dartford, Swanley & Gravesham Primary Care Trust in December 2002. The aim was to address training needs questions to the range of professionals working within Primary Care (both PCT- and practice-employed), whilst also identifying current issues arising within primary care mental health case management. This project has been undertaken in parallel with the development of a Primary Care Model of Care for Mental Health and the Project Leads have collaborated throughout this process to ensure integration of thinking and understanding of current issues and emerging themes. These Reports should ideally be read in conjunction.

3.1 The Aims of the Project were:

- To describe & build on existing local and national work on training needs
- To assess training needs within primary care to underpin development of the primary care model of care for mental health provision (liaising with Project Lead for Model of Care Development)
- To explore existing skills/capacities within primary care workforce
- To identify gaps where skills development or training could contribute to the above Model of Care.
- To explore potential for in-house skills sharing and development across the existing staff group
- To identify sources of training provision, wherever possible maximising the potential for partnership with other elements of the system
- To link training needs assessment to development of local referral criteria and care pathways
- To assess existing training provision and its potential for development.
- To make recommendations for development of a training strategy for mental health within the PCT from April 2003 onwards.

Linkage to local referral criteria and referral pathways, together with scoping of existing training provision will be carried forward into the next phase of the project, through work with key staff and developing forums within the PCT.

3.2 The Scope of the Project

- The Project covered those staff working in primary care across the Dartford, Swanley and Gravesham PCT area, linking with others in the wider system as appropriate and necessary to gain a clear picture of training needs and how these can best be met
- To embrace local existing structures in place for training and development of staff
- To consider other examples of good practice in training for primary care staff both locally and nationally
- The project will consider training needs required by PCT staff working across the lifespan

- To address issues regarding the structures and mechanisms required to take forward necessary training and development for PCT staff in line with local models and national directives.

It is acknowledged that staff attached to practices but employed by other organisations (e.g. Counsellors and Psychologists) were not covered within this Project. Training needs for these groups will be explored and integrated where appropriate with those of primary care staff during the next phase of the Project.

3.3 **Methodology & Materials**

In order to access as many staff as possible across the PCT, two means of data gathering were utilised :

3.3.1 **Training Needs Questionnaire**

A questionnaire (see Appendix A) was distributed to all staff within the PCT area, whether practice- or PCT employed, together with an explanatory letter (see Appendix B). Staff were asked to complete and return the questionnaire within 3 weeks of receiving it. A relatively short timescale was used to encourage staff to respond immediately.

The questionnaire built on Ann Palmer's (1998) questionnaire to GPs in the Dartford area. Emphasis for the current project was much broader, on the whole primary care workforce, with a primary focus on staff confidence, interest and self-assessed capability with regard to mental health work. Space was given for staff to comment in a freestyle manner regarding issues arising from mental health work within their role, allowing information of both a quantitative and qualitative nature to be gathered.

3.3.2 **Sector and Professional Meetings**

In order to raise the profile of the Project and facilitate discussion, the Project Lead attended Sector Meetings and as many meetings with professional staff within the PCT as possible within the timeframe of the Project. (see Appendix C for list of meetings attended). Following each meeting, the non-structured discussions were summarised under themed headings and returned to those concerned for validation of accuracy. These views are integrated into the Report, alongside the qualitative data from the Questionnaire. Many of the discussions centred around difficulties within the system, gaps in service provision and ideas for improvements within the system.

3.3.3 **Meetings with Service Consumers and Carers**

The Project Lead attended two meetings with those using mental health services and their carers to gain greater understanding regarding how access and provision of mental health services is currently viewed from this perspective. In particular, service consumers and carers were asked to focus on the role of primary care staff in this regard.

This Report draws together information from the above sources, in addition to other pertinent local and national initiatives with regard to the primary care mental health training agenda.

PART FOUR – The Views of Service Consumers and Carers

- 4.0 This section details the views of those using services and those caring for them. The views outlined below were obtained through consultation with the Sahara Forum and Heart of the Matter Forum, and have been validated with these groups before inclusion into the Report.

Stigma and Attitudes to Mental Health Problems

- A recent Stigma Project has shown that prejudices exist within families, professionals and wider society
- Individuals feel the term 'Service User' is stigmatising and overused, and would like to be referred to as consumers.
- Training of front line staff (including police and A & E staff) is vital
- Those who have used services could be usefully involved in training of staff
- GP involvement in CPA Review Meetings would improve their understanding of what consumers need.
- Practice Managers play a potentially helpful role in calming distressed patients in the surgery.
- Patients can be removed from GP lists when mentally unwell – there is a need for greater understanding by professionals.

General Communication Skills

- Central role of GPs in accessing services for patients makes it vital that they listen and understand patients.
- Importance of doctors helping patients understand what is wrong
- General professional attitude (particularly doctors) of knowing better than the patient.
- Importance of listening to the patient which can build their confidence and empower them to help themselves.

Language Barrier

- When distressed, patients may not be able to explain themselves well and may need an interpreter or advocate.
- Communication problems are not just due to language barriers, as English speakers also experience difficulties in communicating with professionals.
- Not all patients can read and write which can affect their ability to get what they need (e.g. having to write in for a prescription rather than telephone)

Knowledge about Mental Health

- Diagnosis can be a longwinded process, with conflicting views, which can be confusing for the patient and their carers. An inconsistent diagnosis may affect ability to claim benefit.
- Doctors receptionists are not trained enough in mental health awareness
- At times it seems difficult for professionals to decide if problem is a mental or physical one – do staff need more training?
- Some concern regarding how knowledgeable and updated GPs are about mental health medication and whether they monitor patients appropriately.

The Need for Holistic Care

- Staff don't always know about other difficulties their patients are suffering with – for example, those with dual diagnosis where mental health and addiction issues are dealt with from different locations.
- GPs are OK with physical problems but don't appear to have much training in mental health
- Physical health can be neglected when mentally ill – assumption that physical problems are due to anxiety.
- Physical illness is relatively easy to explain compared with mental illness which can be complicated, difficult to explain and easily dismissed.
- Importance of culture in understanding mental health presentations.

Access to Health Services

- General feeling of having given up through bad experiences
- Difficult to access care when required, with staff too busy or private health care too expensive.

Carers

- Reception staff could be more supportive to carers, who get little care themselves.

Service Consumers and Carers : Comments

- 'It can be hard to convince others (GP, family) that something is wrong'
- 'Doctors train long and hard, but if they cannot listen well, their knowledge cannot be put to best use'
- 'If doctors could listen, we may not need other medical treatments they offer – listening may be enough'
- 'Elements of a person's problems should be dealt with as a whole and staff should work together under one umbrella'
- 'When we have physical problems we may be told we are depressed; when we have mental problems we don't feel listened to'

Service Consumers and Carers : Summary Points

- Involvement of Service Consumers & Carers in training staff in mental health awareness
- Importance of GPs listening and explaining what is wrong
- Culture should always be considered as context to a mental health presentation
- Staff need to be aware of barriers to communication in the system
- Importance of consistency in diagnosis and treatment
- Mental and physical health should be considered and treated together
- In a busy system, consumers can find it difficult to get what they need
- A plea for care for the carers, who get little respite.

