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Primary Care Graduate Mental Health Workers: a practical guide

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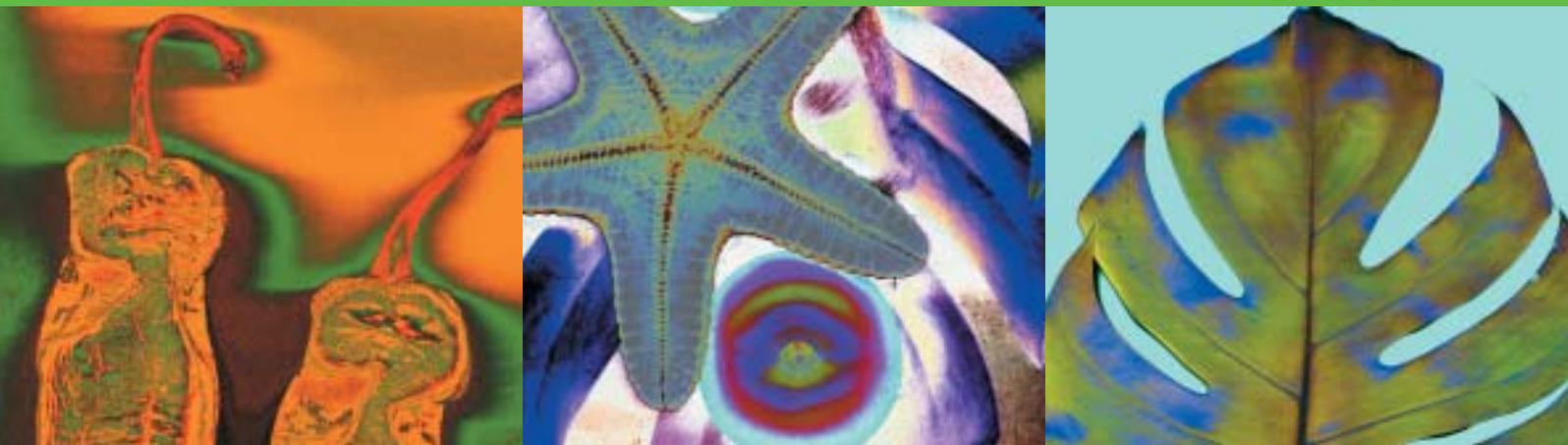


***National Institute for  
Mental Health in England***

North West Development Centre

**Primary Care Graduate  
Mental Health Workers**

*a practical guide*



mental health questions? **ask NIMHE**

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A pdf version of this guide can be found at [www.nimhenorthwest.org.uk/archives/docs/PCGMHWpracticalguide.pdf](http://www.nimhenorthwest.org.uk/archives/docs/PCGMHWpracticalguide.pdf)

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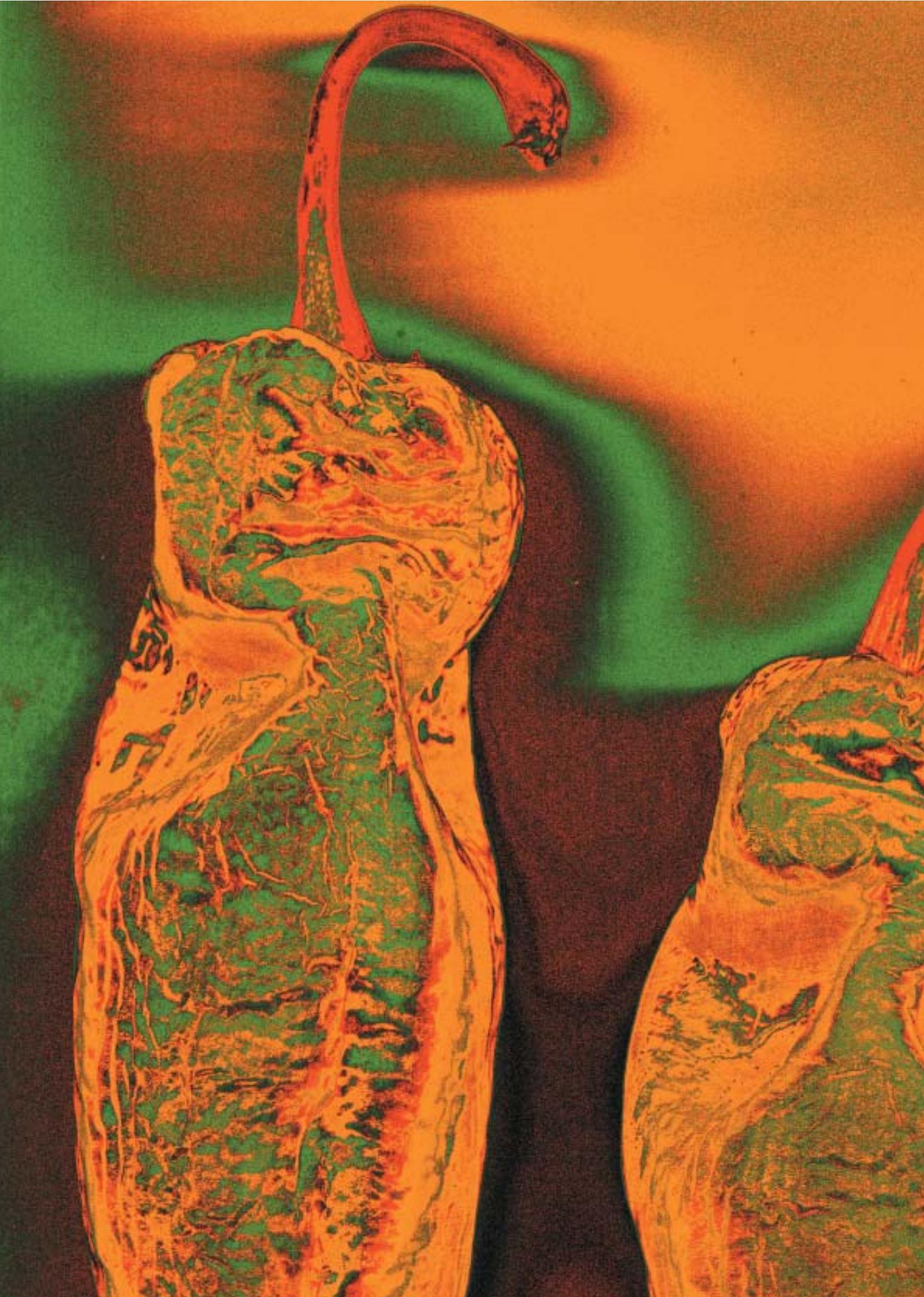
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# 1 Introduction

**This handbook is intended to support Primary Care Trusts (PCTs), and their partners in Local Implementation Teams and in mental health services, to develop local schemes for Primary Care Graduate Mental Health Workers (referred to throughout as PCGMHWs or graduate workers).**

It has been developed by the North West Regional Development Centre of the National Institute for Mental Health in collaboration with the Universities jointly providing education and training for graduate workers in the North West (University of Manchester, Liverpool John Moore University, University of Central Lancashire); the National Primary Care Research and Development Centre, at University of Manchester; and the Health and Social Care Advisory Service (formerly Centre for Mental Health Services Development, England).

The handbook initiates a learning process that will involve PCTs and their partners around the country, the educational institutions that have developed the training programmes, and the agencies that have contributed to its development. It marks the *beginning* of the learning process rather than an end stage with definitive advice and prescription. And while it is based on experience in the North West, we hope that over time other agencies will join the discussion and share the learning from their local models and experience.

While we do not as yet know the best ways of organising and deploying these new workers, there is both evidence and learning that should be considered and that should influence local decisions. Our aim is to highlight what you need to consider and what options might be useful in your particular situation. While the model in the North West is explained, and has shaped this handbook, we have included information on other concepts that may be helpful. We have outlined through this handbook both general information that may be useful, and what is known from specific experience.

Brief summaries of key learning points are provided at the end of each chapter.

In developing and agreeing plans for graduate workers, PCTs and their partners face a number of issues that will need to be considered and resolved. These include:

### Strategic issues

Medium and longer term plans for primary mental health care development; ensuring plans for graduate workers "fit".

### Design issues

Core characteristics of graduate worker scheme; organisational home; management and supervision; focus of role; key ways of working; linkages to other services and organisations; ongoing development.

### Implementation

Organisational preparation. Whole systems work to agree pathways, linkages, roles etc. Education and training programmes.



# 2 Setting the scene

## 2.1 THE POLICY CONTEXT

The government's modernising agenda is developing through a wide range of policy initiatives, several of which have a bearing on the establishment of primary care graduate mental health workers.

These include:

- ◆ Policy regarding primary mental health care ~ largely captured in the National Service Framework for Mental Health (NSF) (Dept of Health 1999a) ~ which provides the vision and rationale for more detailed objectives such as the establishment of graduate workers.
- ◆ Specific guidance on graduate primary care mental health workers which sets out expectations about their role, clinical activity, deployment and training
- ◆ General and specific primary care policy ~ from the modernisation of primary care itself, there are some key themes (such as access); and some specific policies (GPs with a Special Interest, and parts of the new GMS contract); which will have a significant bearing on implementing graduate worker programmes.

### 2.1.1 PRIMARY MENTAL HEALTH CARE

#### The National Service Framework for Mental Health

The implementation of the National Service Framework (NSF) has largely focussed on specialist mental health services. However the document itself makes it quite clear that primary care is a significant first point of contact for people with mental health problems; and that the majority of such problems are best dealt with in primary care.

Although Standards 2 and 3 are generally seen as part of primary care's "core business", there are expectations for primary care professionals and organisations within each Standard. Table 1 summarises what the NSF expects from primary care professionals and teams for each Standard, and the consequent responsibilities and roles of primary care organisations.

Looking across the whole, the NSF presents a vision for primary care of relatively sophisticated primary care mental health services. This includes knowledgeable and sensitive responses from generalist practitioners such as GPs, Health Visitors and Practice Nurses; prompt and effective assessment; well developed and well known care pathways for smooth transitions on to other services where necessary; managed systems at practice level to ensure effective care for people with long-term conditions, and sensitive responses to the needs of carers and families; well developed linkages with out of hours services, A&E, NHS Direct, etc. to facilitate access; a range of treatments and interventions to address common mental health problems; well-developed linkages with specialist services to ensure holistic and seamless care for people needing complex packages of care.

In this context there are some implications for the establishment of graduate mental health workers.

- ◆ Primary mental health care cannot be "separate" from general primary care service provision. The vision set out in the NSF, can only be realised if generalist practitioners are playing a significant role in promoting mental well-being, and preventing, identifying and addressing mental ill-health. This implies a major agenda of training, skills development, and organisational development within primary care. It therefore follows that ways of establishing graduate workers that are "embedded" within primary care, which facilitate learning and development for practitioners and practices, will have added value.
- ◆ While the guidance (see below) on graduate workers specifically mentions Standard 2, there is potential for a much wider range of activity. Given the wide-ranging expectations of primary care, dedicated primary care mental health workers (not necessarily graduate workers) could be active through all 7 Standards. PCTs have a responsibility to distinguish which roles and activities are appropriate for graduate workers, (who are non-professional workers); from those that would be better undertaken by more experienced or expert practitioners. (See Table 1)

Table 1 The National Service Framework for Mental Health ~ expectations of primary care

STANDARD	EXPECTATIONS OF PRIMARY CARE	RESPONSIBILITIES & ROLES OF PCTs	POTENTIAL ROLES FOR PCGMHWs
<b>Standard 1 Mental Health Promotion</b>	<ul style="list-style-type: none"> <li>Programmes for individuals and population groups at risk: healthy workplaces and communities; promotion of well-being of unemployed, ethnic minorities, homeless etc.</li> <li>Effective identification of individuals at risk and ensuring ready access to information and advice</li> <li>Early identification and interventions for excessive alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>Joint work with local partners to develop appropriate strategies and programmes</li> <li>Ensuring the co-ordination at local level of programmes for health improvement, and those to tackle health inequalities, with regeneration initiatives and community strategies</li> </ul>	<ul style="list-style-type: none"> <li>Involvement in group psycho-education programmes</li> <li>Developing, maintaining and distributing educational information</li> <li>Networking with involved agencies to ensure practice/primary care engagement</li> <li>Involvement in specific community support programmes providing practical self-help education (e.g. support to vulnerable mothers)</li> </ul>
<b>Standard 2 Primary care</b>	<ul style="list-style-type: none"> <li>Effective assessment and management of common mental disorders by primary health care teams</li> <li>Effective access to specialist assessment and treatment when necessary through agreed protocols for common mental disorders</li> </ul>	<ul style="list-style-type: none"> <li>PCTs are recommended Lead organisations</li> <li>Develop resources within each practice to assess mental health needs</li> <li>Develop resources to work with diverse groups in the population</li> <li>Develop the necessary skills and competencies</li> <li>Agree arrangements for referral for assessment, advice or treatment</li> </ul>	<ul style="list-style-type: none"> <li>Range of client work including guided self-help, enhanced care for depression, signposting, etc. Joint work with primary care staff</li> <li>Developing practice/team capacity through audit, development of registers and review systems, etc.</li> <li>Development of practice systems to identify and support carers</li> <li>Networking with voluntary sector and community agencies</li> </ul>
<b>Standard 3 Access to services</b>	<ul style="list-style-type: none"> <li>Effective linkages between practices, A&amp;E and out of hours services to ensure co-ordinated response in crisis</li> <li>Appropriate response from primary healthcare teams with information, advice and ready access to other services</li> </ul>	<ul style="list-style-type: none"> <li>PCTs are recommended Lead organisations</li> <li>Ensure appropriate links between GP out of hours, A&amp;E, NHS Direct, and crisis services</li> <li>Ensure adequate Sec 12 doctors</li> </ul>	<ul style="list-style-type: none"> <li>Liaison and joint work with Gateway workers, crisis services, primary care out of hours services etc. to improve capacity of practices/teams to respond</li> <li>Ensuring practices/teams have adequate information about services</li> </ul>
<b>Standards 4 &amp; 5 Effective services for people with severe mental illness</b>	<ul style="list-style-type: none"> <li>Effective physical care – care plans for patients on enhanced CPA should include arrangements for effective physical care by GPs</li> <li>Collaboration with specialist services to ensure adequate response to crisis – care plans should advise GPs of key contacts and how to respond in case of crisis</li> </ul>	<ul style="list-style-type: none"> <li>Joint work with local partners, and as commissioners, to ensure implementation of appropriate mental health services</li> <li>Development of appropriate responses by primary health care teams</li> <li>Developing the capacity of primary health care teams through training and practice support</li> </ul>	<ul style="list-style-type: none"> <li>Involvement as part of primary health care team in ensuring regular practice review of people with serious mental illness</li> <li>Development of practice-based registers and review systems</li> <li>Developing and promoting service user involvement programmes in primary care</li> <li>Ensuring practices and teams are well informed about available services</li> </ul>
<b>Standard 6 Caring for carers</b>	<ul style="list-style-type: none"> <li>Primary health care teams to support carers by knowing which patients are carers; checking their physical and emotional health at least once a year; advising carers that they can ask social services for an assessment of their own needs; providing information on services and support available locally</li> </ul>	<ul style="list-style-type: none"> <li>Joint work with local partners to provide effective local services</li> <li>Development of appropriate responses by primary health care teams</li> <li>Developing the capacity of primary health care teams through training and practice support</li> </ul>	<ul style="list-style-type: none"> <li>Development of practice-based systems to identify carers and ensure appropriate support is offered</li> <li>Liaison with social care agencies</li> <li>Providing informal education for primary health care teams</li> </ul>
<b>Standard 7 Preventing suicide</b>	<ul style="list-style-type: none"> <li>Primary health care teams should be able to effectively recognise and address suicide risk associated with depression and other mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>Joint work with local partners, and as commissioners, to ensure implementation of appropriate mental health services, including those for prisons</li> <li>Developing the capacity of primary health care teams through training and practice support</li> </ul>	<ul style="list-style-type: none"> <li>Development of practice-based systems to identify and flag suicide risk</li> </ul>

### 2.1.2 PRIMARY CARE GRADUATE MENTAL HEALTH WORKERS (PCGMHWs)

The initiative to create 1000 new primary care graduate mental health workers was proposed in the NHS Plan (DoH 2000). It was envisaged that the extra resource would help practices to manage and treat common mental health problems across all age groups including children; thus making a major impact on an area of significant need.

Early thinking (DoH 2002a) stressed the intention that the new workers would be "firmly located in primary care, employed by PCTs, and located in specific practices with strong links into specialised, secondary services." Subsequent guidance (DoH 2003a) has refined but not materially changed the original concept. A broad specification for the workers is outlined but final decisions are to be made at local level in the light of existing service patterns and need.

There are some key themes through the document, which should be considered in local decision-making.



#### Box 1

#### Primary care graduate mental health workers ~ general specification

##### Recruitment

- ◆ graduates in a relevant discipline
- ◆ appropriate level of knowledge and understanding concerning human development; theories of abnormal behaviour and experience, and the effects of disease and disorder on thinking and feeling
- ◆ aptitude for learning and appropriate motivation
- ◆ capable of forming good working relationships with service users, carers and colleagues
- ◆ able to understand and work within complex organisations where there is uncertainty

##### Training

One year training including commissioned day release courses to postgraduate certificate level, and "on the job" training

##### Potential roles and responsibilities

- ◆ Client work ~ for example clinically effective brief psychological therapies; facilitating referral pathways; providing information for patients and families; facilitating self-help programmes; using computerised CBT programmes.
- ◆ Practice team work ~ e.g. audit; improving information and communication; developing information infra-structures such as care management systems, review systems etc.; facilitating service user involvement etc.
- ◆ Work in the wider community ~ linking with wider local authority, community and voluntary sector agencies

##### Supervision

Appropriate supervision arrangements to ensure workers are adequately supported in clinical work and other roles. May be provided by various groups/professions.

