

Make your practice mental health friendly

Evaluation
of mental health
training for
primary care
professionals



Supported by:



time to change

let's end mental health discrimination



1 in 4 people will experience a mental health problem.

9 in 10 people with a mental health problem are just seen in primary care.



7 in 10 GPs say more people are coming to see them with mental health problems.



Life is tough at the moment, work load is increasing, the complexity of what we, as GPs, are expected to do has changed beyond all recognition and we are expected to lead both in the consulting room and increasingly outside - combining the role of a clinician with that of a manager.

This Time to Change training has been designed to acknowledge the little time and resource we have available. By providing the short bursts of information it will also help us to consider mental health as well as physical health problems when caring for patients - bringing us closer to that crucial parity of esteem between the two.

Professor Clare Gerada, Chair of Council, RCGP

Introduction

Primary care is the point at which most people with mental health problems access services and support. This project was developed to help primary care professionals make their practice more mental health friendly, in turn this will improve people's experiences of using primary care for mental health problems and reduce stigma and discrimination.

The project was developed with people with direct experience of using primary care for mental health problems. It focused on key issues facing people with mental health problems in using primary care.

This project was part of Time to Change. Time to Change is England's biggest programme to end the stigma and discrimination faced by people with mental health problems, run by the charities Mind and Rethink Mental Illness. This project was funded by the Big Lottery Fund and supported by the RCGP.

Aims of the pilot were to:

- Engage primary care professionals in training by developing new methodologies and training tools for this audience.
- Challenge stigma and discrimination within primary care.
- Empower people with lived experience of mental illness to deliver the training, building confidence and social capital.

Find out more about how the training was developed, how it was delivered and the impact of the training.

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What we did

Two stages of research were undertaken - to explore and identify the issues around creating and delivering training targeted at the needs of GPs and other primary care professionals. Market research examined the national picture regarding the training priorities for primary care and the mechanisms by which training was commissioned and delivered.

A Think Tank was also formed. This included people with lived experience, Carers, GPs, Nurses, Commissioners, Journalists, people working in community mental health services and members of the general public.

After debating and exploring what would make a perfect primary care service, it was concluded that lived experience should be central to planning and delivery of services. This would ensure GPs and primary care staff remained aware of issues and proactive in making simple changes to ensure the service they offered people with mental health problems can continuously improve.



Inspirations and Insights from research

- Drug companies gain GP face to face time by going into the surgery. GP are open to this and accept “being sold to” as small price to pay for training opportunities.
- Practice managers are responsible for non clinical staff’s training needs.
- Ideal training is deemed to be face to face, free and on site.
- Like training to be linked to a recognised expert in the field.
- Variety to training methods - role play, personal stories make it more interesting.
- Training regarding practical awareness and ways to engage and support people with mental health problems would be well received.

Insights from Think Tank

- Patients desire to ensure whole surgery team has basic competence / training.
- People are experts in their own health and need to be central to decisions about healthcare.
- For some people it is important that carers / partners are involved at times when they may not be able to make decisions.
- People with lived experience want to have their experiences valued, to be understood, accepted, trusted and believed.

You don't have to be a specialist in mental health to be a specialist in empathy.

Challenges

The project team identified two key challenges that needed to be addressed in order to develop a training package that would meet the needs of the primary care target audience;

Lack of Time

Primary care practices are very busy. Staff work different hours to cover the extended opening hours of the practice. It is difficult to find a time when all staff are available for traditional group training. GPs need to cover any time away from surgery sessions and this creates additional expense of locum cover.

An 'unattractive' training topic

Mental health training is frequently not seen as a priority as it is something that staff deal with everyday. Suggesting patients experience stigma and discrimination creates an instant barrier.

The Training

Using the insights and inspirations a new model of training was designed which included;

1. 10 minute appointment

A 10 minute one to one training session, delivered to all staff working in the primary care surgery. Flexible enough to be delivered at a desk, during a consultation appointment slot, or at a practice meeting. The training was developed to be engaging and rewarding, with key messages woven into the content.

The aim of the 10 minute training was to raise awareness of experiences of using primary care for mental health problems and encourage people to extend their learning by discussing it with colleagues and using online resources.

A team of 14 people from across the country, who had lived experience of mental health problems, (either directly, or from being a carer), were brought together. Together they explored how to use their experiences of primary care to tackle discrimination through the framework of the 10 minute appointment.



Trainers were coached to develop a polished 10 minute training session.