PART FIVE – General Findings (Whole Sample)

5.0 This section outlines the response rate and findings from the Training Needs Survey for the whole sample with regard to :

- interest in mental health
- wish for further information regarding services/agencies
 - roles within services
 - referral criteria and pathways
- current use of mental health assessment tools
- level of confidence in assessing and managing mental health presentations
- areas requiring further training
- preferred format of training
- reflections on current management of mental health problems in primary care
 - challenges within the current system

5.1 Response Rate to Questionnaire

One thousand and twenty (1,020) questionnaires were distributed, of which 345 (34%) were returned. Table 1 details response rates by professional group.

Table 1 : Response Rate to Questionnaire by Professional Group

PROFESSIONAL GROUP	NUMBER OF RETURNS	%
Admin and Clerical	117	34%
Community Paediatricians	4	1%
District Nursing	44	13%
General Practitioners	35	10%
Health Visitors	30	9%
Practice Managers	19	5.5%
Practice Nurses	27	8%
School Nurses	14	4%
Therapists	5	1%
Other Staff :	50	14.5%
<i>Specialist Nurses</i>	3	
<i>Health Care Assistants</i>	4	
<i>Pharmacy/Dispensary Staff</i>	6	
<i>Nursing Staff</i>	10	
<i>Portage</i>	4	
<i>Community Nursery/Staff Nurses</i>	4	
<i>Auxiliary Nurses</i>	4	
<i>Rehabilitation Assistants</i>	6	
<i>Miscellaneous Staff Groups</i>	9	
TOTAL STAFF	345	100%

Figure 1 : Response Rate to Questionnaire by Sector

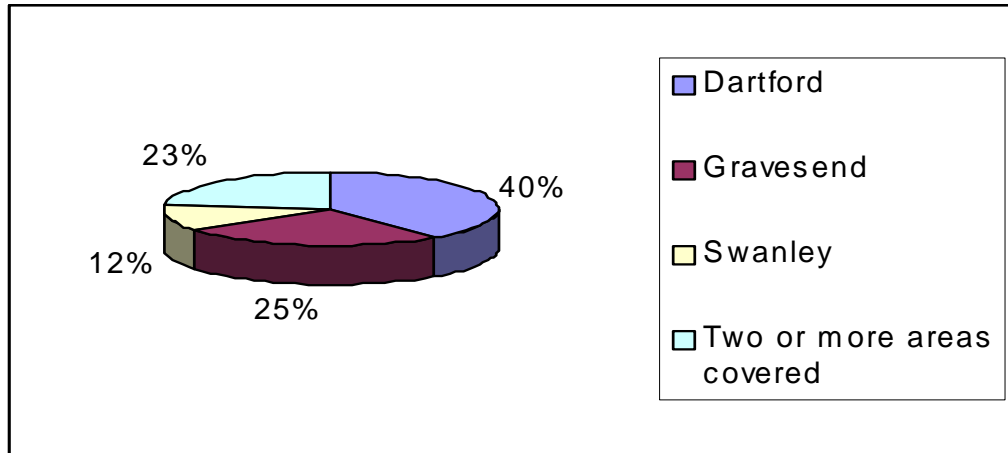
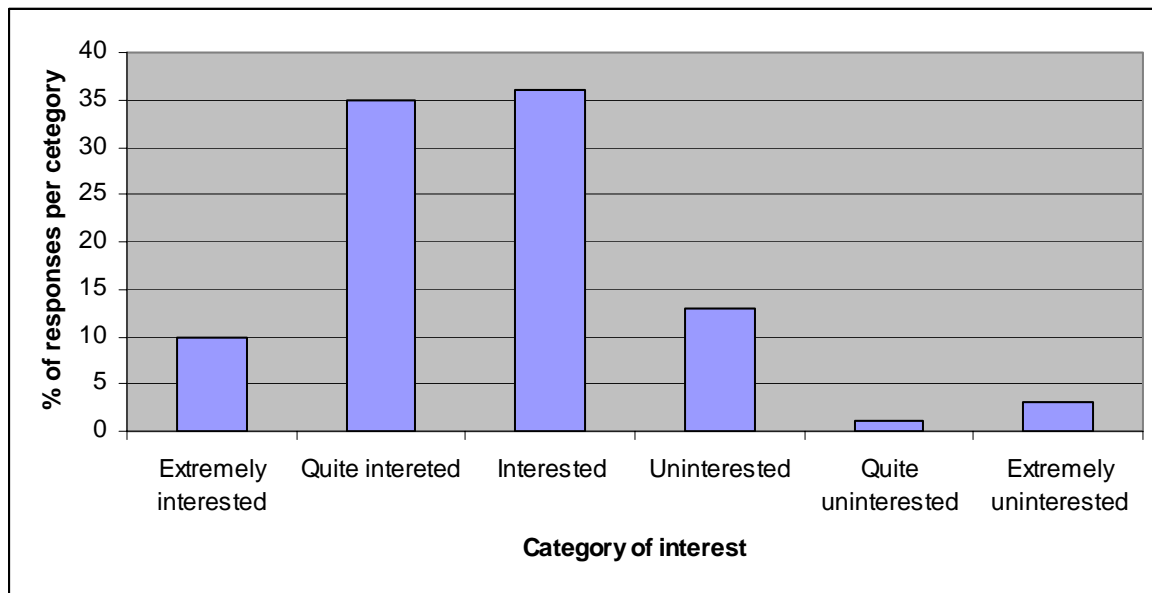


Figure 1 details the response rate from each of the Sectors. The highest level of return came from the Dartford Sector. Twenty three percent of those responding to the Questionnaire worked in two or more sectors within the PCT.

5.2 Interest in Mental Health

Staff were asked to express the degree to which they are interested in mental health. They were given six response options ranging from extremely interested to extremely disinterested.

Figure 2 : Respondents' Level of Interest in Mental Health (Whole Sample)



The majority of responses (81%) fell within the responses 'extremely interested' (10%), 'quite interested' (35%) and 'interested' (36%), indicating that a majority of staff hold some level of interest in mental health.

5.3 **The Wish for Further Knowledge Regarding Other Mental Health Services and Agencies**

When asked whether they would like to know more about the roles of mental health professionals and services available for those with mental health problems, 60% of primary care staff said 'yes'. In particular, primary care staff showed a keen interest to better understand roles within secondary mental health services and to be better informed regarding self help organisations and referral pathways and criteria for those services available. (see Appendix D for breakdown by professional group)

5.4 **Current Usage of Mental Health Assessment Tools by Primary Care Staff**

Only 17% of primary care staff responding were currently using assessment tools in their mental health work. The vast majority of this group were Health Visitors using the Edinburgh Postnatal Depression Scale. A number of other scales were named in isolation, including those to detect depression, dementia and alcohol difficulties. (see Appendix E for list of tools identified by staff).

5.5 **Level of Confidence with Mental Health Presentations**

Staff were asked to indicate their level of confidence in assessing the needs and managing a list of fifteen mental health presentations. Choices of confidence level were Very Confident, Confident, Not Sure, Not Very Confident and No Confidence.

For the purposes of this Section and Section Five, percentage levels have been calculated to indicate the percentage of staff feeling unsure, not very confident or having no confidence within a mental health presentation area. This indicates the degree of training required to bring the primary care workforce to a level of confidence in dealing with mental health within their roles.

Mental health presentations are listed in Table 2 together with percentage figures to indicate confidence levels and requests for further training.

5.6 **Mental Health Areas for Further Training**

Using the same list of mental health presentations, staff were asked to indicate the areas in which they would like to undertake further training. These findings are presented as a percentage of staff requesting a particular area of training. It is important to note that, whilst there may be some correlation between areas in which staff feel lacking in confidence and the areas requested for training, this will inevitably be affected by the focus of particular professional roles. It is also important to note that many staff did not complete this part of the questionnaire, some (particularly admin and clerical staff) not seeing it as relevant to their role. Requested areas for further training have been ranked in order of most requested (1) to least requested (15) and noted in brackets after the percentage figure.