**Box 2****Primary care graduate mental health workers  
~ key themes**

- ◆ **New ways of working** ~ workers should be used in new, broad and flexible ways, in line with primary care delivery, and dictated by local need; scope might include children, older people, people with learning disabilities, homeless people, people from ethnic minorities, people with physical disabilities and mental health problems etc. Specialist services distinctions and criteria based on ages, or diagnostic categories are likely to be unhelpful.
- ◆ **Whole systems** ~ workers will be more effective where smooth pathways between primary and secondary care have been established and where communication between practices and specialist services is well developed
- ◆ **Complex problems** ~ people presenting in primary care have complex problems; mental health may be affected by social problems, relationships, alcohol or drug use; workers should be deployed in ways that allow these to be addressed.

Current resources allow for 2 to 3 graduate workers per PCT. It is clearly acknowledged that the current initiative is a pilot and that both focussed evaluation and broad feedback on effectiveness is needed. If the programme is successful, expansion and further funding is probable.

**2.1.3 PRIMARY CARE POLICY**

Primary care is changing rapidly with new ways of working and organising the delivery of services. Key trends include the development of a much broader and more flexible range of services available at practice level; greater use of IT systems to organise structured, proactive care; a range of policies and initiatives to improve consistency and quality.

The implementation of some key policies may impact on the deployment of graduate workers and should be considered by PCTs and partners.

**GPs and practitioners with a special interest**

This programme (DoH 2003b) provides a structured framework within which PCTs and primary care professionals can develop services based on the practitioners' special interests. The programmes cover GPs and nursing. For each area of specialist interest, guidance documents have been drawn up by the Royal College of General Practitioners.

The Guidelines for GPs with special interests in mental health indicates that roles might encompass clinical, education and liaison, leadership/service development perspectives. It sets out the range of competencies required for such roles; the possible clinical scope of a service; and organisational requirements (specialist support, local guidelines, clinical governance, induction and support etc.).

In developing plans for graduate workers, PCTs and LITs will need to understand whether there is any such interest in their local area. They may also find the framework document useful.

**The new GMS contract**

The national contract under which GPs (and practices) provide primary care services is changing (DoH 2003c), and there are two areas that will impact on primary mental health care.

Quality Indicators (DoH 2003d) are being introduced for all areas of care that are regarded as essential and which all GPs provide. These Indicators incorporate many of the requirements of the various National Service Frameworks.

The Indicators for mental health relate to the structured care of people with severe, long-term mental health problems who require and have agreed to follow-up. Use of a register is required so that patients with severe mental illness are reviewed at least every 15 months. Reviews will include checks on medication, physical health, and co-ordination arrangements with secondary care.

Among the general Quality Indicators, there is a requirement for practices to have a protocol for the identification of carers, and a mechanism for the referral of carers for social services assessment.

National frameworks are also being introduced for "enhanced" services, i.e. additional, more specialised services that some practices will opt into (DoH 2003e). For each such service, specifications have been drawn up which set out the evidence base for need; the aims of enhanced services; a service outline which shows what practices should be able to provide; accreditation requirements for doctors providing the service; and the payments that will be made for the service.

### Box 3

#### The new GMS contract ~ Enhanced Services for Depression

The framework for depression will fund practices to:

- ◆ Develop and maintain a register of depressed patients
- ◆ Apply a multidisciplinary approach to treatment
- ◆ Use cognitive behavioural therapy (CBT) and non-drug treatments where appropriate
- ◆ Undertake appropriate training
- ◆ Maintain individual health plans
- ◆ Arrange periodic review of the patients and service

Guidance on commissioning enhanced services for depression is in development at NIMHE North West and will be published in the near future.

PCTs and LITs will need to ensure that local developments in implementing Quality Standards, and interest in providing enhanced services, is considered, as part of the process for deciding arrangements for graduate workers. This may be best done by engaging primary care development managers in local discussions.

## 2.2 PRIMARY MENTAL HEALTH CARE

### 2.2.1 THE NATURE OF THE PROBLEM ~ AND KEY STRATEGIES

Local decisions on how best to establish PCGMHWs will be informed by the picture of mental health need in primary care; and by the evidence for appropriate clinical strategies.

#### Mental ill health in primary care ~ the nature of the problem

Primary care is the first level or point of contact for individuals, families and communities. 90% of the population is registered with a GP and studies suggest that 60-70% of those registered visit their GP each year (Broadhurst 1972; Mann and Lewis 1992).

From a variety of sources, we understand that:

- ◆ psychological issues are involved in a significant proportion of all consultations in primary care with estimates varying between 10-40% (Eastman and McPherson 1982; Goldberg and Huxley 1992)
- ◆ in about 30% of consultations mental health problems are identified as the main issue (Kendrick et al 1994)
- ◆ 90% of all patients with mental health problems only use primary care services (DoH, NSF 1999a)

Depression and anxiety constitute around 90% of the mental health problems presenting in primary care, and these problems pose significant challenges to society. Of the total disability (counted in days) attributed to mental disorder, it is estimated that more than half is generated by anxiety and depression (Andrews and Henderson 2000).

Depression:

- ◆ Is one of the top three leading causes of disability (Clinical Standards Advisory Group)
- ◆ Accounts for at least 3000 of the 4000 people who commit suicide each year (Mental Health Foundation)
- ◆ Clinical depression affects up to 2.3 million people in Britain (5% of the population) at any one time (Mental Health Foundation)

A number of studies (Kisley et al 1995; Meltzer et al 1995; Bebbington et al 1997) indicate that:

- ◆ Between 15 and 50% of depression may be undetected by GPs
- ◆ Between 30 ~ 40% of people with depression receive anti-depressants
- ◆ A significant number of people reject medication

- ◆ Only a very small proportion of people with depressive disorders receive counselling or therapy
- ◆ The majority of people with depressive disorders receive no treatment

The Psychological Medicine Research group at the University of Manchester, from studies undertaken in general practice, have concluded that: changes in social problems, the initial severity of problems, employment, and years of education are associated with improvement in anxiety/depressive disorders; and that the greatest unmet needs are for help with social problems, psychological therapies, and anti-depressants.

Thus improving services for people with mental health problems in primary care is likely to involve: improving the awareness and detection of mental ill health amongst primary health care professionals and teams; ensuring that a higher proportion of people are offered effective medication; providing an increased range of alternatives to medication including help with social problems and improving access to a range of psychological therapies.

### Key strategies in primary mental health care

There are a number of key themes that have come out of recent work in primary care mental health that are relevant to PCGMHWs.

#### 1 Improving access to psychological therapy through self-help

Research has indicated that psychological therapy is both effective for mental health problems in primary care such as anxiety and depression (Doh 2001), and popular with patients (Priest 1996). However, almost all services have problems with access, with long waiting lists resulting from limited numbers of trained therapists.

One major development over the last few years is the development of self-help interventions. These interventions are usually based on cognitive-behavioural therapy, which is one of the most effective treatments for depression (DoH 2001). Self-help treatments can use books, computer programmes and websites to teach patients key CBT skills (DoH 2003). There is encouraging evidence that such approaches are effective in the management of depression. Because these treatments are generally not dependent on the availability of a specialist psychological therapist, they provide one method of overcoming problems with access to psychological therapy for some patients (Lovell and Richards 2000).

Although self-help is often based on 'health technologies' such as books, computer programmes and websites, patients are not left to deal with their problems alone. Instead, in the 'guided self-help' model, patients see a health professional during their treatment, who explains how to use the materials, encourages the patient, and monitors progress over time.

#### 2 Depression as a chronic disease

Problems in access to psychological therapies reflect the traditional focus in primary care services on acute care for immediate problems. However, studies of the natural history of depression have indicated that depression may be better viewed as a chronic disease, characterised by high levels of relapse and recurrence. This means that depression may be best treated through the use of specific chronic disease management methods (Andrews 2001), similar to the methods adopted in relation to other chronic diseases like asthma and diabetes (Kendrick 2000).

Taking the chronic disease management perspective on depression means that primary care organisations will have to shift their perspective on depression from the care of the individual patient, to the care of the entire population of depressed individuals. Population-based care is aimed at restructuring service delivery to provide a strategy for care for all patients within a defined population with recurrent or chronic illness (Katon 1997).

Research has indicated that effective programmes for the care of depression can include a variety of different approaches (including education, screening and guidelines), but that a necessary ingredient of an effective intervention is case management (Von Korff and Goldberg 2001).

Case management involves one professional in the practice taking responsibility for:

- 1 proactively following up patients
- 2 assessing patient adherence to psychological and pharmacological treatments
- 3 monitoring patient progress
- 4 taking action when treatment is unsuccessful
- 5 delivering psychological support

Case managers may be thought of as 'physician extenders', who work under the supervision of the GP to improve quality of care for patients with depression. They do not work alone, but receive support from a specialist professional, and share information and feedback with the GP. A variety of professionals may be able to take up the case management role, including PCGMHWs.

### 3 Stepped care

Stepped care is a model of healthcare delivery with its origins in the US, which has been applied to a range of disorders. In the context of primary care mental health, it is a system of care that is designed to provide services to deal with high demand in primary care, and appropriate services for those with more complex or chronic problems.

In stepped care, decision-making about treatment involves both clinical judgement and current research. However, it differs in two key ways.

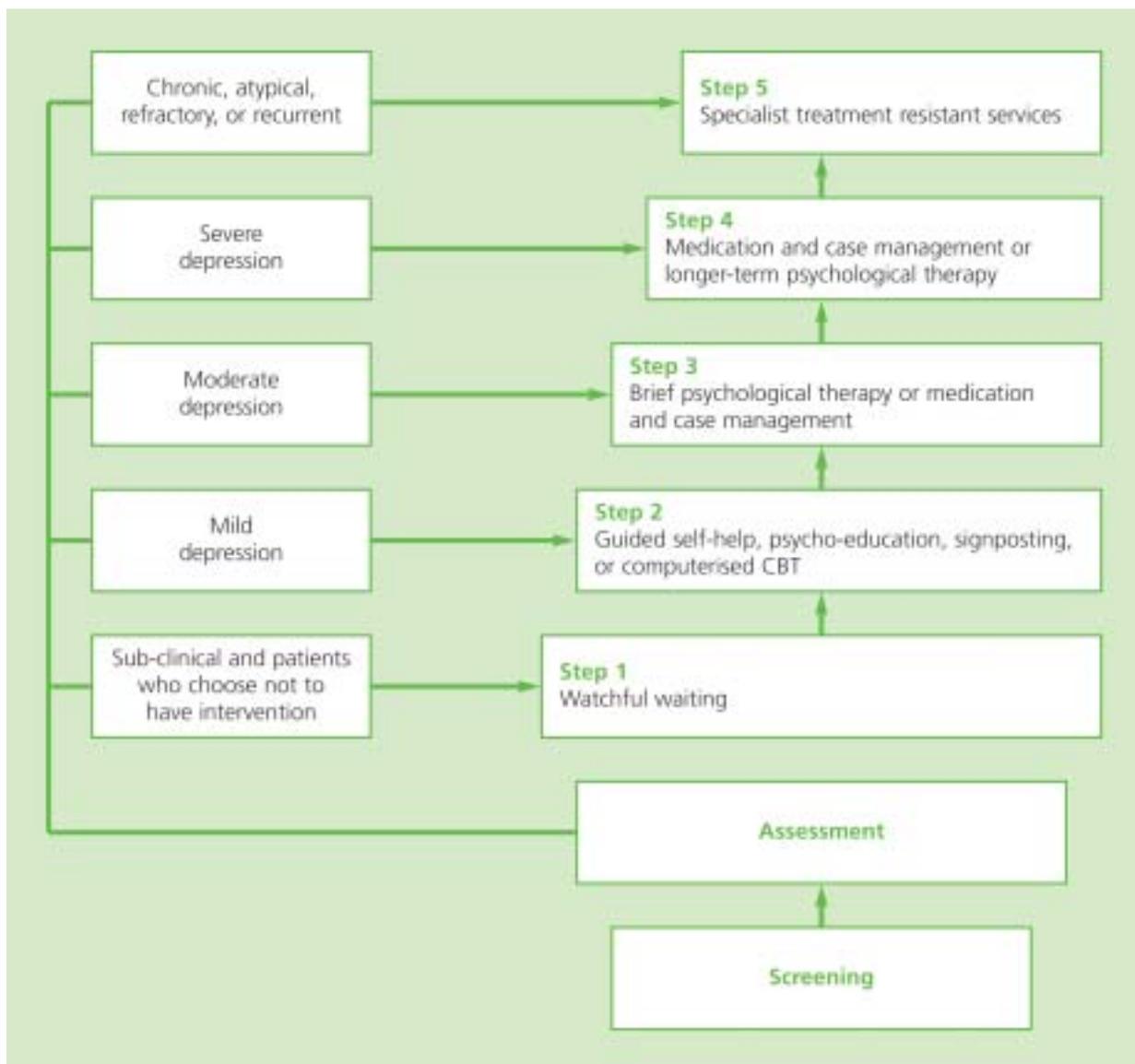
1 The recommended treatment should be the least intensive of those currently available, but still likely to provide significant health gain. In stepped care, more intensive treatments are reserved for patients who do not benefit from simpler first-line treatments. For example, CBT may be provided through self-help materials in the first instance, before it is provided by a therapist.

2 Secondly, stepped care is self-correcting, in that the results of treatments and decisions about treatment provision are monitored systematically, and changes are made (so-called 'stepping up') if current treatments are not achieving significant health gain.

This is similar to the way many clinicians implicitly operate, but stepped care standardises systems and procedures with an explicit aim of improving effectiveness and efficiency.

A stepped care system based on the draft NICE guidelines for depression is shown in Figure 1. PCGMHWs may be involved at a number of steps within the system. Involvement at different levels will have implications for the patients they see, the interventions they provide, and the way they work with different primary care and mental health professionals.

**Figure 1 Overview of a stepped care model**



### 2.2.2 ORGANISING PRIMARY MENTAL HEALTH CARE

PCGMHWs form part of the modernisation agenda, a new way of developing and providing services. We can nonetheless learn from previous experience of organising primary mental health care, which is briefly reviewed here. In many areas, primary mental health care is poorly developed and has a low priority when resources are scarce. PCTs and partners may nonetheless have aspirations to develop such services in the future and these should be considered in establishing graduate workers.

#### Integrated primary mental health services

There have been a number of different models of relatively sophisticated "integrated" mental health services in primary care. Some have survived for a number of years while others have had a shorter life or have been comprehensively re-organised. They range from services that have much in common with community mental health teams, but are based in or working closely with primary care; to others where generalist primary care practitioners provide the main elements of the service.

Some notable examples have been:

- ◆ Scarborough Mental Health Primary Care Team
- ◆ Aintree Mental Health Primary Care Service
- ◆ Ribble Valley
- ◆ Chester City
- ◆ Manchester
- ◆ Buckingham Mental Health Service

While these types of services have a range of characteristics, there are some common features:

- ◆ All have dedicated mental health workers, working in primary care, and usually based in primary care
- ◆ They may be organised around single practices, or small groups of practices
- ◆ They are characterised by close, collaborative work with primary health care team professionals
- ◆ They provide mental health services geared to the primary care environment; i.e. high volume services for common mental health problems, and/or primary care based support and monitoring for people with serious mental illness
- ◆ They often integrate several primary care focussed services ~ e.g. primary health care team; counselling; in-practice care management; social care; postnatal mental health care, etc.
- ◆ They frequently provide education, training, consultation/support for primary health care team members working with mental health problems

#### Counselling services

Counselling services are common in primary care and offer individuals in emotional difficulties or stress an opportunity to talk through problems, decisions and choices and explore different ways of living. Counselling services operate a number of different therapeutic approaches and models.

Since the establishment of PCTs many services have been recommissioned and re-organised, and the following models are emerging:

- ◆ Counselling services as part of statutory provision ~ managed services based in mental health trusts, often closely linked to psychology, or in PCTs.
- ◆ Independent or private provider ~ managed service, operating to a specification, usually providing a service across a PCG/T area, or at least for several practices. One variation of this model is where existing practice-based independent counsellors form an organisation to provide a service on contract.
- ◆ Individual counsellors employed by surgeries or PCTs ~ individual self-employed counsellors may continue on practice-based contracts or be directly employed by the PCT. (Bower P, Foster J, Mellor-Clarke J 2001)

Local circumstances, needs, and geography will determine the most appropriate organisational form. Whichever is preferred, it is important that key qualities of primary care counselling are safe-guarded (Bower P, Foster J, Mellor-Clarke J 2001):

#### Box 4

##### Counselling in primary care ~ key organisational features

- ◆ Recognising and understanding distinctness of primary care counselling
- ◆ Generalist approach, dealing with a wide range of presenting problems
- ◆ Working as part of the primary health care team ~ close relationships with team members
- ◆ Use of brief focussed methods
- ◆ Ability to offer continuity of care, with periods of help over a number of years

### Outreach from specialist care

There has been a long history of such initiatives and some new forms are developing, i.e. Access or Primary Care Liaison services, and Link Worker services.

Earlier models involved psychiatrists and most commonly psychologists and CPNs seeing people with mental health problems in GP surgeries. Benefits for service users include ease of access, and consultation in less stigmatising settings. GPs have the opportunity for joint assessment and treatment, and the arrangements should improve communication between professionals, particularly around specific patients.

The "Defeat Depression" campaigns saw the development of Mental Health Facilitators in some areas. These schemes used experienced professionals, usually nurses, to work with practices to develop improved responses to depression, anxiety and suicide risk. Typically, such workers would educate primary health care teams in using screening and assessment tools and support the use of guidelines for treatment.

Many of these models put as much emphasis on education and supporting primary health care teams in undertaking mental health work, as they do on providing a direct service to clients. Education may be formal and informal. For example, one linkwork and liaison project in Northamptonshire (NHS Beacon 2000) provided a formal core mental health programme meeting monthly; surgery-based education sessions; accredited training for practice nurses providing depot injections; training resources, books and leaflets for use in primary care; as well as dedicated link working arrangements. It is also recognised that informal education, that is learning through casework supported by an experienced practitioner who provides feedback and comment, is both important and effective in primary care.