Each 10 minute appointment included;

- Personal stories of using primary care services.
- Raising awareness of key issues and facts about mental illness.
- Promoting online training.
- Ways to tackle stigma and discrimination woven throughout.

2. Online training

The website has been designed to offer bite sized tips, ideas and videos that are quick, easy and suitable for anyone working in primary care. The content of the online training has been designed in three modules:

Module one: Be Mental Health Aware

Facts and figures about mental health problems.

Module two: Making Reasonable Adjustments

Raise awareness of the value of reasonable adjustments from the perspective of people affected by mental health problems.

Module three: Meeting People's physical and mental health needs

Raise awareness of the concerns people with mental health problems have about both their mental and physical healthcare needs being met.



3. Training bag

A training bag was designed as a central tool for the session. The aim of the bag was to support the discussion in the 10 minute appointment, conveying facts, information and website details.

It contains guidance on activities to continue the learning as well as 'goodies' a bottle of juice and some chocolates.

People were encouraged to share the chocolates with each other and talk about the training.

Who we trained

We adopted three strategies to reach our target audience of primary care professionals. These strategies were shaped by the principles of assertive outreach - engaging a hard to reach target group in locations and environments where they are most comfortable.

1. We sponsored an event for GPs arranged by RCGP.
2. We worked in partnership with Lewisham LINK across a defined target CCG area to build on an established pattern of offering training and initiatives to primary care practices.
3. We liaised with a Rethink Mental Illness project who were actively promoting a physical health check tool across North Staffordshire. The training was felt to be a complimentary offer to support practices adopting the health check tool.

Total number of training beneficiaries

The training has reached **546** primary care professionals.

Of these 546;

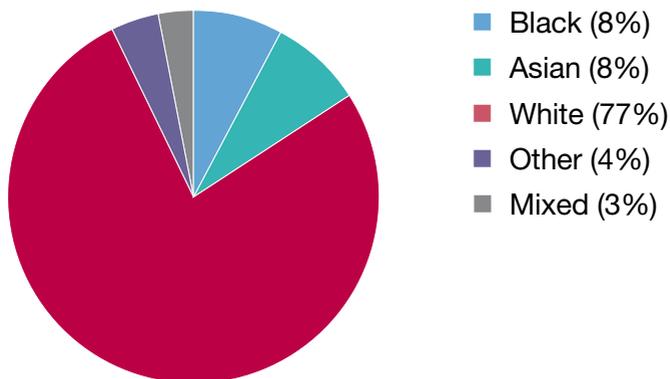
317 people have had a 10 minute face to face training session.

229 people have used the online training site.

1. Face to face training

The majority of people who received the face to face training were female (76%) and 22-59 years old (89%) and white British (77%).

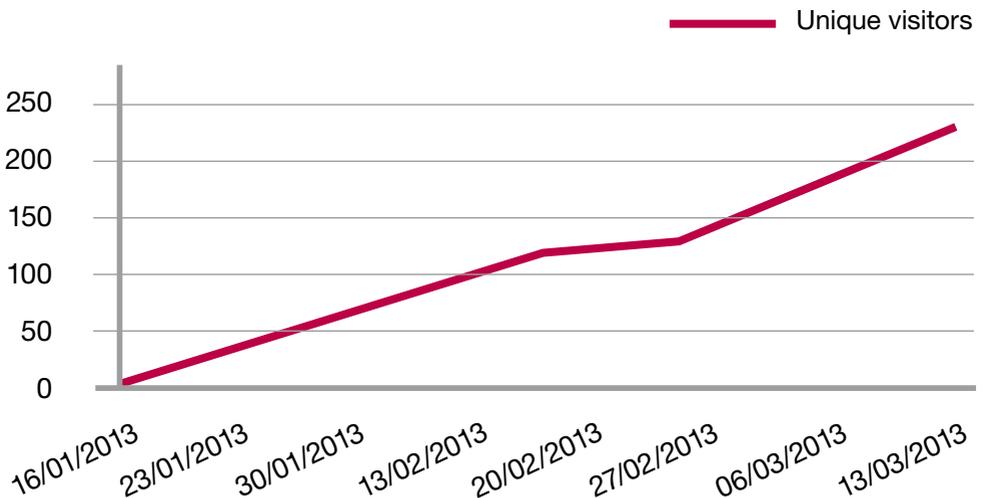
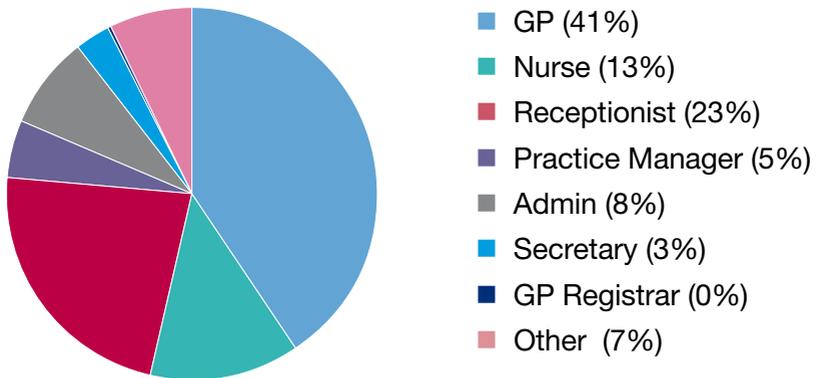
Of the 317 primary care professionals that received the face to face training, 41% were practicing GPs, and 13% practice nurses. In total 54% of the people who received training were clinical professionals.