Table 2 : Level of Confidence in Assessing & Managing Mental Health Presentations and Requested Areas for Further Training (Whole Sample)

MENTAL HEALTH PRESENTATION	% NOT SURE /LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING
Minor Anxiety & Depression	40%	28% (5)
Bereavement	41%	33% (1)
Postnatal Depression	66%	17% (12)
Agoraphobia	87%	17% (12)
Onset of Schizophrenia	76%	20% (11)
Major Depression	77%	23% (8)
Assessment of Risk	76%	29% (4)
Personality Disorder	77%	23% (8)
Stress & Post Trauma Problems	79%	23% (8)
Alcohol Problems	81%	32% (2)
Substance Misuse	94%	28% (5)
Dual Diagnosis	96%	16% (15)
Psychosomatic Presentations	75%	17% (12)
Behaviour Problems in Children	75%	30% (3)
Confusion in Older People	63%	27% (7)

As a primary care workforce, at least 40% of staff felt unsure or lacking in confidence in all the mental health presentations listed.

It is clear from the above table that, across the primary care workforce, many staff lack confidence in managing the broad range of mental health presentations. These figures will be skewed by the relatively high proportion of admin and clerical staff compared with other staff groups. However, it is clear that there is room for greater confidence in the area of mental health which may be brought about by training and development opportunities or the sharing of information across the interface with secondary care and other community and voluntary agencies.

Figures for each professional grouping will be outlined in Section Six, together with an analysis of professional roles, and the implications and potential for mental health work.

5.7 Preferred Training Format

Staff were asked to indicate which of the following training formats they would prefer. Many staff indicated more than one format, emphasising the importance of flexibility and variety in training opportunities for staff.

TABLE 3 : Preferred Training Format (Whole Sample)

FORM AT	Individual	Uni professional	Multi professional	Cross Agency	Other
% OF STAFF	30%	22%	30%	22%	3%

Staff expressed a wish for a variety of formats for training, showing some preference for individual course attendance and multiprofessional training and development opportunities. There was also support for uniprofessional and cross agency learning, as well as other formats suggested which included attaching learning to existing professional or sector meetings, use of videos, CDs and internet and a facility for training for teams with very specific functions. Timing of training events was also mentioned as important in enabling staff to attend.

5.8 Reflections on Current Mental Health Work in Primary Care

Staff were asked to comment freestyle regarding current issues arising for them in their mental health work. Across the workforce, the following themes emerged :

- * Relevance of mental health training within primary care roles
- * The need for better understanding regarding mental health presentations
- * The need for more resources to deal with mental health problems in primary care
- * Difficulties in accessing specialist mental health services.

These themes will be further explored through the professional group data presented in Section Six and the General Themes presented in Section Seven.

Whole Sample : Summary Points

- 34% response rate across primary care workforce
- 81% with some level of interest in mental health
- 60% staff wish for more information regarding mental health roles and services offered
- Only 17% of primary care staff are using mental health assessment tools
- 40% or more of primary care staff feel unsure or lack confidence in all mental health presentations listed
- Importance of training pertinent and relevant to specific roles within primary care
- Choice of training formats requested, with preference for multiprofessional learning opportunities and individual course attendance.

PART SIX – The Training Needs of Primary Care Staff (Professional Groups)

6.0 Professional Group Findings

This Section presents findings regarding levels of confidence and requests for further training under professional group headings to enable consideration of mental health training issues for specific roles within the primary healthcare team. Findings will be set within a professional context and implications for mental health training examined. For other findings, comment will be made only where findings for a particular professional group differ significantly from the whole sample findings in the previous Section.

6.1 Admin and Clerical Staff (n = 117)

Practice reception staff play a vital role as the first point of contact in primary care, managing access between service consumers and the primary health care team. There is little research into how receptionists perceive people with mental health problems; however they may experience difficulties in communication with this group of patients and perceive the behaviour of some threatening at times. At the same time, clerical and admin staff perform a function which requires access to information regarding clinical services with regard to onward referral. This group includes reception, secretarial and filing staff and others carrying out administrative and clerical duties within primary care. Some staff described their role as having little or no direct contact with patients.

6.1.1 Relevance of Mental Health within Admin and Clerical Role

A majority of admin and clerical staff (59% of respondents) felt that the area of mental health was not directly relevant to their role and therefore did not express their needs for further training through the questionnaire. Given the above pivotal role of reception staff, this warrants further exploration. The views expressed may result from a sense that only clinical staff deal with these clients. Of course, this is not so. However, training needs to be developed which responds to the specific needs and roles undertaken by admin and clerical staff, and information must be available to staff and for patients regarding available sources of help.

6.1.2 Level of Confidence with Mental Health Presentations and Further Training Needs

At least 57% of admin and clerical staff felt unsure or lacking in confidence with regard to all the mental health presentations outlined

Topics most requested for further training relate to areas which may assist reception staff in managing frequently presenting and difficult behaviours at the front desk.

TABLE 4 : Level of Confidence and Requested Training by Mental Health Presentation (Admin and Clerical Staff)

Mental Health Presentation	Level of Confidence (%) (n = 85)	Further Training Requested (%) and (Ranked Order) (n = 46)
Minor Anxiety/Depression	57%	59% (1)
Bereavement	57%	52% (2)
Postnatal Depression	78%	33% (7)
Agoraphobia	91%	20% (12)
Onset of Schizophrenia	95%	17% (13)
Major Depression	91%	37% (6)
Assessment of Risk	87%	28% (9)
Personality Disorder	93%	24% (11)
Stress and Post Trauma Problems	89%	28% (9)
Alcohol Problems	84%	39% (5)
Substance Misuse	94%	30% (8)
Dual Diagnosis	97%	7% (15)
Psychosomatic Presentations	94%	13% (14)
Behaviour Problems in Children	76%	43% (4)
Confusion in Older Adults	72%	52% (2)

Admin & Clerical Staff : Comments

- 'Any knowledge can only deepen our understanding and help us do a better job'
- 'My job has nothing to do with mental health'
- 'Would be helpful to have directory of all consultants/specialists, where they are based for contact and referral'
- 'It would be useful to know of services provided. I deal with many phone calls asking for information/advice'
- 'Learning to deal with potentially violent/aggressive patients would be helpful'
- 'I shy away from people with certain mental health problems – training would be extremely useful at work and in life itself'
- '(I feel) continually frustrated and alarmed at lack of available help for under 15s'
- 'Time factor – how much time do I give?'

Admin & Clerical Staff : Summary Points

- A range of roles within this group, some having little or no direct contact with patients whilst others undertake reception duties, forming a vital interface with patients
- 59% of admin and clerical staff felt mental health was not relevant to their role
- Admin and Clerical staff require information regarding services and referral pathways
- Many staff expressed a sense of helplessness when dealing with distressed or concerned patients awaiting specialist mental health appointments.

6.2 **Community Paediatricians** (n = 4)

This small staff group provide an important and much needed resource within primary care for children but have little formal training in mental health issues. Due to difficulties in accessing secondary CAMHS services, this group of staff, alongside other primary care colleagues, experience a growing mental health demand within their role.