### Other primary mental health care professionals

Graduate workers will be working with a range of other workers. It is important to consider the generalist primary health care team members who may be contributing to mental health care; to consider how PCGMHWs will relate to them; and to ensure that they are informed and prepared for the introduction of PCGMHWs. There may also be various dedicated mental health staff working in primary care, with potential for some role overlap.

**General Practitioners** ~ address the full range of mental ill health, working with families and children, adults and older people with mental health problems; GPs will be the key primary care professionals to whom new graduate workers will relate.

**District Nurses, Practice Nurses, Health Visitors, School Nurses** may all undertake some mental health work. These generalist workers:

- ◆ Are in a position to identify mental health problems in key population groups
- ◆ Usually encounter mental health problems informally as patients confide or discuss mental health issues when being treated for other conditions; or when families/carers ask for information, advice or support on mental health issues
- ◆ May have some formal roles (e.g. Health Visitors screening for postnatal depression; Practice Nurses administering depot medication)

Dependent on the shape of local services, there may be a variety of other workers providing focussed mental health services.

**Counsellors** ~ Most, but not all, practices now have access to some counselling, although capacity is frequently stretched to meet need.

### Mental Health Link Workers or Liaison Workers

~ may be employed to develop collaboration between practices and community mental health services. They usually provide assessment of mental health problems; management advice; support to primary health care team members working with people with mental health problems.

**Tier 1/Primary Care Workers, Child and Adolescent Mental Health Services** ~ children's mental health services have increasingly recognised the importance of supporting practices to address emotional problems in children and young people. Workers may be part of secondary care teams but working closely with specified practices; or working on a locality basis to a cluster of practices and schools.

**Mental health "Access"/primary care liaison services** ~ the Policy Implementation Guide (DoH 2002b) on community mental health teams (CMHTs) indicates a shift of emphasis with CMHTs increasingly providing assessment and advice on the management of mental health problems within primary care, offering time-limited interventions and referring back to primary care for on-going management. Where such services are operating, they work closely with primary care, focusing on assessment and brief interventions.

**"Gateway" workers** ~ these are being gradually introduced and are intended to improve access to care in urgent or emergency situations. They are intended to work with general practices, NHS Direct, A&E departments, and crisis resolution teams to support prompt access to care. (DoH 2002a)

## 2.3 THE ISSUES FACING PRIMARY CARE ~ IMPLICATIONS FOR PRIMARY CARE GRADUATE MENTAL HEALTH WORKERS

As a place to work, primary care can be both very challenging and very rewarding. In deciding how and where to use graduate workers, PCTs and their partners in LITs and mental health services will need to take some key issues into account.

### Primary care ~ pace of change and variability

As has been mentioned above, the primary care sector is undergoing significant change driven by a plethora of exacting targets, with new requirements for service provision, significant developments in practice management, professional roles and team working. Primary care is also variable, with practices developing their own versions of processes and systems; and a single locality may have practices at many different starting points in relation to resources, capacity, organisation and systems.

Education programmes for graduate workers, both day release and "on the job", will need to support workers in understanding and adjusting to this environment.

The new GMS contract is now putting a clear framework around the structured and proactive forms of care, which have been gradually developing across the primary care sector. Some PCTs may be working with significant numbers of practices, which are struggling to organise such care. Where this is the case, PCTs may wish to focus a significant element of new graduate workers capacity on the practice development and teamwork aspects of the role.

### Access, volume and immediacy

Primary health care teams have very high levels of contact with patients and their families; because of open and prompt access to primary care, contact is immediate; and consultation/interaction is undertaken at a fast pace.

Speedier and more flexible access to primary health care teams is a major government priority for developing patient-centred services; and public expectations of primary care have always been high and are rising.

People visit their practices and talk to members of the primary health care team because of what is bothering or worrying them at that moment, and immediacy characterises the interaction. Experience of counselling and psychological therapy services closely linked to or provided in primary care, indicate that DNA rates will tend to be higher where there is a long wait between referral and service, or where contact is poorly maintained.

PCTs and LITs will need to consider carefully how graduate workers fit with this culture and character, and there will be training and preparation implications.

### Complexity

The Workforce Action Team special report on primary mental health care (WAT 2001) highlighted some of the complexities facing practitioners. Typically patients present problems to primary health care teams in an undifferentiated way, and these may include physical, psychological and social problems. Significant numbers of people presenting with mental health problems may also be using alcohol or drugs in problematic ways. Conversely, heavy drinking is associated with mental health problems, most notably depression, (HEA 1997) and up to 65% of all suicide attempts are linked with excess drinking (Health of the Nation).

This implies that support from other members of the primary health care team and mental health multi-disciplinary teams; and engagement with a range of NHS and local authority services; will be important in ensuring that graduate workers can operate confidently and effectively. Education programmes will also need to address the potential range of problems and services.

### Beyond the practice ~ a key organisational strategy

Historically, the practice has been the basic unit of primary care, and this has been both a strength and a limitation: a strength because an increasingly wide range of services can be offered on a very local and accessible basis; and a limitation because not all practices have the size and capacity to do so, thus perpetuating inequity.

However there are now however clear trends towards service developments on wider bases. Moves towards integrated nursing and community services has in some PCTs seen the introduction of localities, or clusters of practices, as key organisational building blocks. Where this is the case, aspirations may be to gradually organise all therapy and other health care staff on the same basis.

In some inner city areas, PMS schemes (which are ways of developing and providing more specialist services in practices) also have emphasised localities and experimented with practices providing a service beyond their own registered population. Some PMS schemes have used key staff (for example mental health case managers) for several practices. Out of hours and intermediate care services have also been developed on locality or PCT wide geographical bases.

The new contractual forms described above are likely to strengthen these trends. Localities or practice clusters may provide an appropriate basis for organising PCGMHW programmes.

## Chapter 2

### SUMMARY OF KEY LEARNING POINTS

- ◆ Provision of a range of brief interventions, practice support, and links to the wider community; working from a primary care setting and closely with primary health care teams; are key elements of the concept of PCGMHWs as outlined in guidance.
- ◆ Implementing the NSF provides a range of opportunities for using PCGMHWs which are consistent with the key elements of the concept.
- ◆ PCTs and partners, in making local decisions, should consider:
  - ◆ Local developments in relation to GPSI and nGMS; and how PCGMHWs will fit in with, and support these developments
  - ◆ Any local primary care mental health services and aspirations for their future development; how will PCGMHWs fit with and support such services?
  - ◆ How PCGMHWs will work alongside primary health care team professionals, and other primary care mental health workers
- ◆ In designing local PCGMHW schemes, PCTs and partners will need to ensure that schemes provide an appropriate response to the volume, character, and complexity of mental health need in primary care.
- ◆ Localities or practice clusters may provide an appropriate basis for organising PCGMHW programmes.





# 3 Primary Care Graduate Mental Health Workers ~ defining the role

## 3.1 INTRODUCTION

As outlined in Chapter 2, the original Department of Health specification suggests three key roles for PCGMHWs:

- a** client work, e.g. brief therapy and other brief interventions and support
- b** practice team work, e.g. audit, creation of registers, support for user involvement
- c** networking, e.g. liaison with statutory and non-statutory agencies and specialist services for patients managed in primary care

A recent evaluation of pilot sites in the North West (Bower P 2002) indicated that the focus of worker roles in pilots was very much around client work, with very little practice teamwork/capacity building work, or networking activities evident. The client work undertaken was generally brief and used a variety of methods including cognitive behaviour therapy, self-help packages, anxiety management and assertiveness training and counselling.

Discussions with both mental health professionals and primary care team members suggested that a much wider range of roles, (both clinical and non-clinical), is needed in primary mental health care, and that there were differing expectations of the roles that might reasonably be undertaken by PCGMHWs.

The wider range of roles suggested included:

- ◆ Assessment and triage of cases in primary care
- ◆ Health promotion ~ (awareness raising, organising events, reducing stigma)
- ◆ Rehabilitation ~ (helping people with mental health problems back into employment, social activities etc.)
- ◆ Work with specific client groups ~ such as personality disorder etc.
- ◆ Medication management and support ~ routine low key follow-up for people on medication
- ◆ Training and education for primary care teams
- ◆ Liaison role with mental health services
- ◆ Liaison with benefits agencies, housing etc.

This suggests that there is a danger that the introduction of PCGMHWs could lead to expectations concerning their scope and role that cannot be fulfilled, leading to disenchantment or inappropriate referral and use. PCTs, in establishing the roles of new graduate workers, need to ensure that other staff are adequately prepared so that expectations are realistic.

Discussion, agreement and dissemination of a clear operational protocol for PCGMHWs may be a helpful way of ensuring that staff and practices have realistic expectations of workers and of establishing collaborative working practices. An example, currently in use in the North West is shown in Appendix 1.

### 3.2 THE DEVELOPING MODEL IN THE NORTH WEST

In the North West, a clearly focussed model for PCGMHWs has developed, incorporating the key elements of guidance, and based on empirical evidence, most of which stems from work undertaken in the United States. This model, and the underlying evidence base has shaped the education and training programme in the North West (see Chapter 5)

Key elements of the concept can be summarised as follows:

- ◆ Epidemiology of mental health disorders indicates that common disorders such as depression and anxiety make up the major proportion of population health disability
- ◆ Many people with common mental health disorders are not identified and when they are, treatment is often not optimal
- ◆ Primary care mental health services should be tailored to the unique characteristics of the primary care environment: i.e. accessibility; high volume; immediacy (today's problems); requirements for information; complexity.
- ◆ Graduate workers present an opportunity to work in new and different ways within primary care
- ◆ High volume models of working with common mental health problems in a stepped care arrangement are the most appropriate for graduate workers.
- ◆ Graduate workers, as non-mental-health professionals, can be trained to deliver effective self-help care based on clear case management protocols
- ◆ Graduate workers will work closely with all primary care practitioners but in most cases their principal relationships in primary care should be with the GP



### 3.3 ROLES AND RESPONSIBILITIES ~ THE RANGE

Within the model outlined above, a wide range of roles, interventions and responsibilities is envisaged. These are discussed in more depth below, under the broad headings of the three roles set out in the guidance.

#### 3.3.1 CLIENT WORK

It is unlikely that PCGMHWs will be used in a standard way across the country. In part their role will relate to the exact nature of the training that they will receive, their own professional background and experience, and the nature of the services and populations in which they will work. However, it is possible to identify key 'models' of working which are distinct, relevant to the likely skills base of PCGMHWs, which have been evaluated, and which are relevant to the stepped care and chronic disease management models described earlier (See Figure 1).

The models described in the following pages are based on a number of sources, including a review of PCGMHW roles conducted by the National Primary Care Research and Development Centre (Bower 2002), the draft guidelines for the care of depression published by the National Institute of Clinical Excellence ([www.nice.org.uk](http://www.nice.org.uk)), and current pilot work and ongoing studies of PCGMHWs in primary care.

The relevant interventions are:

- ◆ Guided self-help
- ◆ Referral facilitation
- ◆ Group psycho-education
- ◆ Case management

#### Skills involved in the models

All the models depend on a core set of assessment, interpersonal and organisational skills, and none can be described as 'simple' in operation. However, models do differ in the number of skills that are required of the PCGMHW, and the degree to which they are expected to use specific clinical techniques and therapeutic skills with a client. A rough hierarchy of complexity is described below.

- ◆ Referral facilitation is mainly focussed on provision of information to patients, and requires the core skills of assessment, interpersonal and organisational skills
- ◆ Group psycho-education requires the ability to teach and encourage the use of therapeutic skills, and group facilitation skills

- ◆ Guided self-help requires the ability to teach and encourage the use of therapeutic skills, and also requires the ability to develop a therapeutic alliance with an individual patient
- ◆ Case management requires provision of information, support and motivational skills. Other approaches (such as guided self-help) may be used within the case management framework

Detailed discussions of the various roles and the implications for training and education are provided on the following pages.

### GUIDED SELF-HELP

*Also known as 'facilitated self-help' or 'supported self-help'.*

#### Definition

Self-help involves providing patients with both information about a condition and skills and techniques to overcome symptoms and assist with problems. These skills and techniques are often based on cognitive-behaviour therapy (CBT). Providing these skills and techniques can be achieved through books, video and audiotapes, and computer programmes. 'Guided self-help' involves providing the resources (such as books) and brief, regular face to face contact to encourage use of the materials and monitor outcome.

#### Implementation

Self-help may be used in a number of ways:

- ◆ as an adjunct to current treatment in primary care, such as counselling or antidepressants
- ◆ as a waiting list management strategy for patients waiting for psychological therapy
- ◆ as a first line treatment in a 'stepped care' model (see Figure 1).

It is expected that most patients will have been referred by a GP, and that the referral will involve some assessment of risk issues. In these cases, PCGMHWs will still require basic risk assessment skills. Some models might involve direct access to PCGMHWs, but in these cases appropriate risk management protocols would be especially important. Requiring all referrals to be screened by a mental health specialist is the lowest risk strategy but means that access to PCGMHWs will be very limited and it is not clear that such an approach is appropriate for primary care.

Guided self-help is appropriate for mild to moderate depression, and mild to moderate anxiety.

### Evidence

There is some evidence from the UK that self-help through written materials improves outcomes for patients, including those in primary care (Lewis et al 2003, Bower et al 2001) and that guided self-help can be conducted effectively by non-mental health specialists such as practice nurses (Richards et al 2002). There is evidence from the UK that computerised CBT (with brief guidance) is clinically and cost-effective in primary care (Proudfoot et al 2003).

### Training and supervision

The core skills required for effective guided self-help are:

- 1 patient-centred interviewing and assessment
- 2 the ability to develop individualised, therapeutic alliances with patients
- 3 simple psychological therapy skills, such as behavioural activation and problem solving
- 4 risk assessment, the recognition of personal limitations and case complexity, and effective use of supervision
- 5 systematic evaluation and recording of the outcome of mental health interventions

There are two appropriate models of supervision for guided self-help.

- ◆ Some PCGMHW courses plan to provide specific training for PCGMHW supervisors, which will include training in the supervision of guided self-help
- ◆ Where such training is not possible, the supervisor should have specific training in CBT (and possibly accreditation by the BACBP). Because guided self-help differs from traditional CBT, such a supervisor should also have experience with the use of self-help materials in a guided self-help model.

It is recommended that all individuals in receipt of self-help should be offered follow-up appointments and contacts with the PCGMHW or an appropriate member of the primary care team to monitor the impact of the intervention.

### Resources

The Education Development and Training Agency (EDTA) at the University of Manchester runs specific training courses for guided self-help ([www.nursing.man.ac.uk/projects/edta.asp](http://www.nursing.man.ac.uk/projects/edta.asp))

A recent Department of Health review examined a range of self-help materials and the evidence for their effectiveness. A summary of the report can be found at [www.nimhe.org.uk/downloads/self\\_help.pdf](http://www.nimhe.org.uk/downloads/self_help.pdf)

## REFERRAL FACILITATION

Also known as 'signposting'

### Definition

Referral facilitation involves assessing a patient and assisting them to find an appropriate local or national voluntary organisation. On occasion, statutory organisations may be suggested or new support groups established.

### Implementation

Referral facilitation is based on the availability of local groups, up to date information on their scope, and agreement from these groups concerning referral.

It is recommended that PCGMHWs visit groups in order to gather information on a pro-forma concerning each group, which ensures that no patient is referred to a group which has not been assessed in this way, and allows easy and rapid sharing of information about available resources.

Initially, it is expected that most patients will have been referred by a GP, and that the referral will involve some assessment of risk issues. In these cases, PCGMHWs will still require basic risk assessment skills. Some models might involve direct access to PCGMHWs, but in these cases appropriate risk management protocols would be especially important. Requiring all referrals to be screened by a mental health specialist is the lowest risk strategy but means that access to PCGMHWs will be very limited and it is not clear that such an approach is appropriate for primary care.

Referral facilitation requires an accurate assessment of client need in order to assess which groups will be most suitable, which in turn requires good information at referral and the possibility of further discussion between PCGMHW and the GP or other referring agency.

It is recommended that the PCGMHW arrange follow up meetings in order to see whether patients have attended groups, to monitor outcome and to suggest other sources of help if the initial referral is unsuccessful.

Referral facilitation is appropriate for a broad range of psychosocial and mental health problems of mild to moderate severity.

### Evidence

There is one study in the UK that suggests that referral facilitation improves patient outcome (Grant et al 2000). There is one ongoing UK trial that is examining the effects of referral facilitation by PCGMHWs (Cooper et al 2003).

## Training and supervision

The core skills required for referrals facilitation are:

- 1 patient-centred interviewing and assessment
- 2 the systematic evaluation and recording of the process and outcomes of mental health interventions
- 3 risk assessment, and the recognition of personal limitations and case complexity, and effective use of supervision

Clinical case supervision may be provided by a GP or other member of the primary health care team, although additional supervision from specialist mental health staff (such as psychologists or community psychiatric nurses) may be appropriate to discuss issues raised by the mental health nature of the work.

### Resources

The referral facilitation model is a major part of the pilot PCMHW evaluation being undertaken by the Heart of Birmingham PCT, run by Helen Lester (0121 414 2684, h.e.lester@bham.ac.uk)

## GROUP PSYCHO-EDUCATION

### Definition

Group psycho-education is group treatment which involves providing information about common mental health problems (mainly depression), issues that affect mood, how to identify and change thoughts, activities and interactions that affect mood, relaxation training, and goal planning. Groups of 6-10 people are formed on a locality basis and each group meets for 8, 2 hour sessions.

### Implementation

Because of the educational nature of the intervention, it can be used in a variety of settings, including those outside health such as adult education. The intervention can be used in a preventive capacity (i.e. in patients at risk of developing depression) or with patients with specific depressive problems.

Initially, it is expected that most patients will have been referred by a GP, and that the referral will involve some assessment of risk issues. In these cases, PCGMHWs will still require basic risk assessment skills. Some models might involve direct access to PCGMHWs, but in these cases appropriate risk management protocols would be especially important. Requiring all referrals to be screened by a mental health specialist is the lowest risk strategy but means that access to PCGMHWs will be very limited and it is not clear that such an approach is appropriate for primary care.