2. Online Training

Use of the online training resources has seen a slow start, but numbers have increased over time. Average user time on the site is 13 minutes and 45 seconds. The majority of modules on the site are designed to be completed within 10 minutes and the run time of videos is on average 3 minutes. This would infer that people are engaging with the site long enough to complete a module or two. 53% of visits to the site are from returning users implying the materials are engaging and appropriate.

The formal evaluation was unable to gather a sufficient sample size of registered users to analyse use of the website.





What we found

242 primary care professionals took part in the face-to-face training between 1st January and 15th February 2013. The evaluation is based on questionnaires that these 242 people completed, as well as the postcard promises that they made, interviews in two primary care practices and the people who delivered the training, who are called Involvement Workers.

Impact of training on knowledge, behaviour and attitude of staff

This is based on questionnaires that the primary care professionals filled in before and after receiving the face-to-face training. This is what we found from the questionnaires:

- There was an overall statistically significant improvement in attitudes following the face-to-face training.
- The areas where the trainees seem to improve the most were the areas of knowledge e.g. recognising signs of mental illness.
- Overall, the face-to-face training had more impact on clinicians than non-clinicians, especially in the areas of knowledge.

Statistically significant increases in knowledge

- 35%** increase in confidence about working to promote mental health.
- 25%** increase in understanding need for adjustments.
- 23%** increase in confidence about support people with mental health problems.
- 20%** increase in knowledge of mental health problems.
- 18%** increase in confidence identifying mental health problems.
- 12%** increase in comfort about communicating with people with mental health problems.

There were two statistically significant changes in attitude;

- Reception, administration and nursing staff demonstrated a reduction in the belief that people with mental health problems are too time consuming non clinical staff.
- Questionnaires from GP's highlighted a positive change in their belief about the patients' ability to be involved in planning and determining their care.

Case study findings

This part of the evaluation involved interviewing 15 primary care professionals in two different primary care practices to find out what they thought of the training, and what they are going to do differently as a result of the training. This is what we found:

"It was nice to talk about mental health. It reminded me of members of my own family who are suffering. We should talk about it more often"

- The training was received positively because of its time limited structure and the trainers sharing their personal stories.
- All participants would recommend the training to their peers and other Primary Care Practices.
- Attitudes towards people with mental health problems have changed - participants think about people's behaviour, were emotionally involved in the training and talked to family about mental health matters, as well as starting to equate mental health with physical health.

"... to you they are just annoying people but you don't stop and think that they really need your help..."

- Changes in empathy were demonstrated through participants starting to think about what the life of someone with a mental illness might be like and how they might understand why that person acts in the way that they do.

- Stigma about mental health problems may affect staff, carers and people with mental health problems. It affects attitudes and help-seeking.



"... if someone has a physical problem... it's all a very different story..."

- Discussing the training afterwards with colleagues broadens the learning of each individual.
- A meeting for everyone in the practice to plan what changes they were going to make helped people to put what they had learned into practice.

Postcard promises

We looked at 242 postcard promises that people had made after they had received the training and this is what we found:

- The trainees on the whole reported raised awareness of the issues faced by people with mental health problems as well as their carers.
- They also identified ways for the primary care professionals to help patients with mental health problems and those who care for them to be able to get to help for those problems. Examples of how this might happen are: making appointments longer, signposting local mental health services via posters and leaflets, and building links with local services in order to provide more joined up care for this group.
- The trainees wanted to continue to learn about mental health and wanted refresher courses. They mentioned the online training at ttcprimarycare.org.uk as a valuable source for everyone who works in the primary care practice.
- The trainees also talk about the skills they had learned in the face to face training and how these can be used not only to improve working relationships but also personal relationships with members of the family who may have a mental health problem.