6.2.1 **Level of Confidence with Mental Health Presentation and Further Training Needs**

TABLE 5 :Level of Confidence & Requested Training by Mental Health Presentation (Community Paediatricians)

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING (Ranked Order)
Minor Anxiety & Depression	0%	25% (4)
Bereavement	0%	50% (2)
Postnatal Depression	25%	25% (4)
Agoraphobia	50%	0% (11)
Onset of Schizophrenia	50%	25% (4)
Major Depression	50%	0% (11)
Assessment of Risk	50%	0% (11)
Personality Disorder	75%	25% (4)
Stress & Post Trauma Problems	50%	50% (2)
Alcohol Problems	75%	25% (4)
Substance Misuse	75%	25% (4)
Dual Diagnosis	75%	25% (4)
Psychosomatic Presentations	75%	0% (11)
Behaviour Problems in Children	0%	75% (1)
Confusion in Older People	75%	0% (11)

A number of the areas where Community Paediatricians lacked confidence (e.g. alcohol and substance misuse, dual diagnosis and personality disorder) are highly relevant to child protection and child development concerns. In addition, Community Paediatricians are likely to be managing a significant number of children with potentially psychosomatic conditions.

This staff group highlight the issue of training for updating of knowledge in familiar areas of practice, ranking training in Behaviour Problems in Children as most requested, whilst indicating a confidence in dealing with these presentations. Other areas of training requested most frequently are Bereavement and Stress and Post Trauma Problems (both of which may be highly relevant in the post war period).

6.2.2 Preferred Format for Training

The most popular training format for Community Paediatricians was individual course attendance, followed by learning within the uniprofessional group. Some interest was shown in multiprofessional and cross agency learning.

Community Paediatricians : Comments

- 'I am faced with numerous children with behaviour problems & expected to diagnose and treat them... taking on these children impacts on my waiting list. I have no formal training to deal with such issues.'
- 'Vast majority of mental health work is children with behaviour problems and contact with parents who may have mental health problems. Many require us to know appropriate referral pathways.'
- 'Update on drug/alcohol abuse would be useful – applicable to older children as well as parents.'

Community Paediatricians : Summary Points

- Small staff group
- Building mental health component to their role as specialist CAMHS services harder to access
- Little formal training in assessment or intervention for mental health presentations
- Wish for updating training in areas of routine practice (e.g. behaviour problems)
- Training requested in adult issues likely to impact on wellbeing of children
- Preference for Individual or Uniprofessional training format, above others.

6.3 District Nurses (n=44)

District Nurses perform a role which demands an integration of physical and psychosocial aspects of care. As patients are discharged from hospital earlier and with a higher level of need, the District Nursing workload has increased, particularly with the development of intermediate care. The NSF for Older People emphasises the importance of mental health elements of care.

Poor communication between secondary mental health services and District Nurses, together with a lack of day therapy services places an additional burden on the District Nursing service. Liaison is considered particularly important with regard to medication (rationale, side effects and compliance issues). This poses a greater challenge for District Nursing staff working across the PCT sectors, necessitating a wider liaison network of relationships with specialist services. Better and more efficient communication and liaison links are required between specialist services and community nursing services.

6.3.1 **Level of Confidence with Mental Health Presentations and Further Training Needs**

TABLE 6 :Level of Confidence and Requested Further Training by Mental Health Presentation (District Nurses)

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING(Ranked Order)
Minor Anxiety & Depression	36%	40% (8)
Bereavement	21%	51% (3)
Postnatal Depression	88%	24% (15)
Agoraphobia	95%	37% (9)
Onset of Schizophrenia	100%	42% (7)
Major Depression	88%	44% (4)
Assessment of Risk	74%	44% (4)
Personality Disorder	98%	36% (12)
Stress & Post Trauma Problems	86%	33% (13)
Alcohol Problems	60%	58% (1)
Substance Misuse	90%	44% (4)
Dual Diagnosis	98%	37% (10)
Psychosomatic Presentations	100%	37% (11)
Behaviour Problems in Children	98%	29% (14)
Confusion in Older People	42%	58% (1)

Training requested by District Nurses reflects their role in working with older adults and those with degrees of physical disability or frailty, who may often be socially isolated, vulnerable and coping with or adjusting to life event changes and losses. Specifically, more training was requested on self-harm issues, drugs and side effects and tools to manage mental health better.

District Nurses : Comments

- 'A flowchart for referrals would be useful, be it voluntary or secondary care'
- 'Working with elderly and those living alone, would like to be able to assess and refer them appropriately'
- 'Are there any counselling services for elderly housebound?'
- 'Difficulty accessing CPNs and poor communication from Community Mental Health Teams – we need more support, particularly with suicidal patients'
- 'Would be good to meet mental health team and understand their remit'
- 'Need a more holistic approach to patient care – do not manage mental health effectively through lack of knowledge'

District Nurses : Summary Points

- Generally interested in mental health and further training in this area
- Particular interest in referral criteria and pathways, as well as information on self help organisations
- Very little use of mental health assessment tools currently
- Wish for training in alcohol problems, bereavement, and confusion in older people mirrors the role of District Nursing with the older adult and physically disabled populations.
- Importance of effective liaison between Community Nursing Services and Specialist Mental Health Services for holistic and effective treatment of patient.

6.4 **General Practitioners** (n = 37)

Changing career patterns within general practice have led to a national shortfall of GPs, whilst a range of other health service roles for GPs have further eroded time spent in delivering clinical care. Alongside this trend are shifts of clinical care from long stay hospitals to the community.

The educational needs of new GPs in mental health are defined and reviewed by the Joint Committee for Postgraduate Training in General Practice. However, no formal model exists to set out the learning needs of GPs following training, an area fraught with complexity. The NHS Plan outlines plans for GPs with a Special Interest (GPSI) including provision of specialist mental health interventions to support secondary services, provision of borderline mental health services for those with substance misuse problems and advisory mental health lead roles within primary care organisations in defining the spectrum of health needs within local communities. The training required to support this new development has not yet been defined.

6.4.1 **Level of Confidence with Mental Health Presentations and Further Training Needs**

TABLE 7 :Level of Confidence & Requested Further Training by Mental Health Presentation (General Practitioners)

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING(Ranked Order)
Minor Anxiety & Depression	6%	6% (12)
Bereavement	6%	3% (14)
Postnatal Depression	13%	3% (14)
Agoraphobia	56%	14% (8)
Onset of Schizophrenia	46%	14% (8)
Major Depression	16%	9% (11)
Assessment of Risk	48%	23% (3)
Personality Disorder	66%	23% (3)
Stress & Post Trauma Problems	35%	14% (8)
Alcohol Problems	48%	17% (7)
Substance Misuse	87%	26% (2)
Dual Diagnosis	80%	20% (7)
Psychosomatic Presentations	43%	6% (12)
Behaviour Problems in Children	71%	37% (1)
Confusion in Older People	35%	20% (5)

Given the above developments and the gaps identified in secondary services (e.g. CAMHS primary care referrals, drug and alcohol services and access to CBT), GPs may benefit from additional training.

Overall, GPs expressed less need for further training than other professional groups. However, those areas most requested broadly correspond with those areas most lacking in confidence.