Group psycho-education is appropriate for common mental health problems including depressive disorders and mixed anxiety and depression

### Evidence

There is evidence from UK primary care that group psycho-education is effective in the treatment of depressive disorders (Dowrick et al 2000).

### Training and supervision

The core skills required for group psycho-education are:

- 1 patient-centred interviewing and assessment
- 2 group facilitation skills
- 3 risk assessment, and the recognition of personal limitations and case complexity, and effective use of supervision
- 4 systematic evaluation and recording of the outcome of mental health interventions

In addition to these generic skills, group psycho-education requires specific training. This usually involves an introductory two day course with an experienced trainer, followed by running at least 1 practice group with volunteers. The second session of this group is videotaped and sent to the trainer for assessment and feedback, and there are later follow up meetings of all group facilitators.

### Resources

Specific training in group psycho-education is provided by Sue Martin (hilbilsue@blueyonder.co.uk)

## CASE MANAGEMENT

### Definition

Case management is an approach to the care of depression that has been extensively tested in the United States. It involves co-ordinated care between the GP, a mental health specialist (such as a psychiatrist, psychologist or community psychiatric nurse), and a case manager (in this case the PCGMHW). The GP is responsible for the diagnosis and prescription of medication, while the mental health specialist provides supervision to both the GP and case manager, and specialist psychological therapy when required. The case manager is responsible for patient education, medication management and monitoring of care over time, and feeds back information on progress to the GP to assist with decision making about further treatment.

Although medication management is a key aspect of case management, the case manager may also be responsible for the provision of simple psychological therapy, such as guided self-help within the case management framework.

### Implementation

In addition to the skills described below, case management requires agreement about roles and responsibilities between the case manager, GP and specialist mental health professional, and agreement concerning the protocol that the case manager should follow in terms of contacting and following up patients, feeding back information to the GP, and referral to the specialist, especially in cases of risk.

Case management is appropriate for moderate to severe depression which is being treated by medication, and may be especially relevant for chronic depression or those at high risk of relapse. Case management is less appropriate for mild depression.

### Evidence

There are a number of studies from the United States that suggest that case management improves medication adherence and outcomes for patients (Gilbody et al 2003). There are no studies of case management by PCGMHWs, but studies in the US have successfully used non-clinical staff as case managers (Simon et al 2000).

### Training and supervision

The core skills required for effective case management:

- 1 knowledge of a range of pharmacological approaches to mental health management including effects and side effects of drugs used to treat common mental health problems
- 2 patient-centred interviewing and assessment
- 3 the ability to develop individualised, therapeutic alliances with patients
- 4 the ability to assist patients and other people involved in their care to manage medication concordance through collaborative case management
- 5 simple psychological therapy skills, such as behavioural activation and problem solving
- 6 the systematic organisation, evaluation and recording of the process and outcomes of mental health interventions, adapting care on the basis of these evaluations, and co-ordinating with GPs and other service providers
- 7 risk assessment, and the recognition of personal limitations and case complexity, and effective use of supervision

### Resources

Details of case management approaches to depression in the United States can be found at the following websites

[www.improvingchroniccare.org](http://www.improvingchroniccare.org)

[www.depression-primarycare.org](http://www.depression-primarycare.org)

### 3.3.2 PRACTICE TEAM WORK ~ ENHANCING CAPACITY IN PRIMARY HEALTH CARE TEAMS

For most practices, the additional capacity that PCGMHWs can provide in face-to-face client work will be a high priority and the area where their contribution can be most easily seen. Where numbers of graduate workers are small however, this resource may not easily be shared between a large number of practices.

However, there are a range of other ways in which PCGMHWs can help to improve and develop the capacity of practices and the primary care team to respond effectively to mental health need. There has been experience of developing such methods through a variety of workers (such as mental health facilitators, liaison workers, etc.) in different parts of the country, although some adaptation may be necessary in view of the particular character and training of graduate workers.

Some of these ways or methods may go beyond individual practices or teams and be seen as developing the wider primary care system, or indeed the "whole system". Some topics may therefore be referred to in the following section as well as this. PCTs will need to consider what initiatives or approaches are appropriate at practice level, at locality level (i.e. for groups of practices, or in specific neighbourhood areas), and wider, perhaps across the PCT.

Capacity in practices may be limited or hindered by a variety of factors.



#### Box 5

##### What limits capacity in primary care teams?

- ◆ **Poor team working** ~ lack of experience, expertise and culture of joint work in delivering care packages, joint case review processes, reflective practice methods, complementary roles etc.
- ◆ **Underdeveloped managed care processes** ~ lack of experience and expertise in establishing and running structured processes for screening, assessment, treatment, recall and review, around specific conditions
- ◆ **Underdeveloped communication systems**, both formal and informal, prevent a consistent and efficient response across the practice
- ◆ **Underdeveloped IT systems** and poor use of existing systems to deliver effective care
- ◆ **Poor information about the range of services and resources** available for patients, from self-help resources, to statutory services, to advice and information services, to community groups
- ◆ **Limited understanding/awareness** of mental health issues, and underdeveloped assessment and intervention skills in primary care professionals
- ◆ **Poor links** to the wider mental health service system, social care service system and other systems that may support patients with mental ill health.

Graduate workers can contribute to improving capacity within practices in several of these areas.

In each local area it will be up to PCTs and partners in designing their local graduate worker schemes to identify who else is working to improve practice capacity; what tasks might be appropriate for graduate workers; the programme of tasks the worker will undertake; who would work with, support and supervise graduate workers in undertaking such tasks.

In most such tasks PCGMHWs will be working collaboratively with others rather than autonomously, and they will need support from a variety of different professionals and managerial staff.

**Developing team work** ~ practices will have very different experience and cultures regarding team work. For graduate workers, good team work in addressing mental health issues will be a prerequisite if they are not to become isolated and ill supported in their work with practices. Most of the following tasks and roles require a minimum level of team working to succeed; but they will also strengthen and further develop team work practice. Graduate workers will need support in ensuring that the team work aspects of their work are carefully considered and addressed, taking into account the different starting points of individual practices.

### Registers and review systems

The use of registers and review systems is becoming more widespread in supporting systematic chronic disease management care, maintaining holistic care for people with complex problems, and to deliver the targets of a number of NSFs.

The nGMS now requires the development of registers of people with severe long-term mental health problems who require and who have agreed to follow up, as part of the Quality and Outcomes Framework which will apply to all practices. Practices will select on a yearly basis the particular quality indicators they will develop and deliver. Registers also form a basic part of the requirements for enhanced care of depression.

Registers can be developed using a variety of methods;

- ◆ Through joint work with local community mental health services to build up a comprehensive picture of those people known to secondary services, and those with severe mental illness known only to practices
- ◆ Through knowledge of patients and their families of the various primary care team members
- ◆ Through routine screening (for example for new patients, for older people etc.)

- ◆ Through checks on prescribed medication (although this is difficult due to wide application of some medications beyond mental disorders)
- ◆ Identification and appropriate recording during consultations

Usually, several methods will be used, with iterative checking back to primary care team members before a robust register is established. Ongoing input to update, and review will then be needed.

It is important at the outset to clarify:

- ◆ what the register will be used for
- ◆ what will be offered to people on the register, by which professionals, when
- ◆ what criteria will determine inclusion on the register

Practices wishing to focus on severe mental illness will find it easiest to work jointly with local community mental health services and to use locally agreed criteria and definitions.

Some practices may wish to develop a broader system to support them in providing care to a range of people with long-term mental health problems, but who would not meet definitions of severe mental illness or be offered secondary care services. The emphasis would be on patients where the practice has on-going or recurrent involvement due to mental health problems. This might include people with recurring depressive or anxiety disorders; people with recurring self-harm behaviours; people who repeatedly present in crisis either to the practice or to other services; people at current high suicide risk.

Where this is the case, team members will need to discuss and decide the rationale for the register and resulting criteria for inclusion; what information should be recorded for any patient on the register; how review will be undertaken etc.

A range of formats and computer templates for assessment, recording and review may be associated with the register and review system depending on the agreed rationale.

Individual patient reviews may be organised on a clinic's system: by extension of existing computerised review systems and inviting attendance; or by triggering use of specific assessment/review templates on an opportunistic basis. Where existing assessment/review templates are in use (for example for coronary heart disease) these will be used in comprehensive review.

PCGMHWs could prove an important resource in establishing and supporting the on-going management of registers and review systems. Their involvement in the development work of establishing registers would contribute to their understanding of primary care systems and processes, as well as establishing their position within primary care teams.

PCTs need to ensure that in undertaking such work graduate workers are appropriately supported in relation to IT expertise, and effectively linked into other relevant primary care development work programmes. They may also support primary care teams in the effective management of a review system, updating registers, tracking particular cases, collating information from the review system for team members etc.

Registers and review systems can contribute to developing team work in practices as well as providing managed care for patients.

### Information for patients and their families

For many people the practice is the first port of call for information and advice about a range of conditions or problems. While NHS Direct may now meet some of this demand, maintaining an appropriate information resource within the practice to effectively respond to need, still remains important.

Previous sections have highlighted the use of various self-help materials. Some of these will be suitable for use by members of the primary care team as well as by graduate workers themselves.

A number of agencies (MIND, Mental Health Foundation etc.) also provide information materials on a variety of mental health topics to support individuals, carers and families.

Information on local services available for people with mental health problems will be provided by the Local Authority, Mental Health Trust and other agencies. In some areas, organisations have collaborated to develop an initial information leaflet giving access points for a range of services and advice.

PCGMHWs can enhance the capacity of practices by identifying appropriate resources; by building up and supporting the maintenance of an appropriate information resource in practices; by ensuring that primary care teams are aware of, and able to use information resources where appropriate; by using information resources in their direct work with individual patients and families.

In undertaking such tasks, graduate workers will need to be supported by informed practitioners from mental health services; be facilitated to engage with practice meetings and other primary care team forums for discussion and agreement of their work; and be supported to link with other primary care initiatives, and mental health services initiatives, to improve information for patients.

### Information for primary care teams

Keeping well informed of the services available for individuals is important to support primary care teams in developing a comprehensive repertoire of responses to mental health need. While PCGMHWs may help individual practices to be better informed about their local community services and resources, much of this work will be developed at a locality or PCT level and is therefore further discussed in Chapter 5.3.

### Supporting carers

Carers frequently make a significant difference to the potential for people with mental health problems to maintain an acceptable community-based lifestyle. They are also a group identified as being at risk of developing mental health problems themselves.

At practice level there are a number of ways in which carers can be supported.

#### Box 6

##### Supporting carers at practice level by:

- ◆ Identifying carers through routine screening checks, consultations, knowledge of primary care team etc.
- ◆ Recording or "flagging" their carer status in records to improve service offered
- ◆ Ensuring a proactive approach to keep the carers own health status under review
- ◆ Ensuring any appropriate/helpful information material on conditions or services (such as respite) is offered
- ◆ Advising about local carers organisations
- ◆ Advising of access to assessment of need by the local Social Services Department
- ◆ Where enhanced or extended services have been developed, offering an annual interview to consider any particular problems the carer faces

Some practice computer systems provide templates for identifying carers and recording basic information.

Graduate workers can provide the development capacity for practices by helping to establish the systems for identifying carers; by working with practices to develop consistent practice in responding to carers, with agreed interventions for different team members; by direct work with carers to provide information and advice.

For the most part developing support for carers will extend beyond those caring for people with mental health problems and the preponderance of carers are looking after older people. In undertaking such tasks graduate workers will need support to link with development programmes for older people, and specific programmes for carers; appropriate expert IT support; support from primary care development managers and local authority carers workers.

### Promoting service user involvement in primary care

There are a variety of service user groups and organisations across the country, and many are now significantly involved in service planning, design, delivery, training, and monitoring. However this involvement has largely focussed on secondary care services and the tradition of involvement in primary care services is considerably weaker. Across the country there has been some experience of practice-based patients representative groups but these are not common.

#### Box 7

#### Service user involvement may be encouraged at practice level by:

- ◆ Engaging any practice patient forums or groups in discussion about mental health services, and what can be provided within primary care
- ◆ Developing links with local service user groups
- ◆ Periodic feedback questionnaires/interviews with people using mental health services to understand their experience and inform primary care mental health service development
- ◆ Involving service users in audit work
- ◆ Involving service users in practice-based needs assessment work
- ◆ Ensuring that the graduate worker scheme has effective service user involvement

Service user involvement may also be promoted and developed by work across the primary care system and wider systems.

Graduate workers may be able to contribute to such programmes, with appropriate support and supervision, by working directly with service user groups and forums; by providing a link between such groups and practices; by designing, administering and analysing service user feedback.

#### Resources

- ◆ *College of Health ~ Promoting patient involvement in clinical audit*

#### Audit

Audits can help teams to better understand the service they are providing, patterns of service use and need, the experience of patients, and areas for improvement.

As part of a cycle of activity (setting criteria; baseline measure; introducing change or improvement; auditing achievement; etc.) it can support teams in continuous quality improvement.

Audits may be undertaken across many aspects of service provision (including for example prescribing, prescription for exercise schemes, access to psychological therapies): to monitor changes introduced by the nGMS or by the graduate worker scheme (for example the effective use of registers or provision of information to patients and families); or to better understand the range of mental health problems presenting to a practice and patterns of response.

Audits may be undertaken by individual practices, groups of practices/localities, or across a PCT, and with varying levels of support. Increasingly, a wide range of clinical and sometimes administrative/management staff will be involved.

PCGMHWs may be able to support practices by working with primary care teams to decide on audit programmes; helping to design audit information collection formats; organising the audit processes and ensuring that all members are informed; helping to collate and analyse audit results. In undertaking these tasks it is likely that graduate workers will work alongside, and under the supervision of more experienced staff from PCTs and mental health trusts.

#### Resources

- ◆ *Planning a clinical audit ~ a checklist for good practice ~ 1997, (NCCA) NICE*
- ◆ *Criteria for clinical audit ~ 1997, (NCCA) NICE*

### Education and training ~ primary health care teams

Training needs analysis in primary health care teams has highlighted a wide range of mental health training needs for primary care nurses and other staff, and various studies have identified training needs for GPs. Much informal, low intensity education is undertaken in practice, "on the job" or through work with colleagues with specific areas of expertise, and this has been recognised as one of the benefits of deploying mental health liaison workers and of closer working practices with mental health professionals.

While PCGMHWs will have limited training and will initially still be in the process of developing skills, experience and confidence, for many practices they will be the one identifiable primary care worker with a specific mental health brief. As such primary care professionals may look to them to provide information, resources, and other forms of education.

Some of the capacity development work listed above (for example providing information about services, developing support for carers, providing self-help materials) will also have an educative impact. Graduate workers may also be able to raise awareness of mental health issues; provide information and education about those brief interventions, CBT etc. in which they have been trained; provide information and education on assessment tools and other formats potentially of use to primary care staff; work jointly with local mental health professionals to provide other specific training inputs at practice or locality level.

#### 3.3.3 NETWORKING AND LIAISON ~ IMPROVING CAPACITY IN WIDER SYSTEMS

As indicated in earlier sections graduate mental health workers, working with practices and primary care teams, are moving at the interface of several different "systems". There has been some thinking and debate around the potential for using PCGMHWs to improve and develop capacity at "system" level, although this thinking is generally less well developed than on other facets of their role.

The overall rationale for graduate workers in such roles is to contribute to enhancing the capacity of:

- ◆ primary care, as a service system;
- ◆ the mental health service system;
- ◆ other wider local government, independent sector, and community systems;

and to improving the linkages between these various systems.

PCTs need to be clear that there will be clear outcomes from such activities in terms of developing an improved repertoire of responses to mental ill health.

### Improving the capacity of the primary care system

Graduate workers may be able to take on a number of tasks aimed at developing and improving the mental health capacity of primary care as a system rather than at practice level. Thus, work to support service user involvement in primary care and to develop and promote support for carers is likely to be system-wide rather than relating to individual practices or small groups of practices, particularly work will be with groups and voluntary sector agencies. Similarly PCGMHWs can undertake specific focussed projects exploring aspects of local need and developing local solutions within primary care. These might include looking at the particular needs of young people, ethnic minority groups, asylum seeker or homeless populations; or developing exercise prescription schemes for depression. Where graduate workers are working on such projects, they will need support either from individual professionals with particular knowledge and expertise or from reference networks of key professionals. They may also need support in project management techniques.

**Improving capacity of primary care as part of the mental health system** ~ primary care forms an important part of the larger mental health service system but linkages between primary care and other parts of the system may be underdeveloped, joint work may be rare, and information exchange may be haphazard. Graduate workers may be able to contribute to improving linkages through:

- ◆ Liaison and joint work on individual cases
- ◆ Developing maps or databases of mental health services to inform and support primary care teams
- ◆ Developing, managing and supporting joint work between practices and local mental health services, for example practice-based CPA systems and reviews
- ◆ Helping to improve communication between practices and A&E liaison teams/services
- ◆ Supporting practices and local mental health services in developing more efficient information exchange, for example concerning discharge and early follow up of patients leaving hospital

Such work may be undertaken at practice level, with groups of practices, or on a wider primary care system basis. It will be informed by the aspirations of individual practices as well as the views and concerns of PCT and mental health services managers. Graduate workers are likely to need support from

relevant professionals within mental health services, as well as from PCT managers with primary care development expertise.

**Linkages to wider health and social care systems** ~ as discussed in earlier sections, many people presenting to primary care with mental health problems may experience a complex of other associated difficulties. Links to wider NHS services (such as health promotion, drug and alcohol services, child and adolescent mental health services, etc.); and to local authority services (such as social care, housing, leisure, older peoples services) may help individuals and support a comprehensive and effective response from primary care teams. Graduate workers may be able to work in similar ways to those mentioned above concerning mental health services, developing and supporting linkages between primary care and wider NHS and local authority services. In any particular locality, current problems, or priorities and developments will shape the local agenda and relevant project management and support arrangements. So, for example, if recent reorganisation of social care services has weakened links with practices, this might be a priority for graduate workers working with other professionals and would imply good support from key social care managers.