Impact of delivering training on the Involvement Workers

There were 14 Involvement Workers who delivered the training. All the Involvement Workers have lived experience of mental health problems. The Involvement Workers were asked some questions about their empowerment and social capital before and after delivering the training. These are standard measures across the Time to Change programme.

Empowerment means the level of choice, influence and control that people with mental health problems have over events in their lives.

Social Capital refers to the features of social life (how effective they are together, trust, participation in voluntary and community activities and how integrated into their community that people feel).

These two factors help people with mental health problems to work together more effectively to work on shared goals and solve problems. This is what we found from this questionnaire:



“very empowering particularly watching staff’s excitement about the training”

- Involvement Workers had high levels of empowerment and social capital both before and after they had delivered the training.
- After delivering the training, the highest area of empowerment was ‘talking about mental health in the wider community’.
- All areas of social capital showed improvement following delivery of the training programme.

The Involvement Workers were also asked some other questions about how they had found the experience of delivering the training.

- Involvement workers found delivering the training a positive experience which was empowering and confidence-building.
- There was positive value in a 2 way conversation with primary care professionals and an increase in understanding the pressures that primary care professionals face.

- Involvement Workers developed transferable skills from taking part in delivering the training.

The Involvement Workers helped to decide how the training would be delivered and also received some training on how to facilitate the training.

- The confidence of the Involvement Workers increased around their ability to deliver the training.
- The team work and team ethos was important and the opportunity to shape the training programme was empowering and confidence-building.
- Involvement Workers were concerned before delivering the training about not being listened to but they didn't find this happening when they delivered the training. Primary care professionals were interested in mental health.
- Involvement Workers found it a great opportunity to influence the practice in primary care.

Meet Ziaul, one of our trainers



I am involved in the training is because I feel GPs and other medical staff could gain insight into mental health problems by hearing testimonies from people that have had personal experience.

Coming from an Asian background I wanted to make a difference, as I feel a lot of people from ethnic minority backgrounds are suffering alone and I want to show that everyone is the same and can go through the same hardships, regardless of ethnicity.



What next?

Face-to-face training does make a difference overall and it made a statistically significant impact on people's knowledge and awareness about mental health and it also made a difference to people's attitudes towards mental health and helped them to think more about what someone with a mental health problem might need from them.

Taking part in the training did reinforce what some of the primary care professionals knew already about mental health, but having the training did make them think about what changes they might want to make to the practice as a whole, such as having more information on display about mental health problems, or to how they tried to help people with mental health problems such as listening more.

The people who delivered the training - the Involvement Workers - felt as if they had more confidence after they had delivered the training and they had more social capital (see above for a definition) and felt more empowered. They also learnt about the pressures that primary care professionals face and that people who work in primary care have lived experience of mental health problems.

Overall, the training benefited people who work in primary care, and the people who delivered the training.

To build on this the following recommendations are made:

- Keep the delivery of the face-to-face training at 10-15 minutes per person.
- The training should continue to be developed, delivered and reviewed by people with lived experience of mental health problems.
- Everyone who works in the primary care practice should receive the training so that changes can take place across the whole practice.

- Staff in the primary care practice should have a meeting after the training to decide what to change and how they are going to make sure that the change happens. Involvement Workers might be invited to help facilitate this meeting.
- Share the good practice, the learning and the skills that have been developed as a result of the training with all primary care practices, for example by sharing the postcard promises.
- Continue to communicate to the primary care practices that took part by: asking them what they have done as a result of the postcard promises; having a follow-up session based on specific mental health topics and how to have a conversation about mental health; facilitating a meeting to plan what to do next; putting leaflets for printing, or links to leaflets and posters for buying in the online materials or in the training bag.
- Develop standards for practices to use to become a 'mental health friendly practice' and make this a service user review and award.
- Give practices ideas what they can do when they have 5 minutes, 10 minutes or an hour to focus on mental health.
- Let the Clinical Commissioning Group (CCG) have a copy of the postcard promises so that they know what has been promised by the practices.

Thank you!

We would like to thank all the Involvement Workers for their tireless work on the project:

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Find out more

We are exploring what the demand might be to build on this evaluation and create a tailored package to offer to primary care professionals.

Would you be interested in 'buying in' this training for your GP surgery or for all practices within your CCG area?

Contact us to register your interest the future.

www.ttcprimarycare.org.uk



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