General Practitioners : Comments

- 'Out of hours referrals are very difficult'
- 'Mental Health is demanding on time'
- 'Liaison with CMHT was good with link CPN – now not as good as it was.'
- 'Not always clear about resources within the community: access, route and criteria.'
- 'Referral pathways/resources for infrequently seen conditions would be helpful – on line and up to date'
- 'Too many locum psychiatrists'
- 'Not enough in-house counselling hours'.... 'Overwhelmed by demand'.
- 'Biggest headache is accessing counselling, psychotherapy, psychological services' ...
- 'Psychological services should offer prompt assessment and then options'
- 'Waiting time for assessment is absolutely unacceptable' 'Difficult to get early appointment'
- 'More support needed in care of adolescents with mental health problems'
- 'Child psychiatry service very inefficient, non-existent'

General Practitioners : Summary Points

- A majority of GPs are interested in mental health but expressed less need for further training than other professional groups.
- GPs expressed concerns regarding access to mental health services (see comments) and were particularly interested in information regarding available services, referral criteria and pathways into services. This is unsurprising given the GP's role as gatekeeper and referring agent for many services.
- Whilst some GPs are using mental health assessment tools, there is no consistency of use.
- GPs lacked confidence in managing presentations of dual diagnosis, substance misuse and behaviour problems in children.
- Requests for training in Risk Assessment and Personality Disorders reflects the shifting interface between primary care and secondary mental health services.
- GPs generally felt less need for training than other professional groups.
- GPs expressed a clear interest in multiprofessional training, alongside other formats.

6.5 Health Visitors (n = 32)

The role of the Health Visitor is evolving towards a broader public health remit. The government's policy of integrated nurse teams, bringing together community nurses (health visitors and district nurses) and practice nurses, is in the process of being rolled out across the country. The context, therefore, for the profession of health visiting is changing and their potential role in identification, assessment and targeted interventions within mental health is emerging. Such developments, however, require appropriate levels of training and ongoing support. Clinical supervision is often insufficient for the level of work being undertaken, particularly with the gap in service provision for those children and their families not meeting the CAMHS criteria.

Ninety seven percent of Health Visitors expressed a level of interest in mental health. A majority have already undertaken formal training in the management of postnatal depression and behavioural management of children and are thus already engaged in areas of mental health assessment and provision within their developing role.

6.5.1 **Current Usage of Mental Health Assessment Tools**

Of those responding, 90% were using the Edinburgh Postnatal Depression Scale, showing a high degree of consistency in usage of this tool following formal training in its administration. In addition, individual health visitors reported using a tool for children with behaviour problems and the possibility of a screening tool for elderly depression.

6.5.2 **Levels of Confidence with Mental Health Presentations and Further Training Needs**

Table 8: Level of Confidence & Requested Further Training by Mental Health Presentation (Health Visitors)

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING (Ranked Order)
Minor Anxiety & Depression	25%	32% (9)
Bereavement	6%	55% (4)
Postnatal Depression	7%	26% (13)
Agoraphobia	96%	35% (8)
Onset of Schizophrenia	93%	19% (14)
Major Depression	79%	29% (10)
Assessment of Risk	96%	55% (4)
Personality Disorder	97%	39% (7)
Stress & Post Trauma Problems	96%	48% (6)
Alcohol Problems	100%	65% (1)
Substance Misuse	100%	58% (3)
Dual Diagnosis	100%	29% (10)
Psychosomatic Presentations	97%	29% (12)
Behaviour Problems in Children	33%	61% (2)
Confusion in Older People	93%	13% (15)

Many of the above problems are more likely to occur following the birth of a child. There is a link between use of alcohol and domestic violence, highlighting both child and adult protection issues within the health visiting role. Many new mothers experience anxiety which can lead to agoraphobic symptoms and parents may require intervention following a 'traumatic' delivery. It is heartening to note that Health Visitors in the PCT feel confident regarding their interventions

with postnatally depressed mothers and behaviour problems with children, having received training in both areas over recent years. However, concerns were raised in discussion at the Professional meeting regarding ongoing support and supervision for this work.

In addition, health visitors requested training in alcohol and substance misuse, teenage pressures, coping with divorce and separation, child protection issues, domestic violence and general coping.

Health Visitors : Comments

- 'Would benefit from general training on mental health issues. Clients expect us to know about all aspects of health, including mental health issues'
- 'Would like more communication between GPs, Health Visitors and mental health team'
- 'Many of us may not feel equipped enough to offer correct support for mental health problems – we need training to recognise these issues'
- 'No specialist service provided to support Health Visitor who is overwhelmed by amount of depression... nowhere to offload. Now buck stops with the Health Visitor'
- 'Would appreciate more training on current management of mental health issues'
- 'Feel out of touch with current services and treatments'
- 'Poor feedback to health visitors from primary and secondary mental health teams – possibly due to lack of awareness regarding health visitor role'
- 'Little support for parents and staff managing children with more severe mental health problems'
- 'Problems contacting other health professionals – would be useful to have guidance on referral pathways and criteria'
- 'I don't feel skilled enough to enter into in-depth discussions – I would welcome a service to refer on to'
- 'Backup for EPDS identification of severely depressed women not robust. Pity to lose CPN service specialising in postnatal depression'

Health Visitors : Summary Points

- A majority of health visitors expressed a level of interest in mental health and were keen to receive further training in this area
- Health visitors were keen to know more about mental health roles and specifically about referral criteria and pathways.
- A majority of health visitors were consistently using the Edinburgh Postnatal Depression Scale to screen for postnatal depression, following formal training.
- Health Visitors were keen to receive ongoing specialist support in their work with post-natally depressed mothers and with parenting and behaviour problems in children.
- Training was requested in behaviour problems in children, bereavement, alcohol and substance misuse and stress and post trauma problems – all relevant to their role with new parents and families.
- Lack of back-up from secondary mental health services following identification.

6.6 **Practice Managers** (n = 27)

As the burden of work on the Primary Health Care Team has increased, there has been a need for the Practice Manager role to develop to co-ordinate and facilitate the smooth functioning of general practices, whilst also overseeing the implementation of various Government policy initiatives.

A number of practice managers eluded to a sense of feeling unprepared for the role of dealing with those presenting with mental health problems or in distress, whilst also supporting their reception and other staff in managing mental health problems within the primary care setting.

6.6.1 **Level of Confidence with Mental Health Presentations and Further Training Needs**

TABLE 9 : Level of Confidence & Requested Further Training by Mental Health Presentation (Practice Managers):

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING(Ranked Order)
Minor Anxiety & Depression	67%	10% (8)
Bereavement	53%	21% (2)
Postnatal Depression	93%	21% (2)
Agoraphobia	52%	5% (10)
Onset of Schizophrenia	74%	5% (10)
Major Depression	93%	5% (10)
Assessment of Risk	87%	11% (7)
Personality Disorder	79%	21% (2)
Stress & Post Trauma Problems	80%	5% (10)
Alcohol Problems	87%	21% (2)
Substance Misuse	93%	16% (6)
Dual Diagnosis	100%	0% (14)
Psychosomatic Presentations	79%	0% (14)
Behaviour Problems in Children	87%	10% (8)
Confusion in Older People	73%	26% (1)

Many of the above problems may contribute to problems within the reception role in general practice. Obviously, Practice Managers, like their admin and clerical colleagues, do not undergo any clinical training and therefore draw largely on their work and life experience. Many Practice Managers did not indicate their preference for training as they did not view further training as appropriate to their role. Those who responded favoured multiprofessional learning opportunities, followed by individual courses and unprofessional events, with a minority indicating interest in cross agency training.

