

Mental Health in Primary Care: an audit of training needs amongst Primary Care Nurses

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Background:

It is well known that Primary Care has always managed the vast majority of mental health morbidity: only about 1:20 people with a mental health problem are referred on to specialist mental health services (Sharp & Morrell, 1989). Furthermore, many of those who present with a physical complaint or who are monitored for an ongoing problem will also present with a psychological / mental health problem, and to whichever Primary Care Team-member happens to be conducting the consultation.

It is increasingly accepted that General Practitioners, Practice Nurses and other Primary Care disciplines have an important role in the management of mild to moderate mental health problems, providing that evidence-based Practice protocols are developed and followed (Armstrong, 1997; Mann et al, 1998). Various studies have highlighted the need for, and value of, training in mental health issues for Primary Care professionals, whether GPs (Turton et al, 1995; Kerwick et al, 1997), Practice Nurses (Crosland & Kai, 1998) or other disciplines.

This is now being recognised in the increasing availability of well-established courses:

- the course on depression care for Primary Care Nurses, offered by the National Depression Care Training Centre (Armstrong et al, 1999);
- the modular mental health management course for multi-disciplinary 'doctor-nurse' pairs, offered by the RCGP Unit for Mental Health Education in Primary Care (Tylee, 1999).

It is noteworthy that whilst the former course has concentrated upon the recognition and management of depression, requests are now being made for training on other mental health issues, such as schizophrenia and the administration of depot medication by Practice Nurses (Armstrong et al, 1999). Furthermore, useful guidance is now being offered for developing the management of mental health across the 'Primary Care – Secondary Care' interface (Cohen & Paton, 1999 – Chap. 6).

Local Beacon Service:

Within the local area of Bedfordshire, a service initiative has been developing since December 1997, addressing the issue of enhancing the management of mental health problems within both Primary Care and Secondary Care

settings (Agius & Butler, 1998). This initiative incorporates a number of important elements:

- the development of Practice-specific action plans;
- the facilitation of educational seminars and workshops on mental health topics e.g. recognition & management of depression, shared care in the management of schizophrenia, management of substance use;
- the production of evidence-based resource materials;
- the development of computer-assisted audit tools.

This service initiative was selected as one of the NHS Beacon Services in the Eastern Region from May 1999.

As a further component of this service initiative, it was planned to undertake an audit of training needs in mental health amongst Primary Care Nurses, with the aim of firmly establishing the level of need and developing a more systematic approach towards meeting mental health training needs.

Aims of Audit:

1. To identify the proportion of time Primary Care Nurses spend dealing with mental health problems
2. To identify the level of knowledge and working links which Primary Care Nurses have with local specialist mental health services
3. To identify the mental health training needs of Primary Care Nurse Groups
4. To inform the development of Practice-specific action-plans

Method:

A short questionnaire was developed as the principle tool for conducting a survey of Primary Care Nurses working within two local Primary Care Groups: Luton; and, Chiltern Vale (South Bedfordshire).

The questionnaire was based upon a tool developed for use within a similar audit project by the Primary Care Development Department of Birmingham Health Authority (Bowman, 1998). The final version of the questionnaire, agreed by Linda Harris (Bedfordshire Audit & Education Group), Angela Pichowicz (Audit Facilitator, Bedfordshire & Luton Community NHS Trust) and John Butler (RCGP-trained Mental Health Facilitator), was comprised of fixed response and rank order items for ease of completion. A number of additional questions and enhancements were made to the questionnaire in accordance with the findings of other related studies of training needs among Primary Care professionals. (Turton et al, 1995; Kerwick et al, 1997; Crosland & Kai, 1998).

The questionnaire was sent out to three Primary Care Nurse Groups, with the following response rates:

Practice Nurses	35 / 96	37%
District Nurses	45 / 90	50%
Health Visitors	41 / 75	55%

Findings:

Only 3 of 118 respondents (= 2.5%) have a formal qualification in mental health. Only 28 of 83 respondents (= 33.7%) reported that they had undertaken some training associated with mental health, which they had been able to apply within the Primary Care setting. Of those responding positively, the District Nurses referred to having received some training in depression, whilst the Practice Nurses mentioned evening workshops on depression (possibly referring to the recent Practice-based workshops facilitated by the local Mental Health Facilitators), stress management and a course placement at a local Mental Health Unit. The Health Visitors, who made a greater number of positive responses to this item (14 / 26 HVs = 54%), mentioned a number of courses: foundation course in counselling; post-natal depression; psychotherapy; and, bereavement.

As shown in Chart 1, 88 of 109 (= 81%) respondents reported that they spent less than 25% of their time dealing with mental health patients, whilst a further 18 (= 16.5%) respondents reported that they spent more than 25% of their time with this group of patients. Only 3 (= 2.8%) respondents reported that they did not spend any time with this group. On the whole, Health Visitors were more likely to report an increased proportion of their time spent with this group of patients.

