

Emotional aspects of your consultations

Development of a needs led learning experience for primary health care staff.

Background

In 2008, mental health promotion workers with a remit to take forward work in primary care published a proposal to develop specialised training for GPs and primary care staff in Manchester. This was in response to feedback and anecdotal reports that GPs and staff in primary care would appreciate more support in managing presentations of mental health problems, felt under-resourced and lacked confidence in their own skills and abilities to support people effectively. The paper was circulated to gauge levels of interest in developing such training from appropriate stakeholders and partners. Subsequently an initial meeting was held and a working group convened to take forward the work.

The working group comprised of mental health promotion workers, a GP with special interest in mental health, primary care mental health workers and a Nurse consultant from secondary care mental health services. The group developed terms of reference with clear aims for the work. The key overall aim was to:

- Provide a cohesive approach to the development and delivery of mental health training for GPs and primary care staff within Manchester PCT.

Needs Assessment

A needs assessment was conducted to ascertain what support was required and how this differed between various staff groups. This included identifying good practice in primary mental health education and a brief audit of what training was already available and which organisations were delivering it. An offer to meet with practices to discuss their training requirements was disseminated. 5 practices expressed an interest and 3 visits were carried out by representatives of the group. Time was allocated at their practice meetings for informal discussion of any particular challenges they felt they would like support with, what style of learning delivery would suit them best and whether they would prefer scheduled sessions or tailored sessions for their practice. It was evident from these meetings that different staff groups in the practices had specific areas in relation to mental health which caused them concern. This information was used as the basis for developing a questionnaire as a quick way to reach a larger number of practices. The questionnaire was circulated citywide (appendix?). A total of 13 practices in all were consulted with using these methods.

The main areas of concern in managing presentations of poor mental health from key staff groups in practices are summarised below:

Management, reception and administrative staff
<ul style="list-style-type: none"><input type="checkbox"/> Dealing with challenging behaviour e.g. impatience, anger (either at reception or on the phone).<input type="checkbox"/> Recognising common mental health problems.

<ul style="list-style-type: none"> <input type="checkbox"/> People threatening self harm – dealing with risk (e.g. over the phone). <input type="checkbox"/> Managing frequent callers
<p>Practice Nurses and Healthcare Assistants</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dealing with challenging behaviour e.g. impatience, anger. <input type="checkbox"/> Recognising common mental health problems and basic skills to manage in my consultations (e.g. people with long term physical health problems). <input type="checkbox"/> Recognising and dealing with risk <input type="checkbox"/> Side effects of depot antipsychotic drugs and symptoms and signs of relapse of illness. <input type="checkbox"/> Effective health promotion for people with mental health problems. <input type="checkbox"/> Motivational interviewing <input type="checkbox"/> Using the wider mental health system (knowing who can help and how).
<p>GPs and other practice doctors</p> <ul style="list-style-type: none"> <input type="checkbox"/> CBT (Cognitive Behaviour Therapy) skills to use in consultations <input type="checkbox"/> Motivational interviewing <input type="checkbox"/> Assessing and managing risk <input type="checkbox"/> Frequent attenders / people with multiple physical symptoms <input type="checkbox"/> Mental health problems in people who do not speak English as a first language / working through interpreters. <input type="checkbox"/> Recognising and managing people with personality problems. <input type="checkbox"/> Managing people with mental health and substance abuse (dual diagnosis)

Using this feedback as a basis for planning sessions, it was agreed to design a workshop initially addressing the needs identified by Practice Nurses. In particular, those who responded to the questionnaire expressed a concern about recognising and managing common mental health problems in people with long term physical illness as it was felt this resulted in patients becoming ‘stuck’ in managing their condition, was very time consuming for nurses and costly in terms of physical health care management. The later stage of this training development involved developing a workshop for management, administrative and reception staff, but firstly further detail will be given on the sessions provided for practice nurses.

Session design

Designing a session for practice nurses was based on a number of key principles:

- It was based on what they said they needed.
- Skills, not awareness is what is required.
- It should offer practical tools they could utilise in everyday brief consultations.
- The tools had to be ‘real’ to their day to day work and straightforward to implement in their practice.
- The input should be flexible and responsive to their experience and feedback.