Practice Managers : Comments

- 'How would you recognise symptoms, not being medically trained?'
- 'Mental health patients require plenty of time with trained staff – often not available in normal surgery hours due to workload'
- 'In depth mental health training not required – just basic instruction in recognising problems and dealing with them.'
- 'Lack of dedicated mental health team member for practice... and lack of contact numbers and pathways into services (are a problem).'
- 'Staff training would help in handling patients with drug/alcohol problems or untreated schizophrenia.'
- 'Mental health management does not affect my day to day job.'

Practice Managers : Summary Points

- Some practice managers felt unprepared for their role of dealing with those presenting in distress or with mental health problems, or supporting their staff in that role.
- 68% of practice managers indicated a level of interest in mental health
- Practice managers were keen to have information regarding mental health roles, referral criteria and pathways, together with details of services across secondary, voluntary, self help and private sector.

6.7 **Practice Nurses** (n = 27)

Nurses in primary care work in a variety of ways that range from hands-on practical nursing, through to the role of the primary care Nurse Practitioner who delivers a range of clinical services with full autonomy. Many of the 18,000 practice nurses in the UK work part-time. Young (2002) found that many believe they would provide better care if they were better skilled in identifying mental health problems, knowing when and whom to refer on to – a view borne out by the findings of this survey. Mental health is not covered within Practice Nurse training, with less than 2% having a mental health qualification or having received any training in mental health. The provision of post-registration training and education in mental health for Practice Nurses has been neglected in the main part. Training has tended to be ad hoc, uninformed by a defined curriculum of nursing skills for practice nursing, instead being driven by local demands of hard-pressed GPs.

The regulation process has not yet achieved competencies and standards across the profession, largely due to the diverse employment arrangements through individual practices. Access targets introduced by the Government have placed

increasing pressure on Practice Nurses undertaking triage and minor illness sessions in terms of time and knowledge regarding mental health issues.

The potential for Practice Nurses to develop their role into mental health would enable management of those with common mental health problems. Such a development, however, requires appropriate professional education and ongoing support. Practice Nurses have an important mental health dimension to their work as general nurses, offering comfort and reassurance to those in distress, whilst also bringing together physical and psychological care of the patient. The role of providing structured health promotion and chronic disease management services has been extensively devolved to Practice Nurses, including those with patients with severe mental health problems. Nurses effectiveness as first line primary care clinicians has been extensively studied (Horrocks et al 2002), indicating little difference in user satisfaction, referral rates and use of prescribed medication between nurses and doctors.

6.7.1 Level of Confidence with Mental Health Presentations and Further Training Needs

Table 10 : Level of Confidence & Requested Further Training by Mental Health Presentation (Practice Nurses)

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING (Ranked Order)
Minor Anxiety & Depression	33%	30% (7)
Bereavement	33%	33% (5)
Postnatal Depression	81%	26% (10)
Agoraphobia	90%	26% (10)
Onset of Schizophrenia	78%	41% (1)
Major Depression	86%	22% (14)
Assessment of Risk	71%	41% (1)
Personality Disorder	81%	33% (5)
Stress & Post Trauma Problems	70%	26% (10)
Alcohol Problems	62%	37% (4)
Substance Misuse	80%	41% (1)
Dual Diagnosis	100%	22% (14)
Psychosomatic Presentations	81%	30% (7)
Behaviour Problems in Children	95%	26% (10)
Confusion in Older People	67%	30% (7)

Given their pivotal role in assessment, it is important for Practice Nurses to have a broad understanding of mental health presentations and how these may be linked with physical presentations. In particular, risk assessment is an important skill.

The range is less spread within this group, supporting the notion that a broad knowledge is required for this role. Practice Nurses differed from the whole sample group in expressing a particular preference for cross-agency training.

Practice Nurses : Comments

- 'Contact with mental health is opportunistic'
- 'We should have training in mental health as it's a big issue in society today'
- 'Very little formal training in mental health – knowledge has been gained in practice, rather ad hoc.'
- 'Imperative that we work and interact with patients consistently – training not necessarily through individual course format but a broad agenda of learning to facilitate better awareness of mental health problems.'

Practice Nurses : Summary Points

- Practice Nurses are increasingly the first point of contact for patients in the practice as GPs struggle to meet Government response time targets.
- Risk assessment skills are essential given the developing role of Practice Nurses.
- A broad range of knowledge is required to assess and refer on where appropriate, including information regarding services available across the spectrum of need.
- Practice Nursing offers an interface between physical and psychological elements of care.
- Practice Nurses feel they could offer much more in this area of work with appropriate training and support.

6.8 **School Nurses** (n = 12)

School Nursing is developing into a public health role. With gaps in service provision for children and adolescents, school nurses are increasingly managing psychological distress and mental health presentations in children and their families.

6.8.1 **Level of Confidence with Mental Health Presentations and Further Training Needs**

Table 11 : Level of Confidence & Requested Further Training by Mental Health Presentation (School Nurses)

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING (Ranked Order)
Minor Anxiety & Depression	58%	64% (5)
Bereavement	75%	79% (1)
Postnatal Depression	100%	36% (8)
Agoraphobia	100%	21% (12)
Onset of Schizophrenia	93%	21% (12)
Major Depression	100%	29% (11)
Assessment of Risk	92%	71% (3)
Personality Disorder	93%	36% (8)
Stress & Post Trauma Problems	100%	64% (5)
Alcohol Problems	100%	64% (5)
Substance Misuse	100%	71% (3)
Dual Diagnosis	100%	14% (14)
Psychosomatic Presentations	93%	36% (8)
Behaviour Problems in Children	50%	79% (1)
Confusion in Older People	100%	7% (15)

School Nurses expressed a relatively low level of confidence in dealing with mental health problems across the spectrum of presentations. Research indicates links between many of the above presentations in adults and the impact on their children's well-being. As educational psychologists and counsellors within school systems focus increasingly on those experiencing difficulties within the school environment, School Nurses bear the burden of those suffering in a more general sense.

The areas ranked highly for training relate to the problems encountered within school settings, either directly with children or with their families. School Nurses

expressed a preference for multiprofessional and cross-agency training opportunities, which is unsurprising given their position within the system (straddling both health and education amongst other elements).

School Nurses : Comments :

- 'My lack of expertise in mental health prevents me from addressing many of the problems highlighted'
- 'Waiting list for CAMHS increases pressure on school nurses to try to cope with families with multiple problems'
- 'Training in behaviour modification was invaluable in dealing with straightforward issues of behaviour'
- 'School counsellors tend to focus on those causing disruption in class'
- 'More information (needed) on how adult and child needs are supported in the community and how links can be improved. Lack of information.'
- 'Seeing more and more children and parents with behaviour problems with small amount of training we've had – insufficient to enable us to help'

School Nurses : Summary Points

- School nursing is developing a public health role incorporating mental health issues
- School nurses expressed a relatively low level of confidence regarding mental health.
- Importance of impact of adult mental health problems on children & families
- Preference for multiprofessional and cross-agency training

6.9 **Therapists** (n = 4)

The Therapist group unites a number of professions allied to medicine including Physiotherapy, Speech and Language Therapy, Occupational Therapy and Dietetics.