Chart 2 displays each Primary Care Nurse Group's perception of the most common mental health conditions seen in the Practice setting, with each respondent being asked to rate up to five conditions in rank order from a pre-set list of mental health conditions.

As shown, the most frequently reported conditions are:

Practice Nurse	District Nurse	Health Visitor
anxiety	depression	post-natal depression
stress	stress	depression
depression	anxiety	anxiety
menopausal problems	post-natal depression	stress
bereavement	eating disorders	bereavement

Chart 1: Proportion of Time dealing with Mental Health Problems

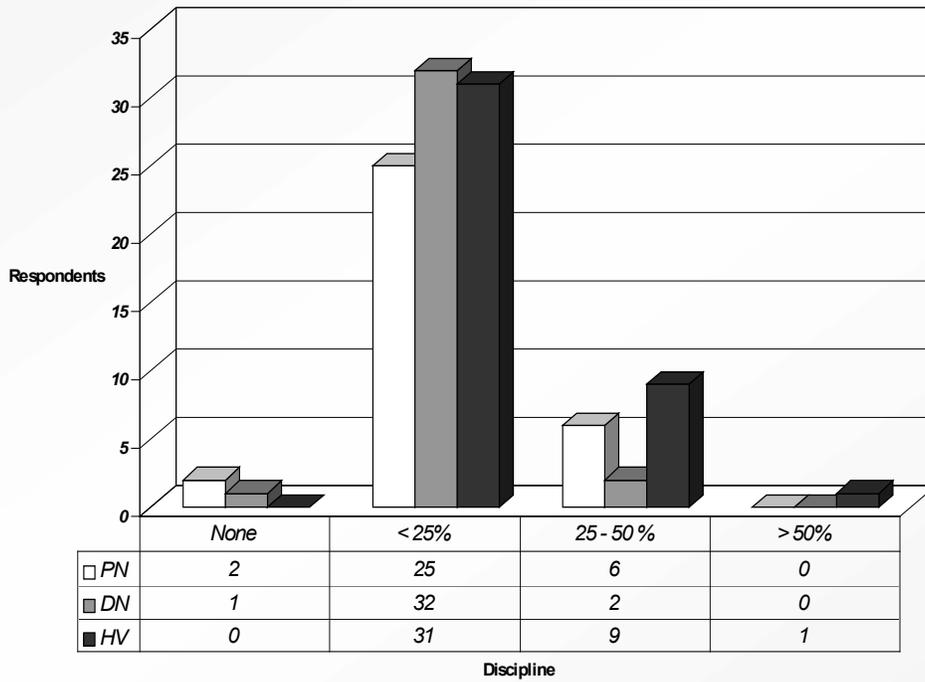
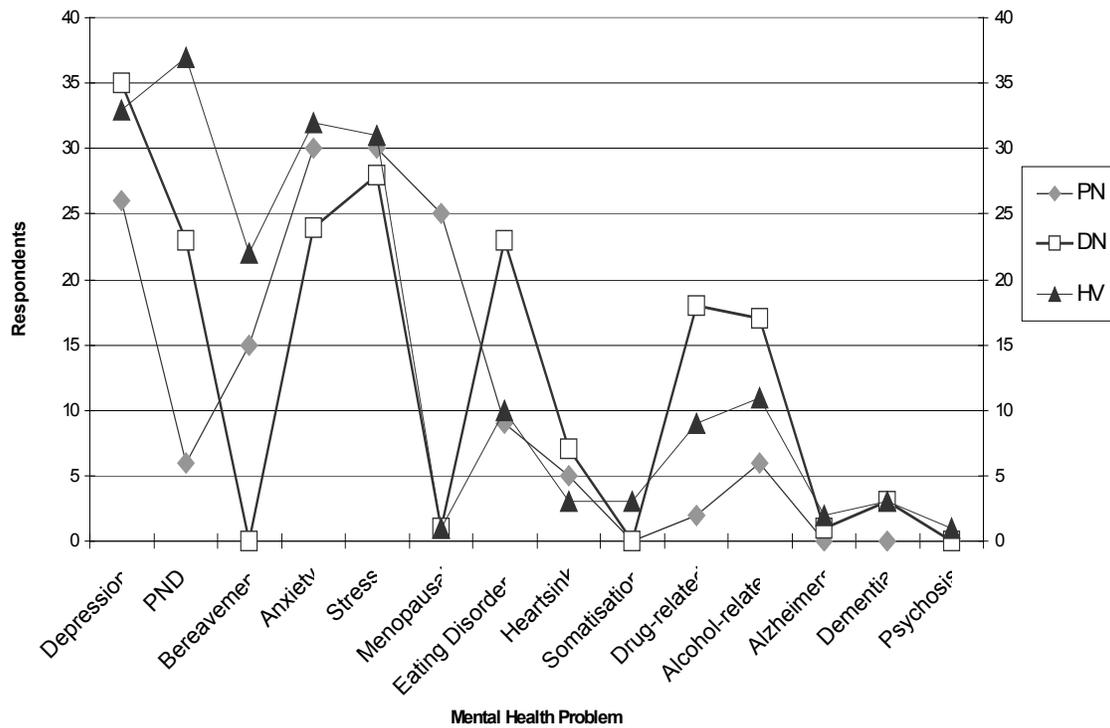