Based on these principles an assessment of tools currently available was undertaken and a workshop designed which would take participants through the following components: an awareness of the relationship between mental and physical health and the emotional journey encountered by individuals with long term physical health problems; ‘opening up’ the conversation where emotional barriers are suspected and

establishing empathy; CBT techniques to map out an individual's experience in a way that patient and practitioner can understand; increasing problem solving skills in clients, techniques for managing anxiety and information and resources available to support them. The session was designed to be delivered in a total of 4 hours, in 2 separate 2 hourly sessions scheduled a month apart, taking place on Wednesday afternoons. This would give the optimum opportunity for staff to fit these sessions into their day to day work and agree the time out. It would also allow for practice of some of the tools between sessions and feedback at the next session.

Recruitment

This workshop was marketed as a pilot and advertising of the sessions was disseminated to individual practices, practice nurse forums and through the practice nurse newsletter. A poster was designed (see appendix 1) and covering letter sent. Reminders were sent on 2 further occasions. Despite this, 2 weeks before the start date only 2 nurses had registered. As a needs assessment had been conducted we were assured that the content was relevant, but despite the flexible approach there was still an issue for staff in getting time out from practice. The decision was made to open up the session to all staff working in primary care who have a frontline role, supporting people with physical health concerns. Following further advertising on Monday Messenger, and to practices all places were filled. It was obvious that the content of the workshop was relevant to all staff and further scheduled sessions following the pilot were marketed and openly available as such. In total, a pilot workshop and 2 further workshops were offered between 2009 and 2010.

Participants:

The total number of participants attending the workshops (3 delivered in total, one on March/April 2009 and a further 2 in January – March 2010) are as follows:

36 places were available on the workshops (12 per workshop to ensure a more comfortable learning experience for participants).

36 participants registered (13 additional sat on a waiting list).

32 attended (mixture of sickness and last minute cancellations due to work pressures)

27 completed both sessions (mixture of sickness, people leaving post, work pressure and no explanation).

Profile of participants who attended:

Work area/job title	Number
Active Case Manager	6
District Nurse	4
Practice Nurse	3
Community Dietician	3
GP	3
Physiotherapist	3
Continuing Care Team	3

Health Visitor	2
Advanced Practitioner	1
Assistant Practitioner	1
Exercise on referral officer	1
Rehab Assistant	1
Nurse Specialist	1

Evaluation method

Evaluation of the workshop involved a number of components:

- **Pre and post workshop self assessment scales** to ascertain any change in the confidence levels of participants in managing poor mental health in their consultations (conducted for all 3 sessions – pilot and 2 scheduled sessions).
- **‘1 minute evaluation’ – post workshop:** A brief questionnaire (2 questions and a box for further comments) which explored aspects of the training they found most useful, if it had left any of their questions unanswered and their general overall experience of the training (conducted for all 3 sessions – pilot and 2 scheduled sessions).
- **Post workshop interviews** (conducted for pilot session only): part of the conditions for signing up for the pilot course was that participants would take part in post workshop interviews. A medical student came on board under the supervision of the GPSi mental health, and used the opportunity to write up the exercise as one of her projects. She contacted every participant and arranged one to one or telephone interviews which explored participant’s experience of the training and whether they had been able to implement any of the tools discussed. A discourse analysis was carried out on the interviews to identify general themes from participants. General feedback from the sessions was positive, participants felt that the style of delivery was inclusive and suited their needs, they felt as though they were treated as colleagues with valuable roles and experience to share and the session had been designed responding to their needs rather than lecturing a certain agenda. They appreciated some of the tools advocated more than others and particularly liked the ABC-E model of emotion (a CBT based tool used for mapping out a person’s emotional experience). In fact some participants fed back great results from using this tool with their patients. It was concluded that this style of delivery and content taking a ‘bottom up’ approach had effectiveness in encouraging participants to integrate the training in their day to day role.

Following the pilot session and on review of the evaluation, the session was adapted and two further sessions scheduled. The follow up sessions were evaluated using only the confidence scale and 1 minute evaluation questionnaire. Results from the confidence scales and questionnaire will be presented below for all 3 workshops delivered (the pilot and 2 follow up sessions).

Evaluation results

Comments from participants taken from the 1 minute evaluation form (appendix 2):

Question: What have you learnt that you think you could take back into your everyday work?