#### Linking primary care systems to wider regeneration and renewal, public mental health and health promotion initiatives

Experience from the Health Action Zones and from regeneration and renewal programmes has highlighted the importance of a community development approach in working with voluntary sector agencies, community groups, tenants and residents groups, ethnic minority community groups etc. PCTs may be involved in a range of such initiatives, but often the links to mental health issues and to primary care teams, may be light. PCGMHWs could have a contribution to make in strengthening such links although it is likely that they would be working alongside other more experienced professionals rather than autonomously.

### 3.4 ACHIEVING A BALANCE

In this chapter we have outlined a wide range of potential roles and activities for graduate workers. In any area, decisions about appropriate roles, and a balanced work programme, will be shaped by local priorities, assessment of local needs, and the PCT managers detailed knowledge about local practices and primary care teams. Because of the relative inexperience of graduate workers, development and overseeing input may need to be high in the initial year.

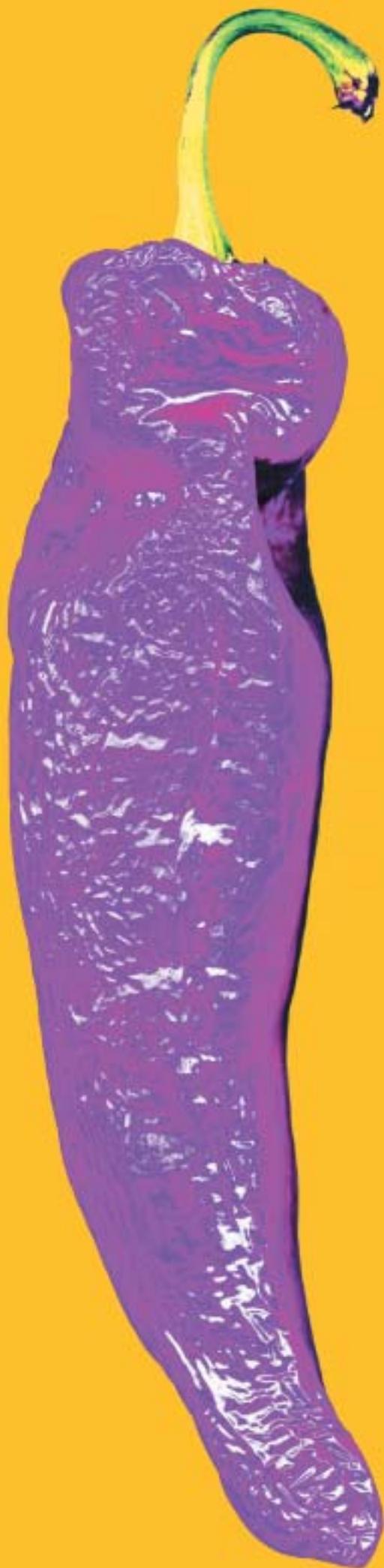
### 3.5 IMPLICATIONS FOR SUPERVISION AND SUPPORT

Across the variety of potential roles and activities outlined above, a number of different support needs and helpful links have been identified. What becomes apparent is that supervision and support for graduate workers may not be straightforward and will need some thought. Arrangements will depend on the focus and balance of the role, and different elements of support and management may be provided by a number of people. Supervision is further discussed in Chapter 7.3.

#### Chapter 3

#### SUMMARY OF KEY LEARNING POINTS

- ◆ Potential roles for PCGMHWs are wide, and may include:
  - Client work** ~ guided self-help; referral facilitation; group psycho-education; and case management.
  - Practice team work** ~ registers and review systems; audit; information for patients and families; supporting carers; information from primary health care teams; education and training for primary health care teams; promoting service user involvement;
  - Networking and liaison** ~ in relation to individual service users; maps or databases of mental health services; liaison with mental health services, wider NHS, social care, and local authority services; providing a resource to the PCT and wider primary care system.
- ◆ Different roles will need varying types of support and input from professional or specialist workers in a range of settings.



# 4 Deploying Primary Care Graduate Mental Health Workers

## 4.1 MODELS FOR DEPLOYING GRADUATE WORKERS

There are a number of pilot projects in different parts of the country, some of which were recently evaluated in a study in the North West undertaken by the National Primary Care Research and Development Centre (NPCRDC). A range of potential models for deploying graduate workers have been demonstrated. These include:

- ◆ Graduate workers as part of primary care oriented psychological therapies or counselling services
- ◆ Graduate workers as part of a dedicated multi-disciplinary primary care mental health team, either working in a single practice, a cluster/group of practices, or across a whole PCT
- ◆ Graduate workers based in single practices working alongside professional primary care mental health workers and other primary health care team members
- ◆ Graduate workers working and managed as a team but working with individual practices
- ◆ Graduate workers specifically for children's/young peoples mental health working at practice/locality level linked to children's services
- ◆ Graduate workers with a distinct role but working as part of primary care liaison services
- ◆ Graduate workers attached to psychology departments and largely acting as assistant psychologists.

(Crossland A, Tomson D, Freer M. 2002; Bower P 2002)

There are potentially a number of other arrangements (for example siting graduate workers within PCTs where locality services and management structures are well developed).

However, experience in the North West has shown that PCTs should be careful in their choices; siting PCGMHWs in secondary care settings such as community mental health teams or crisis services will probably result in failure to achieve the key purpose of the role envisaged in the guidance.

The NPRDC study found that there were tensions between "ownership" and effective multi-disciplinary support and supervision in pilot sites. Primary care "ownership" is likely to ensure that workers are deployed in ways sensitive to the primary care milieu and working patterns, and that they operate as effective members of primary health care teams. However, ensuring effective multi-disciplinary support and supervision can be problematic particularly when workers are located in individual practices.

The most appropriate arrangement in any locality will depend partly on the shape and character of locality services, and partly on the choices made concerning role focus for graduate workers (see Chapter 2). Preferred options may also imply particular choices around supervision (see Chapter 3 and Chapter 6.3). For example workers managed within PCT locality structures may need support from mental health professionals around specific systems and interventions.

## 4.2 DEPLOYING GRADUATE WORKERS ~ DESIGN ISSUES

The above study and other material quoted suggests that in considering how best to organise graduate mental health workers in a given locality, PCTs and partners face some particular dilemmas.

Some of the issues to be considered in deciding how best to deploy workers are:

### Achieving equity

Resources are currently limited and practices and other stakeholders may be unhappy to see new workers deployed to single practices. Options might be for workers to work to a cluster of practices and to roll out the programme to others over time, or as further funding and extra workers become available. Other options may be to use workers, at least for part of their time, on capacity-building work such as development of practice registers/carers support work/information work. Such work might be undertaken with a number of individual practices in turn.

### Managing risk without being risk averse

There is much discussion of the need for safe practice for graduate workers. Comprehensive assessment and triage is probably best undertaken by more experienced primary care mental health workers, and clearly graduate workers will need consistent support and supervision. Some commentators have suggested that graduate workers should only take on clients who have been fully assessed by a mental health professional previously. However this is likely to add to the time between referral and treatment, potentially to DNA rates, and it then becomes a singularly secondary care type of service. If we are to avoid these disadvantages then roles will have to be clearly defined and agreed, and GPs and other primary care professionals will need to work to explicit guidelines and protocols for referral to PCGMHWs.

### Achieving innovation and different ways of working

~ workers need to have an organisational home, management and supervision. But whichever such option is chosen, this will then place them with other professionals who already have established ways of doing things and viewing the world. To keep things flexible, with opportunity for innovation PCTs might:

- ◆ develop supervision arrangements that facilitate using a variety of people to develop wide-ranging understanding and skills
- ◆ canvass views from a wide range of stakeholders as to how graduate workers might add value and what tasks they should undertake
- ◆ ensure that on the job training exposes them to a wide range of workers, groups and perspectives
- ◆ draw up a programme of tasks and projects based on the views expressed

**Chapter 4****SUMMARY OF KEY LEARNING POINTS**

In summary, learning from the NPRDC study quoted above, suggests that PCTs and partners need to consider the advantages and disadvantages of different ways of deploying graduate workers.

- ◆ Basing workers in individual practices will ensure a high degree of primary care ownership and a good basis for developing primary care teamwork; but ensuring adequate supervision for clinical work and appropriate risk screening and management may be more difficult.
- ◆ Basing workers in PCTs may have advantages in terms of links with primary care development managers, agenda and systems, but may be less advantageous in terms of close work with primary health care teams, and again ensuring adequate supervision for clinical work and risk management may be more difficult.
- ◆ Basing workers within psychology services may provide a good focus on clinical work and brief interventions, with appropriate supervision and risk management; but have disadvantages in terms of primary care ownership, primary care team working, and wider developmental roles.
- ◆ Basing workers in other mental health services may ensure good links with the mental health system, and adequate supervision of clinical work and risk management, but again have disadvantages in terms of primary care ownership, primary care team working, and wider developmental roles.

Deciding the most appropriate arrangements will also depend on the focus of the graduate worker's role.





# 5 Primary Care Graduate Mental Health Workers ~ training and education

The Trent Workforce Development Confederation is the lead confederation for mental health workforce development and is responsible for commissioning training for primary care graduate mental health workers. Contracts have been established with a number of collaborations around the country to develop and provide the training programmes. These are at different stages of development and delivery and vary somewhat in content and approach, although all have a focus on developing skills in brief interventions and on working in primary care.

**Table 2 Training collaborations**

<p><b>Pan London Co-operation</b>            East London University            London South Bank University            City University            Middlesex University</p>
<p><b>Salomans</b>            Salomans            University of Surrey</p>
<p><b>Southampton Collaboration</b>            Southampton University            Portsmouth University</p>
<p><b>Northumbria</b>            University of Northumbria            University of Teeside            University of Yorkshire            University of Huddersfield            Sheffield Hallam University</p>
<p><b>Manchester</b>            University of Manchester            Liverpool John Moores University            University of Central Lancashire</p>
<p><b>University of Birmingham</b>            University of Birmingham            University of Wolverhampton</p>
<p><b>Plymouth</b>            University of Plymouth            University of Exeter</p>
<p><b>Lincolnshire Primary Care Trust</b>            Lincoln University            De Montfort University            University of Nottingham            University College Northampton</p>
<p><b>Anglia Polytechnic</b>            Homerton College, Cambridge            Anglia Polytechnic University            University of West of England</p>
<p><b>University of West of England</b>            University of Bath            University of Bournemouth</p>
<p><b>University of Hertfordshire</b>            University of Hertfordshire            University of Luton</p>

### EDUCATION AND TRAINING FOR THE NEW PRIMARY CARE GRADUATE MENTAL HEALTH WORKERS IN THE NORTH WEST OF ENGLAND

A partnership of Universities in the North-West of England led by the **University of Manchester** (School of Nursing, Midwifery & Health Visiting) together with the **University of Central Lancashire** (Faculty of Health) and **Liverpool John Moores University** (Faculty of Health and Applied Social Sciences) developed the education and training programme for Greater Manchester, Cumbria and Lancashire and Cheshire and Merseyside. Funding for students undertaking the programmes is provided through contracts between each of the universities and their local WDC.

#### Successful students will be awarded a

Postgraduate Certificate in Primary Mental Health Care.

#### The programme outcomes, modules, curriculum and practice requirements are common but the academic award is conferred by the university where students undertake the programme

This programme was developed by a joint steering group drawn from the partner universities, members of the local Workforce Development Confederations, and user groups. NHS Primary Care Trusts & Strategic Health Authorities were consulted and engaged through the ongoing work of the Centre for Mental Health Service Development England (CMHSDE), (now Health and Social Care Advisory Service) and the North West NIMHE Regional Development Centre. This Organisational Development work was considered crucial to the design and establishment of the programmes as well as to the effective utilisation of the new workers in practice through supporting PCTs in implementation and service development. A large part of this work was funded by the universities through a time-limited contract with HASCAS from the set-up costs awarded by Trent WDC.

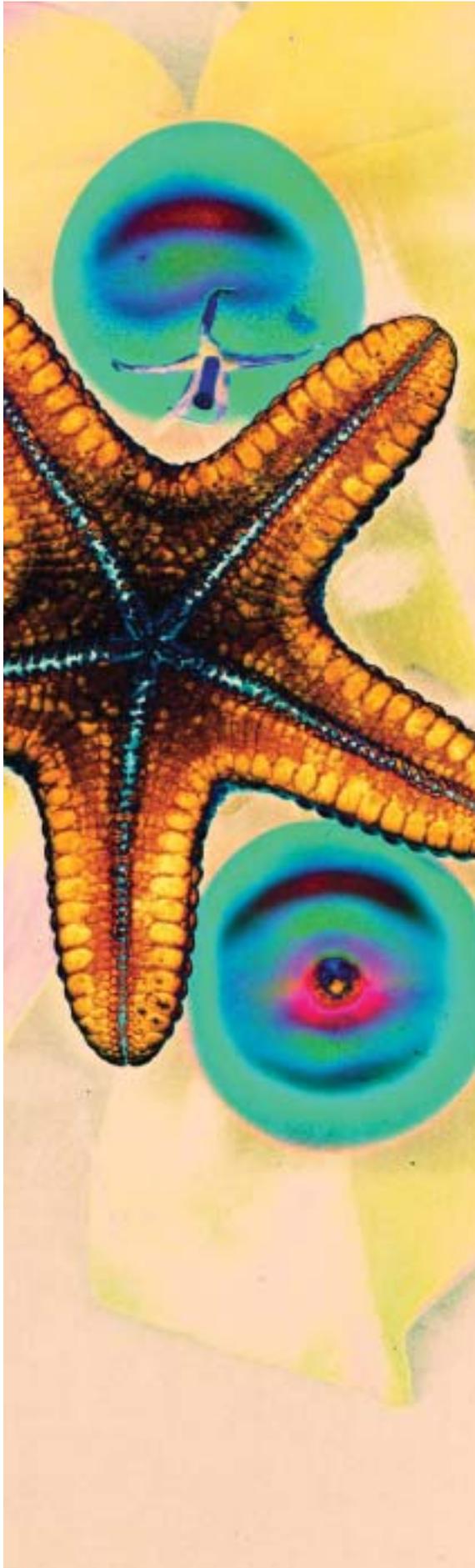
Service user representation provided input to the programme development from the outset and continued throughout the set-up period. Each of the universities have identified service user groups from their locality who continue to participate in programme delivery and monitoring. This will involve service users in:

- ◆ Regular Programme committees
- ◆ Direct taught sessions and practice skills development workshops
- ◆ Formative assessment and feedback to students on practice skills development

The programme will provide training for up to 161 students across the region, through two intakes in February 2004 and January 2005. The course is one year part-time. Following an initial introductory 2-week block of study, the programme consists of one day per week in the university and the equivalent of one day per week of the worker's time in supervised practice to enable achievement of the practice outcomes for each module in the programme.

#### Curriculum Focus

Curriculum development for the Programme was based on empirical evidence, some of which has emanated from research undertaken within the University of Manchester, which demonstrates that it is possible to prepare non-mental health practitioners to deliver effective self-help mental health care based on clear case management protocols. In this regard, low intensity psychological interventions such as problem-solving and self-help mental health care have been shown to have very similar effects as usual care or formal psychological treatment. Similarly, case management through telephone support and self-help or problem-solving treatments delivered within a case-management framework can improve the care and outcome of depression. This evidence base has driven the main focus of the programme in terms of the core knowledge and skills developed through the programme.



### Curriculum Philosophy

The programme has been designed to prepare students with the knowledge and skills to deliver and contribute to effective, evidence-based mental health care for patients in the context of primary health care provision. Philosophically, the knowledge and skills components of the programme are based on some core propositions. These include:

- ◆ Primary care is a unique environment and requires service designs tailored to the needs of patients accessing services in primary care. Attempting to apply secondary care models of mental health care in primary care may result in increased gate keeping, large waiting lists, long waiting times, frustration from patients, staff and GPs, inefficient use of resources and unwelcome pathologising of common mental health experiences. In essence this often leads to poor access to effective care, the disempowerment of service users and services that either become very selective or operate merely as triage services which signpost service users to other providers. It is necessary, therefore, to understand the culture and processes of primary care before designing and providing mental health services in primary care. The education of students must be clearly focused within an understanding of the unique culture and process of the primary care environment.
- ◆ Patients are generally the best managers of their personal and family mental health problems. However, people often lack the information and support to manage their problems most effectively. The provision of high quality health information within a graduated system of health care access by workers using patient-centred and flexible approaches to mental health care is the most desirable way of empowering patients in the self-management of their mental health problems.
- ◆ Practitioners with little experience of mental health care can be educated to support self-management health technologies. This can be achieved by innovative, focused and skills-based education programmes that do not replicate in a diluted form traditional mental health training courses. Evidence suggests that skills and attitudes to patients with mental health problems can be significantly improved through such skills based and focused training courses, even where this training is delivered over a short space of time.

### The structure of the programme

The programme comprises study modules that integrate theory and practice, supervised practice, and a practice-based project of relevance to the PCT and negotiated between academic supervisors, practice-based supervisors and PCTs. Figure 2 illustrates progression through the programme in order to be fit for practice, purpose and academic award.

Students are introduced to the three key role domains of practice within primary care, face-to-face work with patients, practice liaison and wider networking activities). The knowledge and skills necessary for practice are taught throughout both semesters moving from core knowledge and skills, with a specific focus on case management approaches (particularly applied to mild to moderate depression) utilising standard protocols for regular telephone follow up, medication advice and behavioural activation. Progressively, students then move on to develop more advanced knowledge and clinical intervention skills relevant to the interaction of psychological and social therapies with pharmacological treatments and problem solving and other low-intensity self-help interventions based on a cognitive-behavioural framework.