Chart 2: Most Common Mental Health Problems at the Practice



Primary Care Nurses were also asked to indicate which mental health topics they considered to be important training priorities, with each nurse indicating up to five topics from a pre-set list in rank order of priority:

Practice Nurses	District Nurses	Health Visitors
depression	depression	depression
stress	stress	stress
anxiety	anxiety	anxiety
menopausal problems	dementia	post-natal depression
alcohol-related problems	alzheimers	eating disorders

Only 44 of 113 respondents (= 39%) were aware of the name of the Liaison CMHN. Interestingly, a greater proportion of Practice Nurses (16 / 33 = 48.5%) reported being aware of the Liaison CMHN in comparison to the other nurse groups. More respondents reported being aware of how to contact the Liaison CMHN (58 / 113 = 51.3%) than knew his / her name (= 39%). This suggests that whilst the Liaison CMHN may not be known by name, more are aware of the existence of the Liaison CMHN service. Again, proportionately more Practice Nurses (20 / 33 = 61%) reported being aware of how to contact the Liaison CMHN in comparison to the other nurse groups.

Not surprisingly, the GP is viewed as the most likely referral point for all nurse groups (97 respondents). However, a small number of Primary Care Nurses, primarily the Health Visitors and District Nurses, reported referring directly to Community Mental Health Team-members (CMHN = 12 respondents; Social Worker = 18 respondents).

Finally, the Primary Care Nurse's knowledge of the Care Programme Approach was very poor and almost non-existent across all nurse groups.

Conclusions & Recommendations:

This audit project provides good information for use in developing more specific mental health training plans for Primary Care Nurse Groups. The findings show few surprises and appear to reflect the results reported in the literature.

It is encouraging that the findings support the early work already undertaken by the local RCGP-trained Mental Health Facilitators (Agius & Butler, 1998). This has included educational seminars on three common mental health topics, repeated for Primary Care Group areas, and Practice-based workshop sessions

with a group of Practice Nurses in a Luton-based General Practice on the identification and management of depression and anxiety e.g. using problem-solving & brief forms of basic cognitive-behavioural strategies.

In view of the Beacon Award for this developing service initiative, there is a growing case for further developing this work. This will necessarily require the development of an action-plan in meeting the educational needs of Primary Care staff and supporting mental health management in Primary Care settings, for example, via the provision of a supervision service / arrangement.

The following recommendations are made in view of the findings of this baseline audit project, the findings reported within the literature in this area, and national guidance (DOH, 1999):

1. *As very few Primary Care Nurses hold the formal qualification of Mental Health Nurse registration, and only 28 / 111 reported having received any training associated with mental health which has been applied within the Primary Care-setting, it is recommended that Primary Care Nurses are offered training and support in the identification and basic management of mild to moderate mental health problems. This will necessarily require the development of Practice-specific training plans.*
2. *It is recommended that any training commitment should commence with the identification, rather than management, of a common mental health problem due to the well-accepted finding that mental health problems are under-recognised in Primary Care.*
3. *It is recommended that all training is tailored to the needs of each Primary Care Nurse discipline and to each Practice, recognising stated priorities. Further, it is recommended that, where appropriate, training is delivered to mixed nurse groups, which could also include GPs and other members of the Practice Team.*
4. *It is recommended to involve appropriately skilled and experienced trainers / facilitators in the provision of educational components, building upon the work which has already commenced locally. This will need to include the RCGP-trained Mental Health Facilitators, as well as representatives from specialist services, for example, Well Women's Service (menopausal problems), SOBEDAS & HealthLink (alcohol-related problems), and the Practice Development Department (post-natal depression).*
5. *Since few Primary Care Nurses appear to be aware of the implementation of the Care Programme Approach, it is recommended that a brief introduction to the Care Programme Approach is provided, as a practice-based example of systematic care-delivery.*
6. *It is recommended that all Primary Care Nurses and other Primary Care disciplines be provided with the following accurate information:*
 - *the name of the Liaison CMHN for the Practice*
 - *contact details for the Liaison CMHN and CMHT*
 - *a list of explicit criteria for referral to the CMHT*

7. *It is recommended that an action-plan is developed which incorporates arrangements for the provision of formal and informal modes of supervision for Primary Care Nurses who are involved in providing basic mental health interventions as part of their clinical practice.*
8. *It is recommended to continue to prepare and distribute registers of those patients who present with complex needs (CPA2 Registers) to the Practice, for verification and information, on a quarterly basis.*

It is proposed to develop a specific action-plan for implementing the above recommendations over the ensuing two-year period. However, the development of this service initiative will necessarily require the commitment of additional resources, and therefore, a bid for supportive funding for this service initiative was prepared and submitted to the local Educational Consortium in the summer of 1999. The working group were recently informed that this bid has been successful.

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