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| <ul style="list-style-type: none"><input type="checkbox"/> The worry tree – I work with a lot of anxious elderly patients who would benefit from using this and the problem solving techniques. Rehab Assistant.<input type="checkbox"/> Getting people to take on their own problems and solve them, giving people the technique/skill, but time available is the big issue. Physiotherapist.<input type="checkbox"/> Empowering patients and supporting them with their mental health needs. GP<input type="checkbox"/> Really useful workshop with simple strategies to start to explore emotional problems and help people to identify how to work on these. (Active Case Manager)<input type="checkbox"/> Techniques – BATHE and Problem Solving. But 10 minute consultation time a constriction. Time out to think about issues in a structured way. (G.P)<input type="checkbox"/> A very useful session which answered some questions I had and introduced me to some useful tools. (Active Case Manager). |
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General comments:

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| <ul style="list-style-type: none"><input type="checkbox"/> Very helpful workshop and well presented. Very relevant to everyday general practice. GP<input type="checkbox"/> Good helpful course to help clients with a way forward. Community Dietician<input type="checkbox"/> Useful and enjoyable sessions, though a month a little too long between sessions. District Nurse<input type="checkbox"/> I have found this session very useful and informative to my practice as an active case manager. |
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The main areas of improvement in the course were that some of the tools advocated, although brief may still take more time than practitioners had time for. Participants would also like sessions to run more closely together rather than a month apart. The course was refined following the pilot, streamlined and simplified which from overall feedback suggested it was much better structured.

Confidence scale

Pre and post workshop questionnaires were disseminated to participants to try and ascertain any change in their overall understanding and confidence levels in working with people mental health problems or with emotional barriers impacting on their physical health. Below is an analysis of those results where participants scored themselves on a scale between 0 (lowest) and 10 (highest) and provides the average score for all attendees pre and post workshop.

Question 1:

Currently I would rate my competence in **identifying** patients' emotional problems as:

Pre workshop = 6

Post workshop = 8

Question 2:

Currently I would rate my **knowledge** about common mental health problems as:

Pre workshop = 6

Post workshop = 7

Question 3:

Currently I would rate my level of **competence** in managing patients with emotional problems as:

Pre-workshop = 6

Post workshop = 7

Question 4:

Currently I would rate my **understanding of psychological processes** as:

Pre workshop = 5

Post workshop = 7

Question 5:

Currently I would rate my level of **confidence in responding** to patients emotional problems as:

Pre workshop = 7

Post workshop = 8

Not all participants completed the questionnaires, or did not attend the second session, so the results are presented are with that proviso, and represent the questionnaires returned. Despite this, there was consistency in the results and a slight positive shift upwards in all domains for participants.

Follow up

At the end of each workshop, participants were offered some options for further support post-session that would support them in using the tools and developing their skills and confidence further. This was considered an important aspect in embedding the training into practice and something the working group could facilitate and support. A range of options were offered as examples of what could be done with the opportunity for participants to put forward their own ideas. Examples include – informal support from workshop facilitators by phone or email, themed meetings, case discussion groups with a mental health worker, or a forum. There was some interest in a follow up of some kind, but participants all preferred different forms

Some participants have provided feedback on their use of the tools. Some participants have enquired about delivery of the workshop for their whole teams, and others have reported taking the tools back to their team meetings and sharing with colleagues and disseminating resources to colleagues.

Comments/feedback post workshop:

“I have used BATHE and the ABCE model on a couple of patients in clinic this morning (I over ran a bit) and the ABCE model worked really well with one of the ladies she has asked if I can send her a copy of her map!

Thanks so much for the course I really do think it's great to have really practical tools to use with patients”. *Community Dietician – one day after the she attended the workshop:*

A physiotherapist reported very positively and particular success with one of her clients who had become ‘stuck’. She had felt that she had run out of options in working with this particular patient. She utilised the ABC-E mapping exercise (a CBT based approach) collaboratively with the patient, which resulted in a change in the patient, increased engagement and the patient began to move forward.

Further positive reports have come from an exercise on referral officer and a GP, both of whom have used some of the tools in their practice.

Next steps

It is intended to contact all participants and offer a brief follow up session as a one off to see how they have been managing to implement the tools, this may develop further.

Further sessions of the ‘emotional aspects of your consultations workshop will be scheduled throughout 2010.

The design and delivery group for these sessions also piloted a very brief session for the practice manager, receptionist and secretaries at a single practice (14 staff in total) which was structured around some of the components identified for these staff in the needs assessment. Review of this session will take place and next steps determined

Design and delivery group

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