Skills are taught and assessed through skills-based education techniques with role-play, clinical scenario practice, problem-based learning and supervised clinical activity being major features. Running alongside the core knowledge and skills module in semester one is a module on culture and processes in primary mental health care where students critically examine the role and function of primary care in the context of a modern NHS caring for people's mental health needs. This module also assists students in developing an in-depth understanding of their wider networking role and provides guidance on setting up mental illness registers and practice audit activities.

**Figure 2 Progression through the programme**



### Model for clinical supervision and practice mentorship, North West of England

As a key part of the training and education programme developed for the North West, a model of supervision and mentorship has been established to ensure appropriate support for students in practice. All students will therefore have both a trained Clinical Supervisor and a Practice Mentor.

Training programmes for Clinical Supervisors and Practice Mentors are provided by the universities prior to the commencement of the programme with follow-up sessions taking place throughout the programme.

Clinical supervisors and practice mentors will need to be in contact with each other to monitor the progress of the student overall as well as discuss any issues arising from supervision and mentorship impacting on the ongoing work of the student. A minimum of two planned meetings between the clinical supervisor and practice mentor in each semester is anticipated, although more regular informal contact will take place as the need arises.

#### Box 8

### Model for clinical supervision and practice mentorship, North West of England

#### Key elements

- ◆ **Clinical Supervision** ~ monitoring and assessing the students developing clinical skills through: direct observation; audio tapes of clinical interviews; discussions with students and reflection on developing practice. Practice outcomes for each of the clinical skills modules are assessed and recorded by the supervisor. Supervision relates to the clinical competencies modules of the training and education programme.
- ◆ **Practice mentorship** ~ guiding and assessing the students developing skills and knowledge in relation to working within primary care. Mentorship relates to the training programme modules on Culture and Processes of Primary Care and the practice-based project. This role may be undertaken by the line manager who will be over-seeing induction and facilitating the worker's day-to-day role.

**Clinical Supervision** needs to be underpinned by a robust primary care philosophy and model of working.

The specific roles of the Clinical Supervisor are to:

- ◆ Negotiate, sign and date a supervision contract clarifying boundaries and responsibilities of the supervisor and supervisee
- ◆ Facilitate ongoing practice teaching and experience for the student in order to ensure she/he has the opportunity to develop appropriate competence in clinical skills
- ◆ Use a range of strategies to engage in the supervision process, including focused face to face contact, allocated telephone appointment time and e-mail contact
- ◆ Use a modified version of a Cognitive Behavioural model of supervision 'Consultation Worksheet', whereby the supervisee commences all supervision encounters with a consultation question to be answered by the end of the time allocated
- ◆ Carry out observation of student's work, directly and indirectly ~ through reviewing audio/video tapes of client work, student reflection on cases to develop and assess the level of competence
- ◆ Identify the student's strengths and any shortfalls in development, identifying objectives with the student and how these may be achieved, and discussing with academic staff where difficulty is envisaged or encountered
- ◆ Ensure that summative assessment of clinical skill competence is completed within the stated period of the practice skills assessment document, and that appropriate records are made
- ◆ Inform academic staff where a student does not achieve an appropriate level of competence within the target date
- ◆ Ensure with the student that all clinical assessments and supervision records are completed
- ◆ Work collaboratively with the student to evaluate the supervision as a continuous process at the end of each experience and at set intervals i.e. three month, six month and twelve month reviews

Clinical supervision is distinguished from more general '**practice mentorship**' related to the development of knowledge and skills required for the other two modules (*Culture & Processes of Primary Mental Health Care & The practice based Project*) which focus on the other two role domains ~ Work within the practice team & work within the wider system.

Therefore each student is also allocated a Practice Mentor who acts to guide and assess their developing knowledge and skills and the achievement of the practice-based competencies in relation to these aspects of the role and programme. At times this role is undertaken by the student's line manager or another professional within the team as there is some overlap between the achievement of practice skills, the induction of the new worker into employment and the facilitation and management of their day-to-day role.

**Early experience** in the North West indicates that:

- ◆ A high quality experience of supervision is critical to successful completion of training and to further development in the role of PCGMHW
- ◆ It can be difficult to secure supervisors and mentors from a primary care background;
- ◆ This however remains the preferred option for the HEIs providing the training programme, who seek to work collaboratively with PCTs to improve the numbers of supervisors and mentors in primary care
- ◆ Regular meetings between supervisors, mentors and HEIs can support and facilitate the development of high quality practice learning, and the on-going development of PCGMHW roles and programmes.

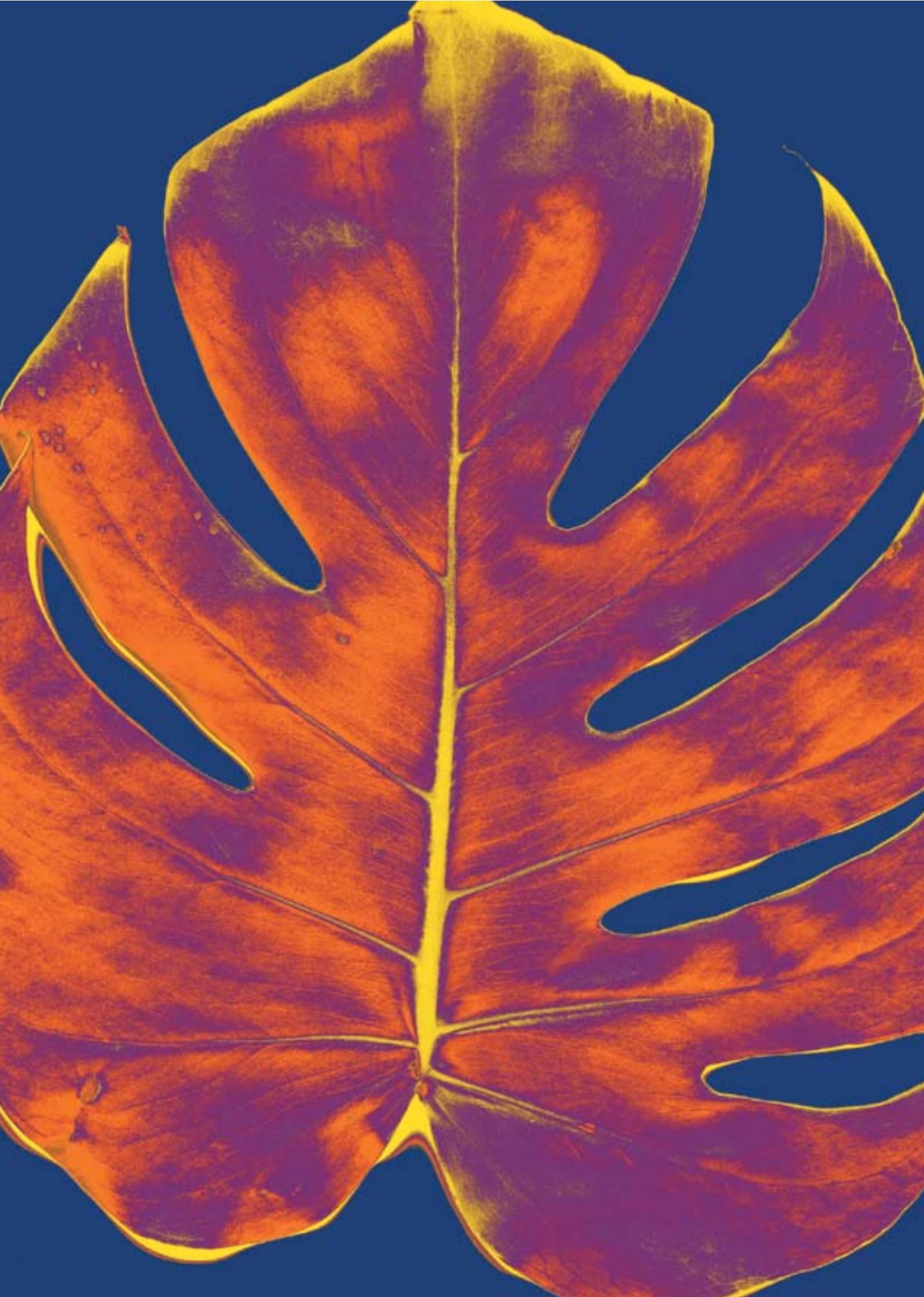
It has also become clear that supervised practice during training should support the development of competencies in the three broad areas of the role identified in guidance. PCTs employing PCGMHWs may envisage using them in one particular role, but it is important to ensure that their experience during training enables them to meet all the required outcomes of the educational programmes which aim to equip them with the knowledge and skills to fulfil the broader role remit.

## Chapter 5

### SUMMARY OF KEY LEARNING POINTS

- ◆ Education and training programmes for PCGMHWs are provided by collaborations of HEIs in various parts of the country.
- ◆ The programme provided in the North West has been developed to implement a particular model for PCGMHWs that is outlined in Chapter 3.3.
- ◆ Early experience indicates that close collaboration between HEIs, PCTs, supervisors and mentors will support successful education programmes and the on-going development of PCGMHWs.
- ◆ Early experience indicates that PCTs should distinguish between the roles of PCGMHWs whilst in training, and once qualified, and that they should ensure experience during training that will support PCGMHWs progress through training to fulfil all aspects of the role.
- ◆ Based on that early experience the following criteria for selection of supervisors and practice mentors are recommended:
  - ◇ Normally be working in Primary Care ~ either in a specific mental health context or with knowledge and experience of mental health practice
  - ◇ Recognised Health/Social Care Professional Qualification/Accreditation
  - ◇ Can identify time and willingness to undertake the role
  - ◇ Has undertaken the required programme-specific training.





# 6 Employing Graduate Workers

If we are to ensure that PCGMHWs successfully provide a new element in the workforce, then high quality employment structures and practices will be essential.

This section sets out some advice and support around recruitment, job descriptions, supervision arrangements, and career progression. There will be variations on these issues dependent on the particular design of local schemes.

## 6.1 RECRUITMENT

In the North West, Workforce Development Confederations are organising a "clearing house" system with local PCTs and the appropriate university to streamline recruitment. The intention is to improve efficiency and ensure that the graduate workers appointed meet the needs of PCTs and have relevant qualifications for admission to the university course.

In other parts of the country, similar joint approaches may be appropriate particularly where numbers of posts for recruitment are small, where PCTs have existing mental health lead PCT arrangements, or dependent on the choices made regarding the employing organisation.

Clarity will also be needed on the preferred educational qualifications and experience of staff to be recruited. For the most part, current practice around the country has opened posts to individuals from a range of backgrounds including health science disciplines, social sciences and nursing; and ensured that lack of a degree should not be an impediment where candidates can undertake the postgraduate training. Some areas have also tried to ensure that some candidates with significant "life experience" are recruited alongside those with formal qualifications.

Where PCTs have developed specific thinking about the role of graduate workers in developing the capacity of primary health care teams or wider systems, then these may impact on the experience and skills sought. For example IT skills will be useful where the development of practice-based registers and review systems is envisaged; particular ethnic backgrounds or language skills may be required where appropriate to the profile of the local population and envisaged role; or information analysis skills may be useful if involvement in local research studies is planned.

## 6.2 JOB SPECIFICATION, PAY AND CAREER SCALES

The job description and person specification currently in use in the North West are set out below for information. These allow for local variations in key organisational characteristics (such as location and management)

Other examples are available from Trent Workforce Development Confederation.

[www.trentconfed.nhs.uk](http://www.trentconfed.nhs.uk)

While job descriptions will vary dependent on local circumstances PCTs will need to ensure that there is clarity about role focus, management and supervision.

### JOB DESCRIPTION

**Post title:** Primary Care Mental Health Worker

**Grade:** Grade C

**Hours:** 37.5 hours per week

**Location:** (Varies by organisation)

**Responsible To:** To be confirmed locally

### JOB SUMMARY

You will be expected to work alongside a range of different professionals delivering care in the Primary Care Setting. A Primary Care Mental Health Worker (PCMHW) will make an important contribution to the overall delivery of Primary Care Mental Health Services.

It is expected that a PCMHW will have three main roles which include:

- a face to face work with clients with common mental health problems such as anxiety and depression
- b work within practice teams including liaison with service users and carers, practice audit and activity such as the setting up and management of mental illness case registers
- c networking with the wider health and social care system

### PERSONNEL SPECIFICATION Primary Care Graduate Worker

ESSENTIAL	APPLICATION	INTERVIEW
◆ An Honours Degree (2:2) or above from a University, or other approved institution of higher education or a professional qualification related to health or social care. Applicants without a degree must demonstrate the ability to study at postgraduate level.	✓	
◆ Excellent verbal/written communication skills	✓	✓
◆ Regard for others and respect for individual rights of autonomy and confidentiality		✓
◆ Awareness of potential ethical issues and responsibilities		✓
◆ The ability to work both independently and as a member of a team		✓
◆ The ability to identify own strengths, limitations and personal learning needs relevant to practice		✓
◆ Demonstrable commitment to personal development through recognition and utilisation of learning opportunities	✓	✓
◆ Ability to utilise information technology	✓	✓
◆ Ability and willingness to travel to locations throughout the organisation		✓
DESIRABLE	APPLICATION	INTERVIEW
◆ Understanding of the contemporary context of Primary Health Care and the needs of individuals with mental health problems		✓
◆ Experience of working in Health and Social Care organisations	✓	✓
◆ Demonstrates learning through first hand life experience	✓	✓

To achieve these core skills the PCMHW will be expected to undertake a fully funded one year part-time programme of study which will lead to the award of a Postgraduate Certificate in Primary Care Mental Health Practice.

### KEY RESPONSIBILITIES

*Under the supervision of an appropriately skilled and qualified person duties to include:*

- ◆ Develop skills of collaborative working with service users (and where appropriate their carers) to build an effective partnership of care.
- ◆ Assist service users to identify and effectively manage their emotional distress and disturbance.
- ◆ Utilise a range of core skills in mental health practice in order to contribute to and coordinate the care and treatment of clients with mental health problems.
- ◆ Implement and support a range of less intensive clinical interventions based on a self-management model of mental health care.
- ◆ Collaborate with service users and other people involved in their care on managing medication concordance through case management approaches.
- ◆ Contribute to the setting up and operation of systems for the effective management of the mental health needs of individual service users, families and communities.
- ◆ Systematically evaluate and record outcomes of mental health interventions, adapting care on the basis of these evaluations.
- ◆ Participate in inter-professional approaches to care that respect and utilise the contributions of the wider health and social care team.
- ◆ Utilise managerial and clinical supervision to ensure that care and treatment are tailored to service users, family and community needs; that learning needs are identified and acted upon to ensure personal development.
- ◆ Practice in a non-discriminatory manner, respecting the variety of beliefs and cultural practices of individuals and groups.

The post holder must be assessed by Occupational Health as having a level of fitness to carry out duties/tasks after reasonable adjustments under the terms of the Disability Discrimination Act 1995 have been made.

### 6.3 SUPERVISION AND SUPPORT OF GRADUATE WORKERS

Graduate workers are likely to have a range of supervision and support needs including:

- ◆ Skilled supervision of day-to-day clinical practice with appropriate accountability to practices
- ◆ On-going support in clinical skills development
- ◆ Skilled supervision of practice team work and work with wider communities and systems
- ◆ On-going support or mentorship in developing appropriate skills for practice team work and wider system work
- ◆ On-going support and learning to understand primary care service developments and issues and to ensure appropriate integration of primary care mental health
- ◆ Day-to-day management and workload management, including practice-specific arrangements where appropriate
- ◆ Personal development and support

Initially, many of these needs will be met through the supervision arrangements established for training programmes in collaboration with PCTs. Details of the arrangements developed in the North West are outlined below.

However, PCTs will need to consider the longer-term supervision needs of graduate workers and the range of opportunities available locally. While skilled clinical supervision may best be provided from secondary care in many localities, a wide range of other workers (primary care and practice development workers, Locality Managers, Health Visitors and other primary care professionals etc.) may be able to support graduate workers in practice development and wider systems work. Supervision and support may need to be flexible and multi-faceted, and line managers should have a key role in ensuring that the overall support offered is both diverse and appropriate.

In many areas graduate workers are likely to be working with more than one practice at a time. Where this is the case, and day-to-day management and supervision is provided separately to practices, arrangements may need to ensure that accountability to individual practices is transparent and clear. However supervision is provided, the practice and GPs remain accountable for the service provided by the worker to their population. Simple good practice requirements (such as regular feedback to GPs or other practice staff, agreed in-put to notes, attendance at practice meetings etc.) may be all that is necessary, but given the potentially complex relationships, a supervision and support protocol may be useful with the manager having overall responsibility to ensure that it works effectively.

## 6.4 RETENTION AND CAREER PROGRESSION FOR THE PRIMARY CARE GRADUATE WORKER

There are a number of challenges that services and organisations face when considering the potential career pathways for the new Primary Care Graduate Mental Health Worker (PCGMHW). These are compounded by the NHS being over-reliant on services being provided by professionally registered staff, with traditional patterns of working and skill mix. Some primary care services may also have developed a culture of dependency on specialist mental health services for the provision of mental health care, which may have resulted in a lack of understanding about the mental health needs of the local community.

There has been little exploration at a national level to provide guidance on the potential career pathways for the PCGMHWs. The Best Practice Guidance (DoH 2003a) provides a limited number of options, such as PCGMHWs progressing to a much more senior status in primary care or using the experience gained in the role, to help PCGMHWs access professional training.

The guidance does describe the need to explore the options for developing long-term careers in primary care mental health, for supporting professional affiliations for the PCGMHWs, and to learn from the pilot programmes. However, this is unlikely to emerge in the short term and will potentially be influenced or led by local developments. This allows primary care services flexibility and opportunity in determining how the role can be developed and there are a number of initiatives that may assist primary care with this process.

There is concern that there may be a high level of turnover for the new role, although there is no evidence to support this view at the moment. To mitigate against this risk it is in interests of PCTs and local practice-based staff to become involved in future work which will help provide some guidance to potential career pathways for the new workers.