6.9.1 **Level of Confidence with Mental Health Presentations and Further Training Needs**

Table 12 : Level of Confidence & Requested Further Training by Mental Health Presentation (Therapists)

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING (Ranked Order)
Minor Anxiety & Depression	40%	40% (4)
Bereavement	60%	60% (1)
Postnatal Depression	60%	20% (9)
Agoraphobia	60%	20% (9)
Onset of Schizophrenia	80%	20% (9)
Major Depression	100%	40% (4)
Assessment of Risk	40%	60% (1)
Personality Disorder	40%	20% (9)
Stress & Post Trauma Problems	80%	40% (4)
Alcohol Problems	80%	60% (1)
Substance Misuse	80%	20% (9)
Dual Diagnosis	100%	20% (9)
Psychosomatic Presentations	60%	40% (4)
Behaviour Problems in Children	100%	40% (4)
Confusion in Older People	40%	20% (9)

Choices may reflect focus of role on those with mild to moderate mental health problems, with Therapists working within secondary services dealing with those with more severe mental health problems?

6.9.2 **Preferred Format for Training**

All Therapists expressed a preference for Multiprofessional learning opportunities.

Therapists : Comments

- 'As an OT, I am dual trained and confident in some mental health issues ... (but) don't feel we have time or confidence to consider effects or treatment alongside (physical deficits).'
- 'Lack of communication from mental health services about care and assessment (has) impact on my intervention.'
- 'Lack of knowledge of existing mental health services and how to access these.'

Therapists : Summary Points

- A heterogeneous group of staff
- Mental Health not the primary focus of these roles.
- Preference for multi-professional learning opportunities

6.10 **Other Staff** (n = 55)

This group covers a whole range of other staff employed within the PCT (see Table 1 for breakdown). Many of these staff do not have mental health as a focus for their work, but inevitably are caring for people experiencing mental health difficulties as a result of other conditions.

6.10.1 **Level of Confidence with Mental Health Presentations and Further Training Needs**

Table 13 : Level of Confidence & Requested Further Training by Mental Health Presentation (Other Staff)

MENTAL HEALTH PRESENTATION	% NOT SURE/LACKING CONFIDENCE	% REQUESTING FURTHER TRAINING (Ranked Order)
Minor Anxiety & Depression	40%	33% (2)
Bereavement	43%	43% (1)
Postnatal Depression	74%	16% (12)
Agoraphobia	91%	8% (15)
Onset of Schizophrenia	66%	24% (7)
Major Depression	70%	29% (4)
Assessment of Risk	69%	29% (4)
Personality Disorder	64%	22% (9)
Stress & Post Trauma Problems	78%	24% (7)
Alcohol Problems	83%	22% (9)
Substance Misuse	96%	20% (11)
Dual Diagnosis	96%	14% (14)
Psychosomatic Presentations	64%	16% (12)
Behaviour Problems in Children	73%	29% (4)
Confusion in Older People	61%	33% (2)

Some of this staff group did not feel further training was relevant to their role. In addition, training was requested in communicating with the hard of hearing

Other Staff : Comments

- 'I don't think you can deal with people, illness and death without dealing with mental health issues... (training) would improve my confidence in dealing with patients and families (Auxiliary)
- 'Difficult to get psychological support for those with profound difficulties – families need counselling as do the clients' (Rehab Assistant)
- 'Would like to increase my understanding of issues relating to cognition' (Sister)
- 'I am not trained to deal with mental health problems and we're often left feeling unsupported... we all need further training on mental health issues' (Nurse)
- 'Assessment tools/aids to flag up need and flowchart of who to refer to (would be helpful). Who are available out of hours for advice and support?' (Out of Hours Co-Ordinator)
- 'No knowledge on best way to deal with demented patient on general ward' (Nurse)
- 'Don't know how to deal with certain patients – whether correct care is given. Are we making them worse?' (Rehab Assistant)

Other Staff : Summary Points

- Heterogeneous staff group
- Mental health may not be primary focus for work role
- Caring for those experiencing mental health difficulties alongside other conditions
- Some felt mental health training was not relevant to their role

PART SEVEN – General Themes and Conclusions

7.0 In this Section, general themes from the above findings will be laid out, alongside conclusions and suggestions from staff regarding how the PCT should take the training agenda forward. This allows integration of staff views into the development of a coherent and meaningful mental health training and development strategy within the PCT, which can respond to the real needs of staff in the field.

7.1 THEMES & CONCLUSIONS

7.1.1 The degree to which staff view mental health as relevant to their role

Whilst primary care staff indicated a broad interest in mental health, this differed across professional groupings, as did the sense of relevance to particular roles. Thus, further discussion will be required to ensure information and training is appropriately tailored to the real needs of staff within specific roles.

7.1.2 The need for more information and better understanding regarding mental health presentations and how to effectively handle these

The primary care workforce clearly indicated a wish to be better informed regarding how mental health issues may present and how best to assess and manage these within the practice (as outlined in Standard 2 of the Mental Health NSF)

7.1.3 The need for more resources to deal with mental health problems

7.1.3.1 Information regarding services available

All primary care staff need to know what sources of help are available, both in terms of statutory and voluntary/community provision, together with clear referral criteria and pathways into these. This is of particular importance for particular staff groups, in terms of advice giving, assessment and referral on.

7.1.3.2 Protected time for primary care staff to undertake mental health work

Many staff experience difficulty in giving appropriate amounts of time to those presenting with mental health problems, finding this impossible within already very busy roles. This dilemma may require further discussion and negotiation within the PCT as the model of provision currently under discussion is introduced to ensure the development of ways of working which better facilitate mental health work within primary care.

7.1.4 Difficulties in accessing specialist mental health services

7.1.4.1 Long waiting lists (especially for CAMHS and psychological therapies and counselling)

Primary care staff are better able to manage their own and their patients' expectations regarding secondary services when realistic and accurate information is shared regarding waiting times and what can be offered. Many staff expressed concern and frustration at not being able to access certain services, experiencing a lack of specialist support in this work.

7.1.4.2 Lack of specialist support and liaison to support primary care mental health work

Many staff, across the professional groups, expressed a wish for better liaison, communication and closer working relationships, particularly with secondary mental health services.

7.1.4.3 Wish to understand mental health roles and improve liaison

As mental health service provision has altered, many primary care staff are keen to know more about the current roles of specialist mental health colleagues. In reverse, there may be a lack of understanding within secondary services regarding the mental health service delivery and training initiatives under way in primary care. Thus, a mutual understanding of roles would assist in ensuring that maximum potential is achieved through the various elements of provision.

7.1.5 Importance of ensuring training and development issues are tailored to meet the specific requirements of the various roles within primary care.

A challenge exists within primary care to arrange training and development opportunities which address the particular needs of staff whilst allowing multi-professional learning to occur. For example, whilst information about available sources of help would be of help to all staff in primary care, it may be used differently in different roles. Further discussion will be required therefore to ensure that information and training are developed in such a way that meets the various needs across the primary care workforce.

7.1.6 Wish for a choice of training formats, with the opportunity to train across professional boundaries and across agencies, as well as attending individual courses and training within unprofessional groups as appropriate and relevant.

Whilst showing a broad preference for multi-professional and individual course formats, staff in primary care were keen to see a flexible programme of training to meet various needs. Thus, a flexible and evolutionary approach to training and development is likely to engage staff as the mental health agenda continues to develop within the PCT and beyond.

PART EIGHT – Recommendations to the PCT

- 8.0 The findings and general themes broadly reflect those identified through a number of national initiatives and mirror recommendations made within the Workforce Action Team Special Report (2001) regarding training and education.

In order to support the development of a robust mental health training strategy, which in turn can underpin the development of a service model for the development of primary mental health care services, a number of key recommendations are made as follows :

Recommendation One – Development of a Mental Health Training Strategy

A broader PCT-wide Training and Education Strategy is being developed across the organisation. The integration of training needs for mental health together with training for other aspects of care is vital.