Agenda for Change (DoH 2002) will provide opportunities for higher earnings by those pursuing a career within the NHS. This is likely to be implemented nationally across NHS services within the next two years. This will help PCGMHWs who may want to develop and refine their skills and in moving to more senior posts. This will provide scope for personal pay progression, within national guidance, which is linked to responsibility, competence and satisfactory performance.

In addition, the recently developed National Occupational Standards (NOS) for mental health describe the competences required across the mental health and social care workforce. Although not yet implemented, the NOS for mental health could be used to develop competency-based job descriptions through local systems of continuing professional development and recruitment. Further information about the NOS can be found on the Skills for Health website:

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

At the moment there are a number of potential avenues for career progression. These will be dependent on the needs and aspirations of the individual PCGMHW and the development of primary care mental health services in which they work. Some of these potential options are listed below:

- ◆ Expansion of clinical role ~ this will be shaped by the needs of the local community for the practice in which they work and the development of robust clinical governance structures. Access to appropriate training opportunities both within the practice (work-based) and higher education may possibly limit the expansion of the clinical role.
- ◆ Increased involvement in primary care mental health service development ~ the development and use of practice-based patient registers and other databases, may facilitate the involvement of PCGMHWs in the planning, evaluation and development of services. The PCGMHWs will be able to build up a knowledge base of local mental health need, which could be invaluable to PCTs when considering service development and the balance of investment.
- ◆ Wider primary care development and management ~ the experience of developing primary mental health services, and training and education, may have relevance and application to other areas of primary care. PCTs have continuing needs for development and management staff with a good understanding of service development at practice level, and the development agenda for primary care in implementing the new GMS contract is steep. Similarly, graduate workers who have experience of developing practice-based registers and databases, service users involvement, and wider networking arrangements, will have valuable skills that can be of use to practices across a wide range of disease management areas and client groups.

- ◆ Access to professional training ~ the experience gained in the post may assist PCGMHWs who wish to access places on a professional training course. It is possible that some applicants for the new role may see the programme as a stepping-stone to training in clinical psychology. Clinical psychology is a popular career choice and yet the number of training places is limited. Of course, PCGMHWs may also apply for other professional training, such as, medicine, nursing, social work etc., particularly if they have a positive experience of working with these professionals.

The next steps:

- ◆ The NIMHE NW Development Centre will work with the education providers in the NW area to collate views from the PCGMHWs during their training to ascertain their rationale for entering NHS employment and future career intentions and aspirations.
- ◆ The NIMHE NW Development Centre will offer an opportunity for PCTs to develop career pathway options for the PCGMHWs. This work will be undertaken in conjunction with all key organisations and stakeholders.

## Chapter 6

### SUMMARY OF KEY LEARNING POINTS

- ◆ The development of PCGMHWs, and their successful contribution to local primary care mental health services, will be facilitated by high quality employment practice in relation to recruitment, job specifications, grades and career scales, supervision and support, retention and career progression.
- ◆ Collaborative recruitment arrangements involving Workforce Development Confederations may be useful.
- ◆ Job specifications will vary dependent on the particular focus of the PCGMHW role sought. Current practice has opened posts to a wider range of backgrounds than the psychology graduates originally envisaged.
- ◆ Supervision and support arrangements are very important but may be complex depending on the role focus sought. They may need to be flexible and involve a range of practitioners.
- ◆ The NIMHE NW Development Centre, and partners will work with PCTs to further develop career pathway options for PCGMHWs.





# 7 The development agenda for primary care

## 7.1 DEVELOPING PRIMARY MENTAL HEALTH CARE

PCTs have an extensive development agenda in relation to primary mental health care which includes:

- ◆ Mental health promotion and prevention ~ and ensuring mental health issues figure in health improvement, and wider regeneration and renewal programmes
- ◆ Developing primary care services for common mental health problems ~ assessment and triage, brief interventions and self-help, counselling, more specialist psychological therapies
- ◆ Developing effective primary care services for people with more serious mental illnesses ~ managed care, appropriate primary care involvement in responses to crisis, effective physical care, effective liaison and care planning in collaboration with mental health services
- ◆ Developing robust primary care infrastructure and systems ~ including IT, information exchange systems, appropriate joint management systems etc.
- ◆ Developing an appropriately skilled workforce ~ generic professionals skilled and confident to deal with mental health problems as appropriate to their role and local need; dedicated workers (counsellors, mental health liaison workers or other dedicated workers) with skills appropriate to their role and local need.

Current priorities on implementing the new GMS contract will also shape and influence some parts of this agenda.

Similarly, recent guidance on developing services for people with personality disorders (DoH 2003f) and associated funding, seeks to improve links between primary care and developing personality disorder services, and to support primary care teams in responding to this client group.

The current and developing agenda is therefore wide and it is important that the development and deployment of graduate workers is an integral part of this wider agenda.

In some areas, Local Implementation Teams or partnership forums have developed specific sub-groups or networks to focus on primary mental health care issues. Where this is the case, oversight of graduate worker schemes by such groups will ensure effective integration with the wider agenda. Otherwise, PCTs may consider which local mental health partnership groups are best placed to ensure integration with this wider agenda; or establish a steering group specifically to oversee the graduate worker schemes, ensuring appropriate membership to make the links with other work streams and the wider agenda.

## 7.2 CAPACITY AND ORGANISATIONAL DEVELOPMENT ISSUES

The mental health development agenda outlined above requires appropriate capacity, as does the work involved in establishing, maintaining and learning from graduate worker schemes.

It has become clear through this handbook that significant preparation and development input will be necessary to establish successful and effective graduate worker schemes, and to learn from experience and refine them over time.

As well as the basic design issues that have been highlighted in Chapters 3 and 4, and organisational preparation for employing graduate workers, a variety of other preparatory work is needed.

Primary care professionals will need to be informed about PCGMHW roles and teamwork requirements; managers and other workers within PCTs may need information and preparation if they are to link effectively graduate workers into wider primary care development initiatives; professionals in other services and systems may need to be involved where graduate workers will be making links with their services or agencies, or where they may be needed to provide support or information for the workers.

Discussion, agreement and dissemination of a clear operational protocol for PCGMHWs may be a helpful way of ensuring that staff and practices have realistic expectations of workers and of establishing collaborative working practices. An example currently in use in the North West is shown in Appendix 1.

In order to progress both the wider development agenda, and the establishment of graduate workers, an appropriate level of project management capacity and time will need to be committed to the task. Professionals in a variety of different roles and positions within primary care demonstrate interest and commitment to mental health, and should be encouraged and supported to provide the necessary leadership.

### 7.3 INVOLVING SERVICE USERS

Developing effective service user involvement in mental health services has been developing in most parts of the country for some time. Traditionally, such involvement has focused on specialist mental health services rather than primary care, so extending local involvement to primary care may take time. Developing service user involvement in new training and education programmes for graduate workers may provide a practical opportunity to imitate such developments.

As part of the preparation for the development of appropriate training programmes, Trent Workforce Development Confederation commissioned comprehensive consultation with a range of service users, user involvement networks, the User Reference Group at Kings College, London and the training collaborations, in order to facilitate a consistent approach across the country. A summary of the key points are set out in Box 9:



#### Box 9

#### Trent Workforce Development Confederation ~ framework for involving service users in the training of graduate primary care mental health workers

- ◆ **Open events** ~ local sites should establish promotion events, inviting service users, to raise awareness of new workers and to invite their views on what graduate workers can offer to people using primary care mental health services.
- ◆ **User reference group** ~ at promotion events information should be given as to how users can be involved in training people recruited to a reference group for training programmes. The reference group can be involved in many aspects of training including design and delivery decisions. Consideration should be given to payment for involvement and adequate support.
- ◆ **Developing the curriculum** ~ service users should be part of the group that plans the curriculum and can be involved in designing material (case studies, exercises, assignments).
- ◆ **Training and preparation** ~ service users will need adequate preparation to be trainers and good support.
- ◆ **Selection of workers** ~ Service users should be involved alongside PCTs and Universities to ensure that appropriate people are employed.
- ◆ **On-going monitoring of course** ~ service users who are Reference Group members should be involved in on-going monitoring of the course.
- ◆ **Evaluation** ~ to ensure the effectiveness of new workers, both the scheme and the training will be evaluated either by a Reference Group or training Planning Group as appropriate. Service users should be involved in the process and training in research skills such as interviewing, questionnaires, focus groups etc. should be provided.
- ◆ **As assessors** ~ training collaborations will need to think through how service users can be involved in assessing students.

Further support and guidance for involving service users in education and training is provided in **The National Continuous Quality Improvement Tool for Mental Health Education** (NIMHE Northern Centre for Mental Health 2003) This aims to support Workforce Development Confederations in their commissioning of mental health education programmes. It provides an assessment format that

can be used by local stakeholder groups to critically review education and training programmes and outcomes.

The guidance recognises and suggests that stakeholders can consider their position in relation to a "Continuum of Involvement" as set out below.

**Figure 3 Continuum of Involvement**



Service user involvement in the training programme for graduate workers in the North West is ensured through a variety of measures, and particularly through the involvement of the Lancashire Advocacy Service. By agreement, the Advocacy Service will participate in:

- ◆ shortlisting and interviewing candidates each year
- ◆ the Stage two validation
- ◆ Course Management Team meetings (one each year in the summer of 2004 & 2005)
- ◆ teaching on each of the four modules on both courses
- ◆ teaching on the supervisors / mentors training (approximately one hour)
- ◆ observation of skills sessions, providing feedback to students undertaking the two skills modules
- ◆ the assessment process, providing feedback by sampling marking
- ◆ attendance at one assessment board each year
- ◆ module and course evaluations
- ◆ bi-monthly meetings with UCLAN to debrief and forward plan
- ◆ one half day evaluation meeting each year to review progress of collaboration and partnership working, and highlight elements of good practice and areas for improvement
- ◆ an annual audit tool meeting for the National Continuous Quality Improvement Tool for Mental Health Education

## 7.4 EVALUATION AND ON-GOING DEVELOPMENT

As we indicated in the introduction to this guide, we are at the beginning of the process to implement new primary care graduate mental health workers, and therefore of a learning process that will inform the further development of these workers and of primary care mental health services more generally.

In order to ensure the best learning for the future, PCTs, their partners, HEIs and Workforce Development Confederations will need to collaborate in on-going evaluation of the different schemes around the country.

Evaluation will include:

- 1 Periodic review of services and education programmes
- 2 Review of the capacity and development issues for PCTs and their experience of developing and establishing PCGMHW programmes
- 3 Establishing and learning from Reflective Practice arrangements
- 4 Considering data on the activity and throughput of PCGMHWs, and characteristics of the populations served
- 5 Consideration of data on outcomes achieved through the work of PCGMHWs

### Chapter 7

#### SUMMARY OF KEY LEARNING POINTS

- ◆ PCTs and partners need to ensure that the development of PCGMHW programmes is an integral part of the wider agenda of developing primary mental health care; and that appropriate steering group mechanisms and leadership arrangements are in place to support these important work programmes.
- ◆ Appropriate project management capacity will be needed to develop PCGMHW programmes and to ensure that practices and services are appropriately prepared for their implementation.
- ◆ Effective service user partnership arrangements should be in place to support the establishment and on-going development of programmes.
- ◆ All agencies will need to collaborate to ensure effective evaluation of current programmes and on-going development.



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NHS Beacon Northamptonshire Mental Health Liaison Project

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## S

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## W/X/Y/Z

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## Useful Resources

### BOOKS & REPORTS

Department of Health (1999). *Saving Lives: Our Healthier Nation*. London, Her Majesty's Stationery Office (HMSO). [www.dh.gov.uk/assetRoot/04/04/93/29/04049329.pdf](http://www.dh.gov.uk/assetRoot/04/04/93/29/04049329.pdf)  
An action plan to tackle poor health.

Department of Health (2001). *The Mental Health Policy Implementation Guide*. London, Department of Health. [www.dh.gov.uk/assetRoot/04/05/89/60/04058960.pdf](http://www.dh.gov.uk/assetRoot/04/05/89/60/04058960.pdf)  
This policy guidance supports the delivery of adult mental health policy locally.

Department of Health (2001). *National Service Framework for Older People*. London, HMSO. [www.dh.gov.uk/assetRoot/04/07/12/83/04071283.pdf](http://www.dh.gov.uk/assetRoot/04/07/12/83/04071283.pdf)  
Sets out a programme of action and reform to address these problems and deliver higher quality services for older people.

National Institute for Clinical Excellence (2002). *Clinical guideline on schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care*. London, National Institute for Clinical Excellence. [www.nice.org.uk/nws.asp?o=45171&u=13300&p=%2fpdf%2fCG1NICEguideline.pdf](http://www.nice.org.uk/nws.asp?o=45171&u=13300&p=%2fpdf%2fCG1NICEguideline.pdf)

This guideline addresses the major treatments and services for people with schizophrenia.

National Institute for Clinical Excellence (2002). *Full guidance on the use of computerised cognitive behavioural therapy for anxiety and depression*. London, National Institute for Clinical Excellence. [www.nice.org.uk/pdf/51\\_CCBT\\_Full\\_guidance.pdf](http://www.nice.org.uk/pdf/51_CCBT_Full_guidance.pdf)

National Institute for Clinical Excellence (NICE) (expected October 2004) *Depression: the management of depression in primary and secondary care*  
London, National Institute for Clinical Excellence [www.nice.org.uk/page.aspx?o=20093](http://www.nice.org.uk/page.aspx?o=20093)

National Institute for Clinical Excellence (NICE) (2002). *Guidance on the use of newer (atypical) antipsychotic drugs for the treatment of schizophrenia*. London, Department of Health. [www.nice.org.uk/pdf/ANTIPSYCHOTICfinalguidance.pdf](http://www.nice.org.uk/pdf/ANTIPSYCHOTICfinalguidance.pdf)

National Institute for Clinical Excellence (NICE) (2002). *Principles for Best Practice in Clinical Audit*. London, Department of Health. [www.nice.org.uk/pdf/BestPracticeClinicalAudit.pdf](http://www.nice.org.uk/pdf/BestPracticeClinicalAudit.pdf)

National Institute for Mental Health for England (NIMHE) (2003). *The Cases for Change*. Leeds, Department of Health.

- 1 Introduction  
[www.nimhe.org.uk/downloads/1CaseForChange.pdf](http://www.nimhe.org.uk/downloads/1CaseForChange.pdf)
- 2 Policy context  
[www.nimhe.org.uk/downloads/2PolicyContext.pdf](http://www.nimhe.org.uk/downloads/2PolicyContext.pdf)
- 3 Primary Care  
[www.nimhe.org.uk/downloads/3PrimaryCare.pdf](http://www.nimhe.org.uk/downloads/3PrimaryCare.pdf)
- 4 Community Services  
[www.nimhe.org.uk/downloads/4CommunityServices.pdf](http://www.nimhe.org.uk/downloads/4CommunityServices.pdf)
- 5 Hospital Services  
[www.nimhe.org.uk/downloads/5HospitalServices.pdf](http://www.nimhe.org.uk/downloads/5HospitalServices.pdf)
- 6 Forensic Mental Health Services  
[www.nimhe.org.uk/downloads/6ForensicMentalHealth.pdf](http://www.nimhe.org.uk/downloads/6ForensicMentalHealth.pdf)
- 7 Partnership working across Health and Social Care  
[www.nimhe.org.uk/downloads/7PartnershipWorking.pdf](http://www.nimhe.org.uk/downloads/7PartnershipWorking.pdf)
- 8 User Involvement  
[www.nimhe.org.uk/downloads/8UserInvolvement.pdf](http://www.nimhe.org.uk/downloads/8UserInvolvement.pdf)
- 9 Anti-discriminatory practice  
[www.nimhe.org.uk/downloads/9Anti-discPractice.pdf](http://www.nimhe.org.uk/downloads/9Anti-discPractice.pdf)
- 10 Emerging areas of Service Provision  
[www.nimhe.org.uk/downloads/10EmergingServiceProvis.pdf](http://www.nimhe.org.uk/downloads/10EmergingServiceProvis.pdf)

National Institute for Mental Health in England (2004). *Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health Inpatient Settings: Mental Health Policy Implementation Guide*. London, Department of Health. [www.nimhe.org.uk/downloads/78130-DoH-Viol%20Management.pdf](http://www.nimhe.org.uk/downloads/78130-DoH-Viol%20Management.pdf)

National Institute for Mental Health in England (2003). *Personality Disorder: No Longer a Diagnosis of Exclusion. Policy Implementation Guidance for the Development of Services for People with Personality Disorder (PD)*. London, Department of Health. [www.nimhe.org.uk/downloads/PDFinal.pdf](http://www.nimhe.org.uk/downloads/PDFinal.pdf)

National Institute for Mental Health in England (2003). *Recovery and Change: Modernising Mental Health, NIMHE Annual Report and Strategic Plan 2003/04-2005/06*. London, Department of Health. [www.nimhe.org.uk/downloads/conn2003\\_strat.pdf](http://www.nimhe.org.uk/downloads/conn2003_strat.pdf)

National Institute for Mental Health in England (2003). *Expert Briefing: Early intervention for people with psychosis*. London, Department of Health, [www.nimhe.org.uk/whatshapp/item\\_display\\_publications.asp?id=322](http://www.nimhe.org.uk/whatshapp/item_display_publications.asp?id=322)

This paper summarises findings of a review of research evidence about early intervention for severe mental illness.

National Institute for Mental Health in England (2003). *Expert Briefing: Employment for people with mental health problems*. London, Department of Health. [www.nimhe.org.uk/downloads/employment.pdf](http://www.nimhe.org.uk/downloads/employment.pdf)

This paper summarises findings of a review of research evidence and expert opinion about occupational interventions for people with mental health problems.

National Institute for Mental Health in England (2003). *Expert Briefing: Self-help interventions for mental health problems*. London, Department of Health. [www.nimhe.org.uk/downloads/self\\_help.pdf](http://www.nimhe.org.uk/downloads/self_help.pdf)

This paper is a review of research evidence about self-help interventions for people with mental health problems.

National Institute for Mental Health in England (2003). *Expert Briefing: Women-only and women-sensitive mental health services*. London, Department of Health. [www.nimhe.org.uk/downloads/women.pdf](http://www.nimhe.org.uk/downloads/women.pdf)

This paper summarises findings of a review of research evidence and expert opinion about women-only and women-sensitive mental health services.

NHS Modernisation Agency (2002-2004). *Improvement Leaders' Guides* London, Department of Health.

These guides are for people involved in improving patient care and experience:

#### Series 1

- ◆ Process mapping, analysis and redesign  
[www.modern.nhs.uk/improvementguides/reading/processmapping.pdf](http://www.modern.nhs.uk/improvementguides/reading/processmapping.pdf)
- ◆ Matching capacity and demand  
[www.modern.nhs.uk/improvementguides/reading/matchingcapacity.pdf](http://www.modern.nhs.uk/improvementguides/reading/matchingcapacity.pdf)
- ◆ Measurement for improvement  
[www.modern.nhs.uk/improvementguides/reading/measure4improve.pdf](http://www.modern.nhs.uk/improvementguides/reading/measure4improve.pdf)

#### Series 2

- ◆ Involving patients and carers  
[www.modern.nhs.uk/improvementguides/reading/involving\\_patients.pdf](http://www.modern.nhs.uk/improvementguides/reading/involving_patients.pdf)
- ◆ Managing the human dimensions of change  
[www.modern.nhs.uk/improvementguides/reading/managing\\_human.pdf](http://www.modern.nhs.uk/improvementguides/reading/managing_human.pdf)
- ◆ Spread and sustainability  
[www.modern.nhs.uk/improvementguides/reading/sustainability.pdf](http://www.modern.nhs.uk/improvementguides/reading/sustainability.pdf)

#### Series 3

- ◆ Building and nurturing an improvement culture  
[www.modern.nhs.uk/improvementguides/reading/Culture\\_final.pdf](http://www.modern.nhs.uk/improvementguides/reading/Culture_final.pdf)
- ◆ Working in groups  
[www.modern.nhs.uk/improvementguides/reading/workingInGroups\\_final.pdf](http://www.modern.nhs.uk/improvementguides/reading/workingInGroups_final.pdf)
- ◆ Redesigning roles  
[www.modern.nhs.uk/improvementguides/reading/redesigningroles\\_final.pdf](http://www.modern.nhs.uk/improvementguides/reading/redesigningroles_final.pdf)
- ◆ Working with systems  
[www.modern.nhs.uk/improvementguides/reading/workingwithsystems\\_final.pdf](http://www.modern.nhs.uk/improvementguides/reading/workingwithsystems_final.pdf)
- ◆ Setting up a collaborative programme  
[www.modern.nhs.uk/improvementguides/reading/collaborative.pdf](http://www.modern.nhs.uk/improvementguides/reading/collaborative.pdf)

## ORGANISATIONS & WEBSITES

### A/B

The British Association of Medical Managers

[www.bamm.co.uk](http://www.bamm.co.uk)

Dedicated to the promotion of quality healthcare by improving and supporting the contribution of doctors to management.

The British Medical Association

[www.bma.org.uk](http://www.bma.org.uk)

A professional association of doctors, representing their interests and providing services for its 126,000 plus members.

### C

Centre for Evidence Based Mental Health (CEBMH)

[www.cebmh.warne.ox.ac.uk/cebmh/](http://www.cebmh.warne.ox.ac.uk/cebmh/)

The broad aim of the CEBMH is to promote evidence-based health care and provide support and resources to anyone who wants to make use of them.

Cochrane Collaboration

[www.cochrane.org/](http://www.cochrane.org/)

Co-ordinates and disseminates systematic reviews of the effectiveness of treatments and other health care interventions.

### D

Database of Abstracts of Reviews of Effectiveness (DARE)

[www.york.ac.uk/inst/crd/darehp.htm](http://www.york.ac.uk/inst/crd/darehp.htm)

DARE contains summaries of systematic reviews which have met strict quality criteria. Included reviews have to be about the effects of interventions.

Department of Health Circulars on the Internet

[www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/fs/en?openform](http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/fs/en?openform)

Circulars are used to explain aspects and health and social care policy and regulation more fully. Many circulars are quasi-legislative and include a direction or requirement to take specific action. Letters are used to provide key communication between DH and its NHS and social care audiences.

Department of Health Primary Care section

[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/fs/en)

This section of the Department of Health website includes policies, initiatives and standing arrangements in primary care.

Department of Health Publications on the Internet

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLibrary/fs/en](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLibrary/fs/en)

This resource provides a library of all Department of Health publications, to browse and locate required documents by a fully functioning search facility.

### E/F/G

electronic Library for Social Care (eLSC)

[www.elsc.org.uk/](http://www.elsc.org.uk/)

eLSC is a free online resource owned and managed by the [Social Care Institute for Excellence](http://www.scie.ac.uk/) (SCIE). It provides a single point of access to an extensive range of social care knowledge, including practice information, skills tutorials, and around 70,000 abstracts of books, reports, research papers, journals, official publications and articles.

### H

Health Development Agency

[www.hda-online.org.uk/](http://www.hda-online.org.uk/)

Set up by government to play a central part in implementing the public health strategy Saving Lives: Our Healthier Nation.

### I

The Institute of Health Management

[www.ihm.org.uk](http://www.ihm.org.uk)

The largest UK professional body for managers working in health. The IHM was formed by the coming together of two major organisations, the Institute of Health Services Management and the Association of Managers in General Practice.

Integrated Care Network

[www.integratedcarenetwork.gov.uk/](http://www.integratedcarenetwork.gov.uk/)

The Integrated Care Network aims to help frontline organisations to work together to deliver flexible services that help people to remain in control and live independent lives. If you work with services in the health, local government or independent sectors then this website is for you.

Internet-gp.com

[www.gpwebsites.net/](http://www.gpwebsites.net/)

A list of over 600 General Practitioners' web sites in the UK.

The Institute for Public Policy Research

[www.ippr.org.uk/](http://www.ippr.org.uk/)

Britain's leading centre-left think tank. Their purpose is to contribute to a greater public understanding of social, economic and political questions through research, discussion and publication.

**J**

Joseph Rowntree Foundation

[www.jrf.org.uk/](http://www.jrf.org.uk/)

The Joseph Rowntree Foundation is one of the largest independent social policy research and development charities in the UK. It supports a wide programme of research and development projects in housing, social care and social policy.

**K/L**

The Kings Fund

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

The main focus for is to improve the health of Londoners by making change happen in health and social care. They work nationally and internationally; give grants to individuals and; carry out research and development work to bring about better health policies and services and develop people and encourage new ideas.

**M**

Manchester Centre for Healthcare Management

[www.orgs.man.ac.uk/mchm/](http://www.orgs.man.ac.uk/mchm/)

Established in 1956 and part of Manchester Business School at the University Manchester, they offer a wide range of postgraduate and professional development courses and undertake research in the NHS and other public sector organisations.

Mentality

[www.mentality.org.uk/](http://www.mentality.org.uk/)

Mentality is the only national charity dedicated solely to the promotion of mental health. It works with the public and private sector, user and survivor groups and voluntary agencies to promote the mental health of individuals, families, organisations and communities.

Mental Health Service Provision for Working Age Adults in England 2002

[www.durham.ac.uk/service.mapping/amh/](http://www.durham.ac.uk/service.mapping/amh/)

Mental Health Service Mapping exercise is undertaken by the Centre for Public Mental Health at the University of Durham every year . It draws together information about both health and social care mental health services provided in the statutory and independent sectors and organised by a range of administrative areas (eg LIT, StHA, PCT).

**N**

National Association of Primary Care

[www.primarycare.co.uk/](http://www.primarycare.co.uk/)

A non-political, non-profit making membership organisation which represents and supports the interests of all primary health care professionals and organisations.

National Audit Office

[www.nao.gov.uk](http://www.nao.gov.uk)

Independent organisation which scrutinises public spending on behalf of Parliament.

National Confidential Inquiry

[www.national-confidential-inquiry.ac.uk/](http://www.national-confidential-inquiry.ac.uk/)

The National Confidential Inquiry is a research project based at the Centre for Suicide Prevention, University of Manchester and funded largely by the National Institute for Clinical Excellence (NICE). It examines all incidences of suicide and homicide that occur under mental health services in the UK.

National Database for Primary Care Groups and Trusts

[www.primary-care-db.org.uk/](http://www.primary-care-db.org.uk/)

A substantial stand-alone dataset to provide linked information on population characteristics, health service provision and health status for all PCTs in England. The data is accessible through the internet and a dynamic map interface which allows you to download the data onto your PC.

National Electronic Library for Health Programme

[www.nelh.nhs.uk/](http://www.nelh.nhs.uk/)

This programme is working with NHS Libraries to develop a digital library for NHS staff, patients and the public.

National Electronic Library for Mental Health (NeLMH)

[www.nelmh.org](http://www.nelmh.org)

This specialist library sits within the [National electronic Library for Health](#) and aims to provide access to the best available evidence to answer mental health questions.

National Institute for Clinical Excellence

[www.nice.org.uk/](http://www.nice.org.uk/)

Appraises health care interventions and then provides guidance on which treatments work best for patients.

National Institute for Mental Health for England (NIMHE)

[www.nimhe.org.uk/](http://www.nimhe.org.uk/)

The National Institute for Mental Health aims to improve the quality of life for people of all ages who experience mental distress. They work with and beyond the NHS to implement positive change, provide a gateway to learning and development, offer new opportunities to share experiences and a place to find information.

National Institute for Mental Health for England

Development Centres

◆ East

[www.nimheeastern.org.uk/](http://www.nimheeastern.org.uk/)

◆ East Midlands

[www.nimhe-em.org.uk/](http://www.nimhe-em.org.uk/)

◆ London

[www.londondevelopmentcentre.org/](http://www.londondevelopmentcentre.org/)

◆ North East

[www.nimhe.org.uk/development/northeast/index.asp](http://www.nimhe.org.uk/development/northeast/index.asp)

◆ North West

[www.nimhenorthwest.org.uk/](http://www.nimhenorthwest.org.uk/)

◆ South East

[www.secd.org.uk/](http://www.secd.org.uk/)

◆ South West

[www.nimhesw.org.uk/](http://www.nimhesw.org.uk/)

◆ West Midlands

[www.nimhewm.org.uk/](http://www.nimhewm.org.uk/)

NHS Direct

[www.nhsdirect.nhs.uk/](http://www.nhsdirect.nhs.uk/)

This website provides links to information about health conditions and a telephone helpline service for people with concerns about their own health or that of others.

National Pharmaceutical Association

[npa.co.uk/](http://npa.co.uk/)

The national body for Britains community pharmacists.

National Primary and Care Trust Development Programme

[www.natpact.nhs.uk/](http://www.natpact.nhs.uk/)

NatPaCT aims to help Primary Care Trusts grow by sharing information, experiences, and achievements.

National Primary Care Development Team

[www.npdt.org/](http://www.npdt.org/)

This website contains practical information and resources to support those people participating in our programmes and those who are interested in the application of improvement science.

National Primary Care Research and Development Centre (NPCRDC)

[www.npcrdc.man.ac.uk/](http://www.npcrdc.man.ac.uk/)

The National Primary Care Research and Development Centre is a multi disciplinary and academically independent centre, established by the Department of Health in 1995 to undertake a programme of policy related research in primary care. It is a collaboration between the Universities of Manchester and York with our main base at the University of Manchester.

National Research Register (NRR)

[www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/ResearchAndDevelopmentAZ/CurrentResearch/fs/en?CONTENT\\_ID=4002357&chk=wKnWfd](http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/ResearchAndDevelopmentAZ/CurrentResearch/fs/en?CONTENT_ID=4002357&chk=wKnWfd)

A register of ongoing and recently completed research projects funded by, or of interest to, the UK NHS. Information is held on over 80,000 research projects and is expected to grow further, as well as entries from the Medical Research Council's Clinical Trials Register, and details on reviews in progress collected by the NHS Centre for Reviews and Dissemination.

New Health Network

[www.newhealthnetwork.co.uk](http://www.newhealthnetwork.co.uk)

An independent health organisation committed to a safe, successful and efficient health system.

NHS Alliance

[www.nhsalliance.org/](http://www.nhsalliance.org/)

Represents well over three quarters of Primary Care Trusts.

NHS Confederation

[www.nhsconfed.net/](http://www.nhsconfed.net/)

Informs, advises, campaigns and publishes on ways in which the NHS can improve the management of its services.

NHS.uk

[www.nhs.uk/](http://www.nhs.uk/)

The official gateway to National Health Service organisations on the Internet.

Nuffield Institute

[www.leeds.ac.uk/nuffield/index.htm](http://www.leeds.ac.uk/nuffield/index.htm)

Carries out research which spans management, medicine, health and social sciences. It aims to bridge evidence, policy and practice throughout its programmes.

## O/P/Q

Office of National Statistics

[www.statistics.gov.uk/](http://www.statistics.gov.uk/)

This website includes statistics reflecting Britain's economy, population and society at national and local level.

Public Health electronic Library (PHeL)

[www.phel.gov.uk/](http://www.phel.gov.uk/)

The Public Health electronic Library (PHeL) aims to provide knowledge and know how to promote health, prevent disease and reduce health inequalities.

PubMed

[www4.ncbi.nlm.nih.gov/PubMed/](http://www4.ncbi.nlm.nih.gov/PubMed/)

PubMed is an American website which includes links to many articles and sites providing full text articles and other related resources from a range of International sources.

## R

Royal College of Nursing

[www.rcn.org.uk/](http://www.rcn.org.uk/)

The RCN is the worlds largest professional union of nurses. It represents nurses and nursing, promotes excellence in practice and shapes health policies.

Royal College of General Practitioners (RCGP)

[www.rcgp.org.uk/](http://www.rcgp.org.uk/)

An academic organisation for UK general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the voice of general practitioners on education, training and standards issues.

Royal College of Psychiatrists

[www.rcpsych.ac.uk/](http://www.rcpsych.ac.uk/)

The professional and educational body for psychiatrists in the UK and the Republic of Ireland.

Royal Society of Medicine

[www.roysocmed.ac.uk/](http://www.roysocmed.ac.uk/)

An independent, apolitical organisation. Its activities include the provision of postgraduate education for health professionals.

## S

School of Health and Related Research (SchARR)

Sheffield University

[www.shef.ac.uk/scharr/](http://www.shef.ac.uk/scharr/)

SchARR carries out a wide range of health services research relating to the NHS in the UK.

Society for Academic Primary Care

[www.sapc.ac.uk/](http://www.sapc.ac.uk/)

Aims to promote excellence in research, education and policy development in general practice and primary health care.

Social Care Institute for Excellence (SCIE)

[www.scie.org.uk/](http://www.scie.org.uk/)

SCIE promotes good practice in social care.

## T

Turning Research Into Practice (TRIP) Database

[www.tripdatabase.com](http://www.tripdatabase.com)

The TRIP Database allows users to rapidly and easily identify high quality medical literature from a wide range of sources. It is part of the Centre for Research Support at the University of Wales.

## U

UK Health for all Network

[independent.livjm.ac.uk/healthforall/](http://independent.livjm.ac.uk/healthforall/)

This network is an internationally recognised structure which enables those working to improve the health of local communities and apply Health for All principles, to meet and share information, research and experiences.

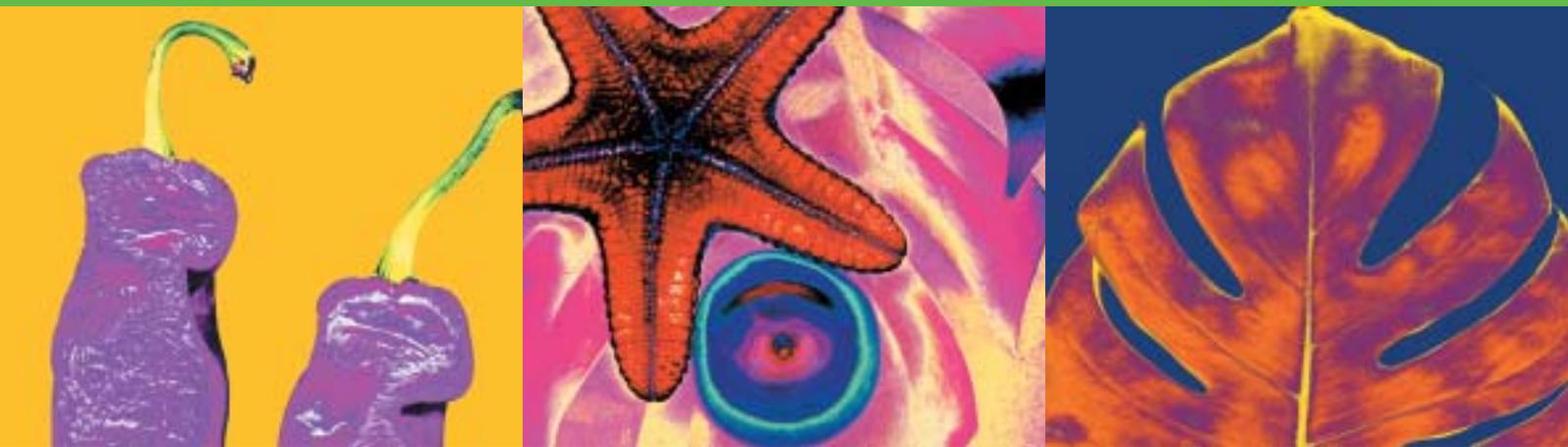
## V/W/X/Y/Z

World Health Organization: Mental Health Section

[www.who.int/mental\\_health/](http://www.who.int/mental_health/)

The World Health Organization is the United Nations specialized agency for health. This section deals specifically with mental health.

[www.nimhenorthwest.org.uk](http://www.nimhenorthwest.org.uk)



Liverpool John Moores University, The University of Central Lancashire, The University of Manchester and HASCAS are working in partnership with the North West Development Centre of the National Institute for Mental Health in England (NIMHE)