It is proposed that the Mental Health Training Strategy would form part of the overarching PCT Training and Education Strategy to ensure an holistic approach to training and integration with other aspects of patient care.

ACTION : Project Lead/PCT Lead on Education and Training.

Recommendation Two – Feedback to Staff and Contributors to the Report

Many people have given their time and thought to this Project and will be interested to hear the outcome of it and contribute to the ongoing iterative discussion. Through such a process, areas of confidence and expertise within the PCT workforce and beyond can be identified and utilised as appropriate through training and/or support forums, giving recognition to the existing skills base within primary care and community agencies.

It is proposed that the Project findings be presented back to those groups contributing to the Report, together with Sector meetings, where these can be discussed and developed further.

ACTION : Project Lead

Recommendation Three – Implementation of a Mental Health Training Programme for Primary Care Staff

In line with the recommendations of the Workforce Action Team Special Report, a locally tailored mental health training programme for primary care staff will be designed and commenced during the financial year 2003-4.

It is proposed that, following further consultation with staff, a training programme be developed to reflect the needs identified within this Report, to commence in the autumn of 2003.

ACTION : Project Lead

Recommendation Four – Development of a Mental Health Training Steering Group

Co-ordination of training across the primary care workforce is a complex task, requiring input from various key stakeholders and integration with wider developments (including local referral criteria and care pathways) in mental health and beyond. In addition, it is hoped that through the Primary Care Mental Health Development Group, discussions with partner agencies providing mental health care and support can lead to joint training developments and increased liaison regarding the support needs for work with mental health across the spectrum of need.

It is proposed that a Mental Health Training Steering Group be set up to report to the Primary Care Mental Health Development Group within the PCT. This Steering Group will ensure effective implementation of the recommendations within this Report and clear links with the service development agenda, ensuring discussion with partner agencies wherever possible and appropriate.

ACTION : Project Lead/Chair, Primary Care Mental Health Development Group

Recommendation Five – Gather Information Regarding Current Training Provision

It was not possible to gather this information comprehensively during the timescale of this Project. It will therefore be important to do so in order to ascertain where provision exists and where developments may need to occur in partnership with training and education providers

It is proposed that a scoping exercise be undertaken of current provision across the professional groups, identifying where gaps may occur to meet the needs identified through the current Project.

ACTION : Project Lead/Primary Care Tutor

JAN PRIOR
May 2003

REFERENCES

Audit Commission (2002) A Focus on General Practice in England. London : Audit Commission

Department of Health (2000) The NHS Plan. London, HMSO

Department of Health (1999) National Service Framework for Mental Health : Modern Standards and Service Models. London : The Department of Health

Department of Health (1988) Caring for People : Community Care in the Next Decade and Beyond. London, HMSO

Muijen M (2002) Sainsbury Centre for Mental Health, after Goldberg D & Huxley P (1992) Common Mental Health Disorders : A Biosocial Model. London : Routledge.

Palmer Ann (1998) Training Needs in Mental Health and Primary Care (Dartford and Gravesham) (unpublished)

Sainsbury Centre for Mental Health (2003) Primary Solutions. SCMH, London.

Sathyamoorthy G et al (1999) Interim draft report of the Hackney Primary Care Project. The Sainsbury Centre for Mental Health (unpublished)

Workforce Action Team Special Report, August 2001.

LETTER TO STAFF TO ACCOMPANY MENTAL HEALTH TRAINING NEEDS SURVEY

Dear Colleague

Primary Care Mental Health Training Needs Survey

The PCT are currently undertaking a Project to identify the mental health training needs of primary care staff within its area, both PCT- and practice-employed. I have been engaged to lead this Project and will be preparing a Report for presentation to the PCT in April with recommendations regarding how to take the mental health training agenda forward in the months ahead.

The Project aims to be completed by the end of March and I therefore need your help in ensuring that what is reflected in the Report truly represents the views of staff delivering services in primary care. I very much hope that you will assist me in getting an accurate picture of training needs in this important area.

Firstly, I would be very grateful if you could complete the enclosed questionnaire which should take **no longer than 10-15 minutes**. This will give invaluable information on which the final report will be based. We appreciate how busy everyone is, but this is an opportunity to influence the training direction of the future, and I would therefore encourage you to take the time in the next day or so to **complete the form and return it by FRIDAY 14th MARCH at latest , either directly in the envelope provided or via your practice manager.** Without this information, the report will not truly reflect the needs of primary care staff.

Secondly, I am hoping to meet with as many staff as possible during the next month or so, and will be doing this through Sector meetings and Professional meetings within the PCT. These meetings will enable more general discussion regarding mental health work in Primary Care and the underlying training issues.

Thank you for assisting in this important work, and sparing time from your busy schedule.

Yours sincerely

JAN PRIOR
Project Consultant
Chartered Clinical Psychologist

APPENDIX C

The Project Lead attended the following meetings :

Dr Jenny Rush & Dr David Laurence, GP perspective
Ruth Turner, Chris Locke and Monika Blake, Sector Development
Managers
Karen Jeffries, Jane Shepherd & Jenny Brown, Professional Leads
Practice Managers Forum
District Nurse Meeting
Professor Ami David
Gravesend Sector Meeting
Sahara Forum
Heart of the Matter
Swanley Sector Meeting
Sheila Caulfield, Shared Services Agency, Director of Training
Dartford Sector Meeting
Health Visitors & School Nurses Professional Meeting
Gillie Lewis, Practice Nurse Lead

Unfortunately it was not possible to meet with GPs or Practice Nurses as a group due to short timescale of this Project. Details in Findings Section.

APPENDIX D

Table 12 : Percentage of Staff (by Professional Group) Wishing to Know More about Mental Health Roles and Agencies

WOULD LIKE TO KNOW MORE ABOUT :

	Mental Health Professional Roles	Secondary Mental Health Services	Voluntary Sector Provision	Private Sector Provision	Self Help Agencies & Information	Referral Criteria & Pathways
Professional Group						
Admin & Clerical	38%	30%	17%	16%	30%	38%
Community Paediatricians	100%	75%	75%	75%	75%	75%
District Nurses	78%	67%	69%	56%	73%	82%
General Practitioners	49%	54%	57%	37%	54%	66%
Health Visitors	94%	81%	84%	65%	87%	97%
Practice Managers	47%	47%	53%	42%	58%	68%
Practice Nurses	74%	74%	67%	56%	78%	85%
School Nurses	79%	64%	57%	50%	79%	86%
Therapists	80%	80%	80%	60%	80%	100%
Other Staff	76%	41%	24%	24%	39%	47%

List of Assessment Tools in Use (by Profession)

SASS (Depression Scoring Sheet)	(Practice Nurse)
Various Depression Tools	(Practice Nurse)
Behavioural Assessment Tool	(School Nurse)
MMTS	(Therapist)
Geriatric Depression Screen	(Therapist)
Middlesex Elderly Assessment of Mental State	(Therapist)
Edinburgh Postnatal Depression Scale	(Health Visitors Community Nursery Nurse) Community Staff Nurse)
Risk Assessment Tool	(Sister)
Connor Behaviour Questionnaire	(Community Paediatrician)
Asperger Questionnaire	(Community Paediatrician)
Autism Scale	(Community Paediatrician)
AMTS	(GP)
30 point mental state assessment for dementia	(GPs)
CAGE for alcohol screening	(GP)
BASDEC Questionnaire	(GP)
Protocols for ADHD	(Health Visitor)